



PATIENT

Harley Stolte

SPECIES

Canine

BREED

Bichon X

SEX

Spayed Female

AGE

12 Years

WEIGHT

14.2 Pounds

PRESENTING CLINICAL SIGNS

Appetite has been off and on since Feb 2021. O noticed some yawning behavior and a voice change and panting starting in Feb as well. Dental in Feb did not reveal any obvious issues of larynx or throat and rads of throat were unremarkable as well. Appetite has continued to be off and on, has not eaten full meal in 2-3 days. P has been on k/d since June 2021. O says p having normal stools and urination. Abnormal PE/Chem/CBC/UA Results: CBC, Chem 25, T4 BW 6/3/21 had BUN 34 H, rest WNL, urine sp. gravity 1.041, rest of UA WNL. On exam 9/20/21, thought maybe could feel small firm mass in cranial abdomen but then p got tense and could not repeat.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A regional area of mild asymmetrical margination was noted in the lateral right kidney with associated mild increased cortex echogenicity, suggestive of cortical infarct. The left kidney measured 3.9 cm. The right kidney measured 3.7 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

A non-expansive, uniformly echogenic, non-mineralized nodule was present in the cranial left adrenal gland. The nodule measured 0.61 cm x 0.52 cm. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested. The overall left adrenal gland measured 0.63 cm at the cranial pole and 0.57 cm at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.68 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Erin Miller

INVOICE

25699

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Gastrointestinal

The visualized stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate gas distention with minor retained anechoic fluid present in the pylorus. Pylorus wall measured 0.47 cm. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.42 cm.

Normal visible colon wall layers were present with subjective semiformal feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Subtle left adrenal nodule – probable adenoma
- Mild to moderate gas distended stomach with minor retained anechoic pyloric fluid
- Mild chronic renal changes
- Mild gallbladder debris (non-mucocele)

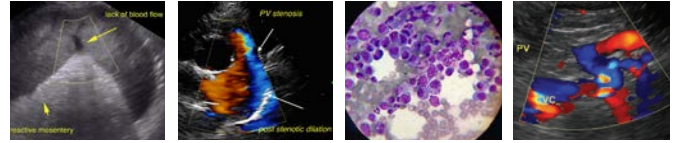
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal nodule is most suggestive of adenoma without overt evidence of neoplastic criteria. However, technically potential for emerging left adrenal neoplasia such as adenocarcinoma or pheochromocytoma cannot be definitively excluded. Screening blood pressure is recommended. Ideally, sonographic monitoring of the left adrenal with initial recheck in 4-6 weeks recommended to assess for evidence of progression.

Overall, no overt evidence of significant abdominal visceral pathology. Potential for mild gastritis or gastroenteritis (given the potential for mild gastric stasis) is possible. Concurrently, potential for low-grade pancreatitis may be present, yet ultrasonographically normal.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Continued gastrointestinal support is recommended.



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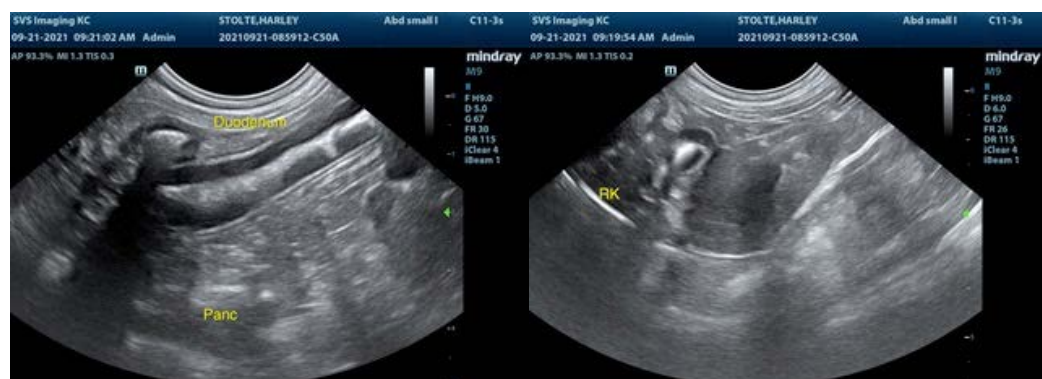
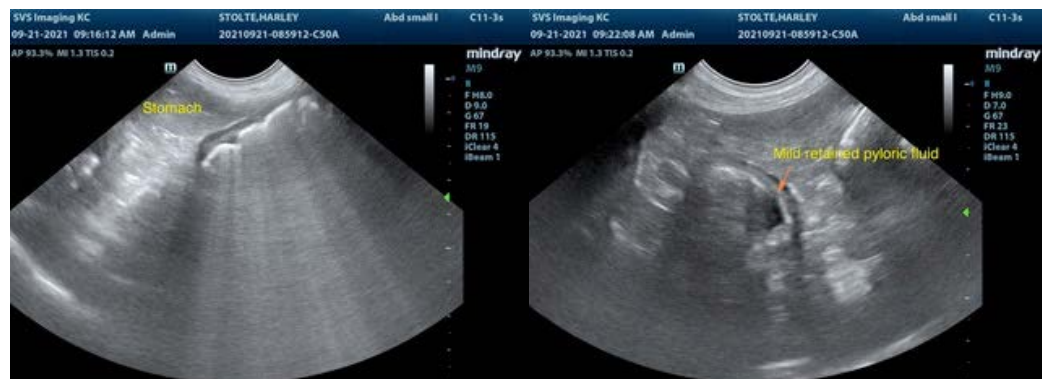
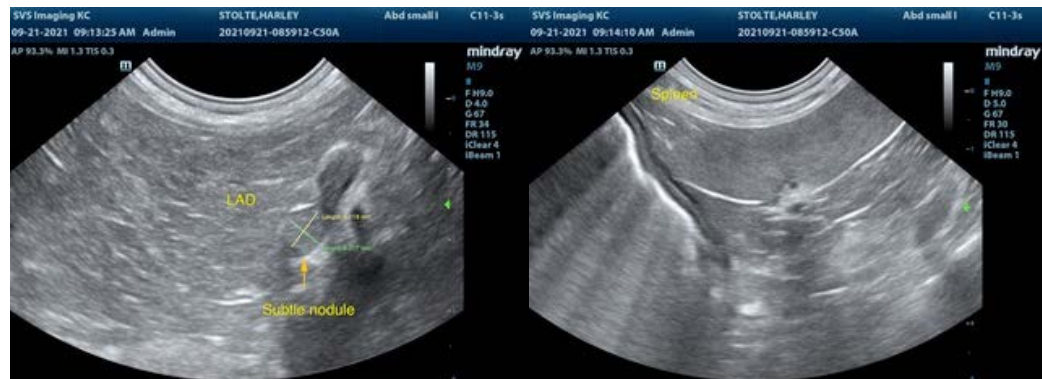
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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