



PATIENT

Faith Lawlor

PRESENTING CLINICAL SIGNS

decreased APP 4 to 5 months vomiting weight loss

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

Coonhound

SEX

Spayed Female

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. The left kidney measured 6.6 cm. The right kidney measured 7.5 cm.

AGE

9 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm at the caudal pole. The left adrenal gland was not definitively visualized.

WEIGHT

54

Spleen

The spleen exhibited normal size with mild generalized decreased parenchyma echogenicity, yet normal symmetrical splenic capsule contour. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. No masses. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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

Liver

The liver exhibited generalized enlargement with variable lobar swelling and asymmetrical contour. Moderate coarse parenchyma echotexture noted. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.35 cm.

REFERRING VET

Dr. Maniar

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 0.40 cm.

INVOICE

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

9/30/21

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.



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Free Abdomen

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No overt pathology in the area of the uterine remnant or aortic trifurcation.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with variable lobar swelling, decreased parenchyma echogenicity, and asymmetrical contour
- Subjective reduced splenic parenchyma echogenicity, maintained symmetrical capsule contour
- Potential mild active to chronic active pancreatitis
- Generalized primarily perihepatic reactive mesentery and scant free fluid
- Mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for infiltrative hepatic neoplasia warranted. Acute non-specific hepatitis (infectious, immune mediated, or other), congestion, or reactive hepatopathy possible yet considered less likely. Assuming normal clotting status, hepatic +/- screening splenic FNA using 25-gauge needle recommended for screening cytology and further clarification. Correlation with CBC/CHEM/UA suggested.

Empirically, continued gastrointestinal support and conservative therapy for hepatitis/mild pancreatitis would be reasonable. Guarded prognosis pending hepatic sampling. 3-view chest radiographs recommended.

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REFERRING VET

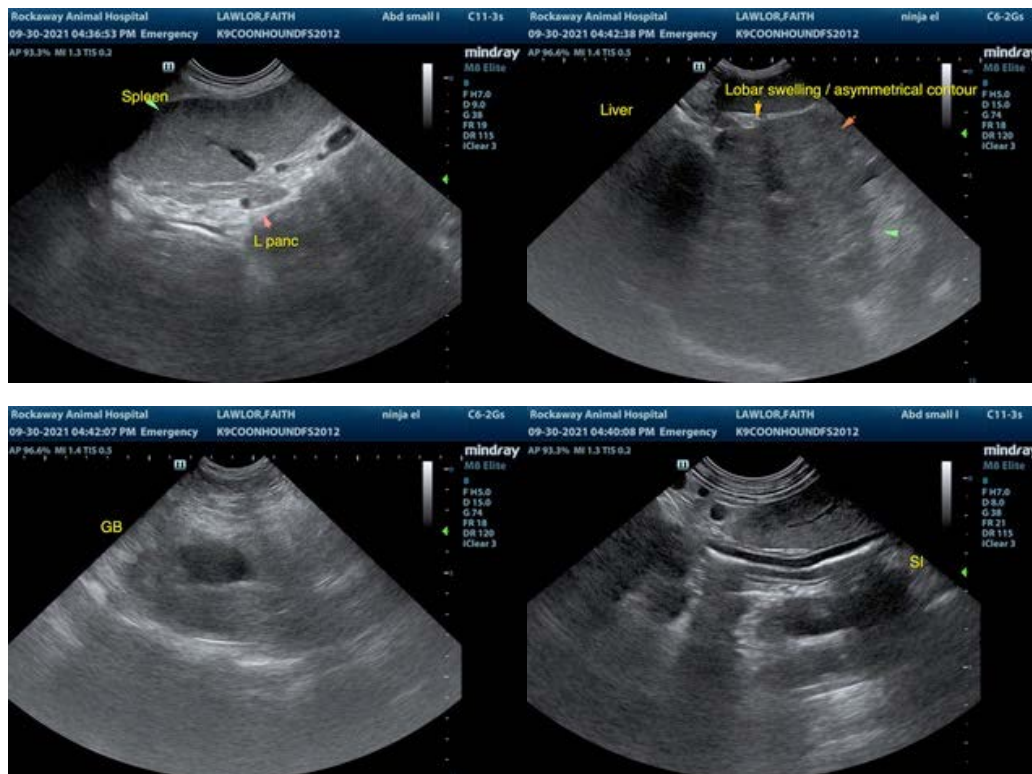
Dr. Maniar

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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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