



PATIENT PRESENTING CLINICAL SIGNS

Gibby Slaby Coughing, distended, painful abdomen Fortiflora
Abnormal PE/Chem/CBC/UA Results: WBC 9.7 w/mild monocytosis, ALB 2.3, AST 61, CK 1513, USG 1.018

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

2012

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Yaswinski

INVOICE

11592ag

DATE

09/09/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was mildly prominent in size. The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the caudal pole and 1.7 cm length. The right adrenal gland measured 0.56 cm width in the caudal pole and 1.7 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact yet segmental generalized prominent wall layering owing to prominent mucosa. Segmental jejunal corrugation was present. The lumen of the small intestine was



PATIENT empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.38 cm in width. The jejunum wall measured 0.35 cm in width.
Gibby Slaby
Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES *Pancreas*

Canine The pancreas was mildly prominent in size with mild irregular contour and heterogeneous parenchyma. Minor pancreatic duct dilation was present.

BREED *Free Abdomen*

Havanese No peritoneal effusion was present.

SEX

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A solitary mildly enlarged to cystic mesenteric lymph node with regional perilymphatic reactive mesentery was present measuring 1.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS Intact generalized prominent small bowel walls, mild segmental jejunal corrugation

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- Heterogeneous to mild irregular pancreas
- Focal cystic to inflamed mid abdominal mesenteric lymph node with perilymphatic hyperechoic mesentery
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mildly prominent right adrenal gland non-specific

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Secondary findings:

- Mild chronic renal changes

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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The appearance of the small intestine was suggestive of underlying inflammatory enteropathy with early infiltrative neoplasia less likely.

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Potential for focal mesenteric chronic lymph node hyperplasia or reactive lymphadenitis is possible while the possibility of lymphatic abscess cannot be excluded. Assuming normal clotting status and using a 25g needle a cystic lymph node FNA is recommended for screening cytology +/- C/S.

Monitoring for GI signs as well as ALB levels going forward is suggested.

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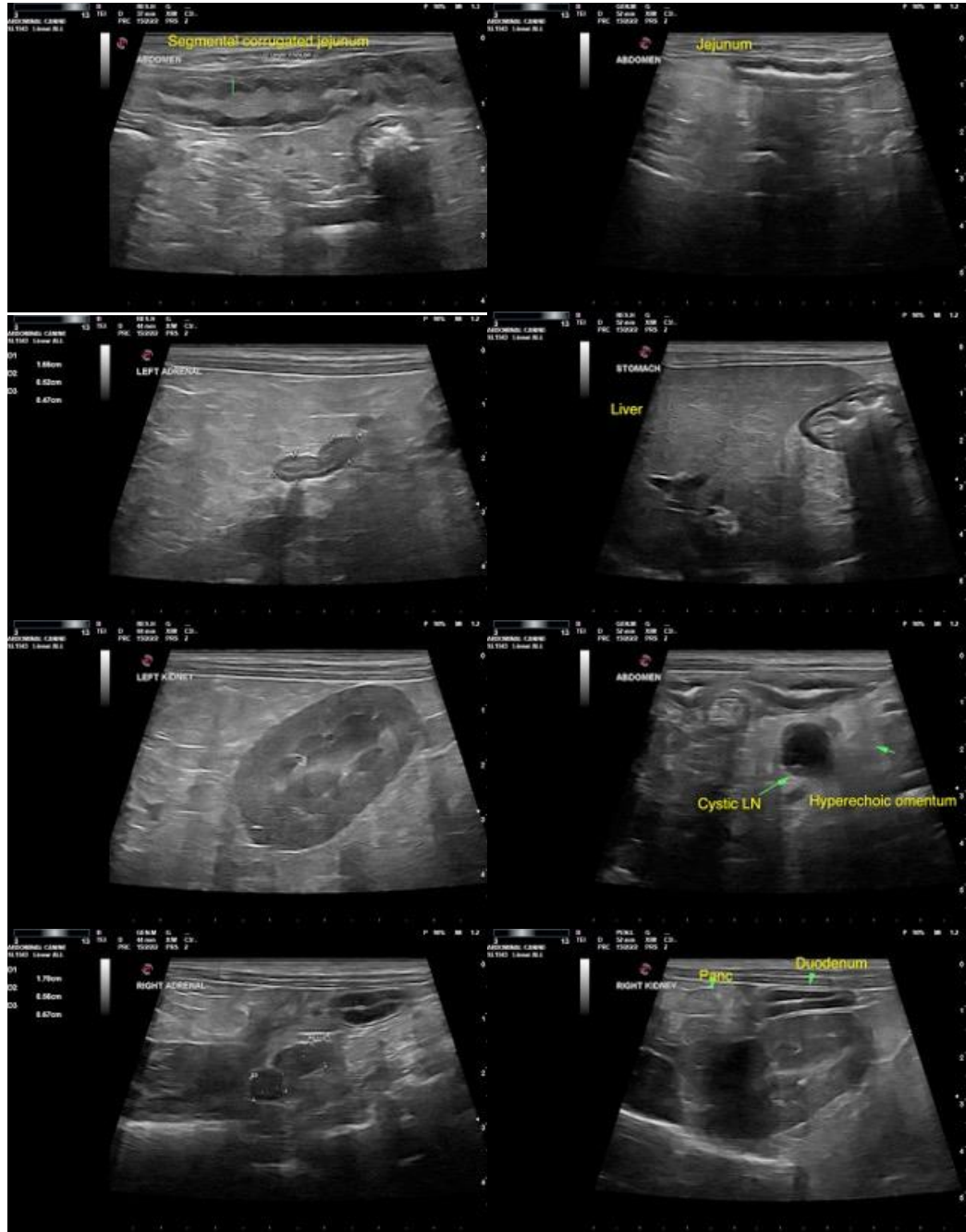
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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