IMAGING PERFORMED BY

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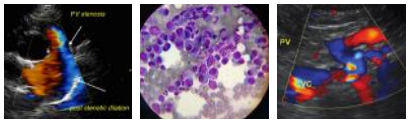

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DATE

7/10/23

PATIENT

Cadence Machlinski

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

1/22/11

WEIGHT

7.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

23291

PRESENTING CLINICAL SIGNS

History: Poorly controlled diabetes mellitus, finicky appetite, hypertriglyceridemia (likely familial). Appetite improved previously when on GI support and suspect that there may be underlying pancreatitis and/or primary GI disease (GI panel is pending). ALP/ALT elevations and high TG predated DM diagnosis.

Current Medications: Vetsulin 7u BID (owner storing, shaking, and giving injections appropriately)
Galliprant 10mg once daily, Dasuquin EOD, Fenofibrate half dose once daily, Cerenia PRN.
Lab Results: 4/6: Chem: BG 564, BUN 45 w/creat 1.2, K 6.0, Cl 107, ALT 175, ALP 1549
UA--USG 1.027, pH 5.0, 100 protein, 1000 glucose. CBC--PLT 620K.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes or echogenic sediment are observed. A 0.26 cm in diameter cystolith is noted along the dependent wall. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measures 5.05 cm. The right kidney measures 5.26 cm. Punctate nonobstructive nephroliths, as well as dystrophic mineralization is noted bilaterally.

Adrenal Glands

Left adrenal gland is normal in size (0.54 cm at cranial pole and 0.67 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.83 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

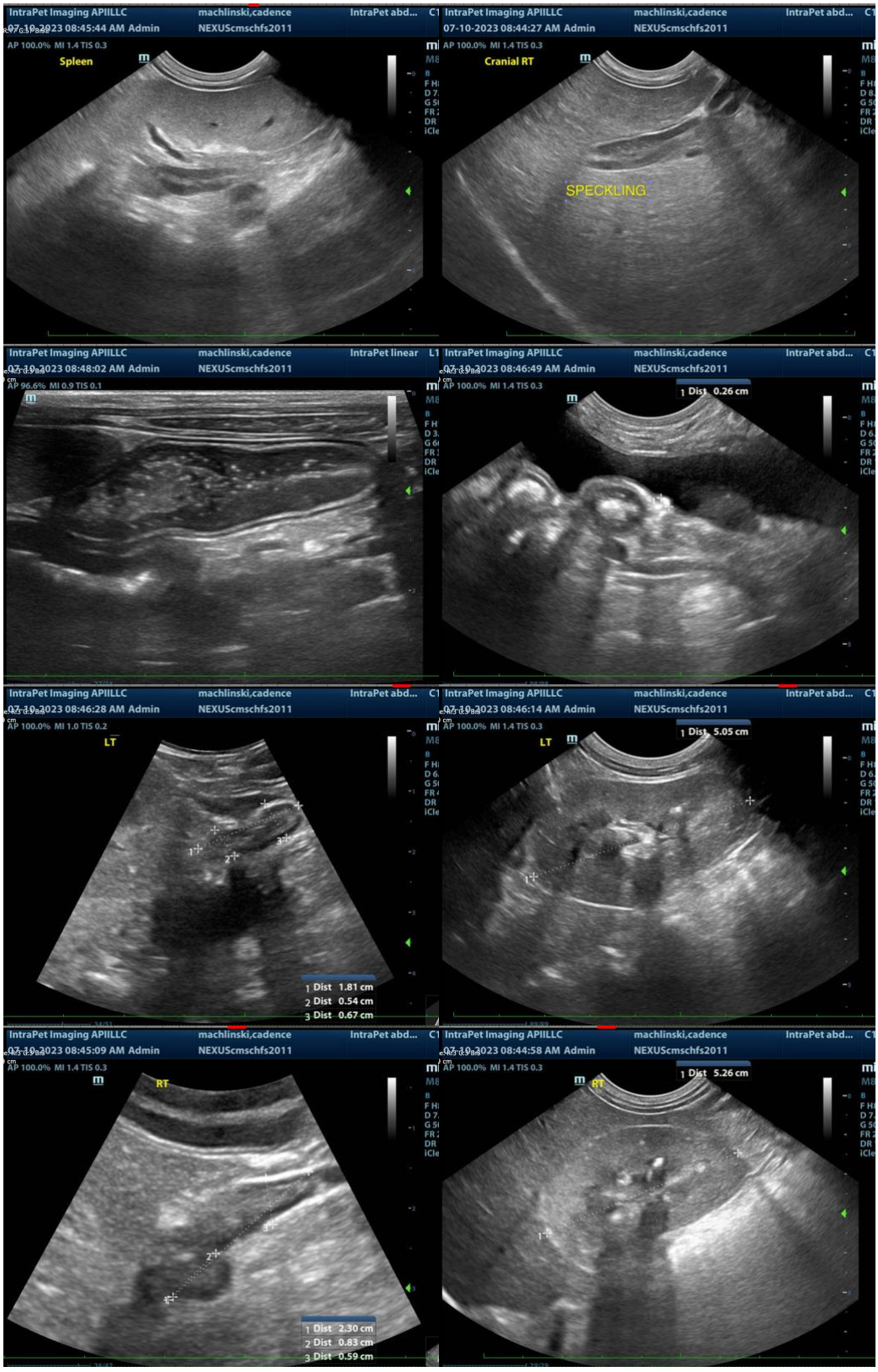
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Mild/subtle mucosal speckling- Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- A urinary bladder cystolith
- Age-related kidney changes with punctate nonobstructive nephroliths noted bilaterally.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient will be implemented by Dr. Cara Steele.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Spleen
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Cranial RT
SPECKLING
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1 Dist 0.26 cm
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LT
1 Dist 1.81 cm
2 Dist 0.54 cm
3 Dist 0.67 cm
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AP 100.0% MI 1.4 TIS 0.3
LT
1 Dist 5.05 cm
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AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 2.30 cm
2 Dist 0.83 cm
3 Dist 0.59 cm
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NEXUScmschfs2011
AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 5.26 cm

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.

Beth Johnson, DVM DACVIM
info@SonoPath.com