



PATIENT

Diesel Pritchard

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

12 Years

WEIGHT

64 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Ellen Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Ellen Puthoff

INVOICE

18838

DATE

11/26/22

PRESENTING CLINICAL SIGNS

History: Diesel presents for an abdominal ultrasound following diagnosis of an elevated SDMA and low USG. He was diagnosed with arthritis and idiopathic head tremors. He has an eyelid mass and severe periodontal disease. No changes in thirst/urination. Abdominal ultrasound performed prior to anesthetized dental cleaning and eyelid mass removal.

Abnormal PE/Chem/CBC/UA Results: Eosinophils: 1.532 K/uL (mild elevation) SDMA: 17 ug/dL (mild elevation) BUN: 15 mg/dL Creat: 1.2 mg/dL (high normal) USG: 1.019, remainder unremarkable Blood pressure: Normal (140-145 mm Hg)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The right kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The right kidney measured 6.96 cm.

The left kidney has an irregular capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 6.07 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized. Left and right were subjectively prominent and hypoechoic with no specific masses or nodules seen. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 3.5 cm in length and 0.97 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 0.72 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

Visualized liver is subjectively normal in size, however, with slightly mottled echotexture and few hypoechoic nodules within the liver parenchyma with a generally coarse parenchyma. Liver is difficult to visualize with coalescing overlying gas from the GI tract obscuring its view.

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The right and left limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. The body of the pancreas appears hyperechoic with no enlargement and no surrounding signs of inflammation. No evidence of active inflammatory or neoplastic disease noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes
- Mass effect within the liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal changes are likely age-related degeneration and the likely explanation for urinalysis and blood work mild abnormalities. Continued monitoring of blood work and urinalysis is recommended. Consideration of transition to a renal diet could be considered if there is worsening to slow aging changes to the kidneys.

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Hepatic changes are likely a benign age related vacuolar hepatopathy. FNA of the liver could be considered to further evaluate microscopically if clinically indicated.

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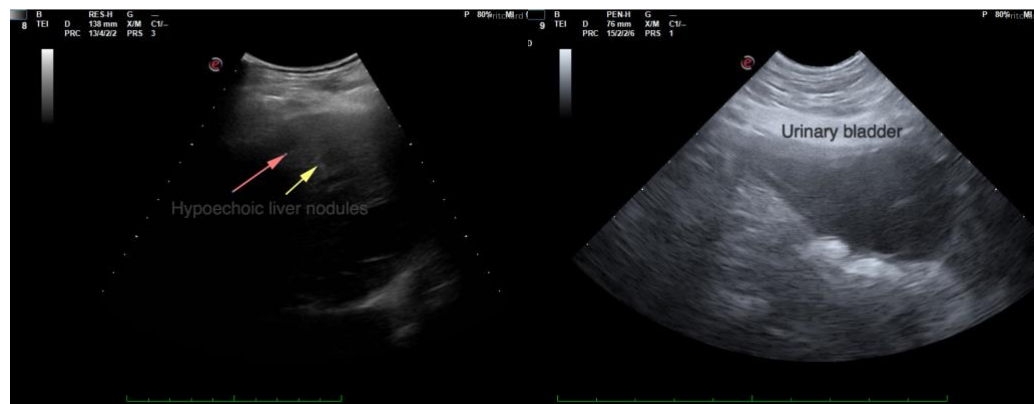
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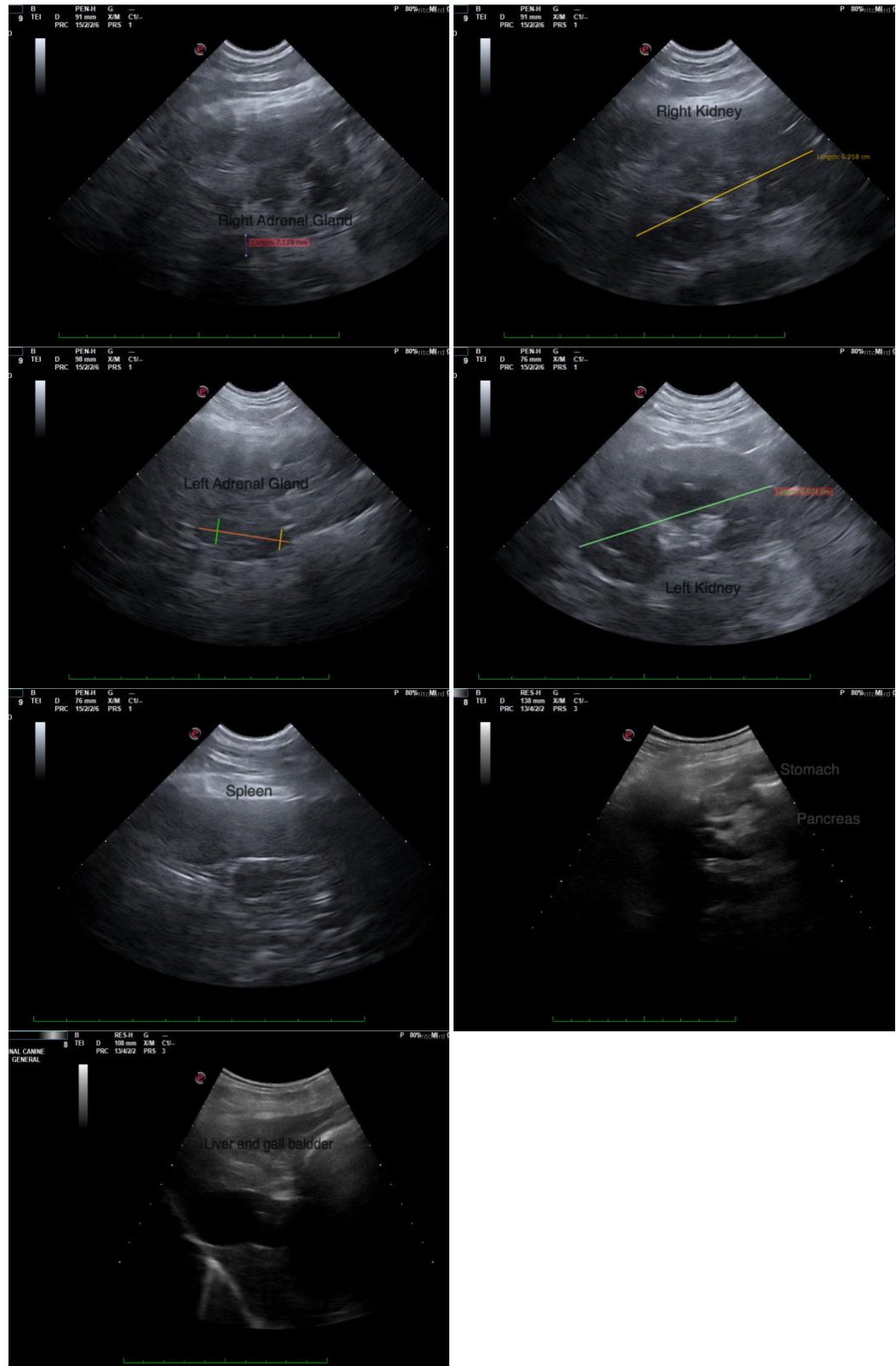
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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