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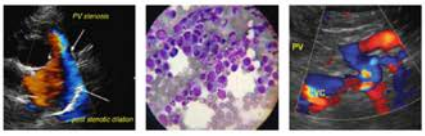

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Rex O'Hanlon

SPECIES

Canine

BREED

Dalmatian X

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

71.1 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Foster

INVOICE

44125

DATE

7/19/23

PRESENTING CLINICAL SIGNS

PU/PD is worse and he has mild superficial pyoderma.

Abnormal PE/Chem/CBC/UA Results: LDDST confirmed HAC and started on Trilostane 60mg SID July 12th. See attached in link.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.97 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.41 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline "plump", measuring 1.01 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal/borderline "plump", measuring 0.92 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hyperechoic foci/nodule visualized within the parenchyma measuring 0.28 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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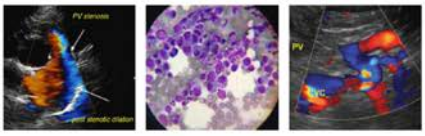

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The gallbladder lumen is moderately distended. The wall of the gall bladder largely appears of normal thickness with a smooth mucosal surface. Towards the neck of the gallbladder there is some hypoechoic, irregular material measuring approximately 2.06 cm x 1.41 cm, surrounded by hyperechoic debris. This could represent a soft tissue mass effect (benign polyp, early neoplastic lesion, etc.), or organized debris.

Gastrointestinal

The stomach contains moderate ingesta. It measures at a normal thickness of <0.7cm 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.

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. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. Colon wall measures 0.17 cm.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Focal, hypoechoic, irregular area visualized within the gallbladder – This could represent organized debris or soft tissue. Recommend evaluation with color flow.
- Moderate ingesta visualized within the gastric lumen – Correlate findings with the feeding history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).

SECONDARY FINDINGS

- Small, hyperechoic focus visualized within the splenic parenchyma – Findings are most consistent with a small myelolipoma-like lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear somewhat "plump", which could be consistent with PDH if all other parameters (adrenal function testing, lab work, and clinical signs) fit.

There is an irregular area visualized within the gallbladder neck, which could represent abnormal tissue or organized hypoechoic debris. Recommend color flow in the region to try and determine if this can be

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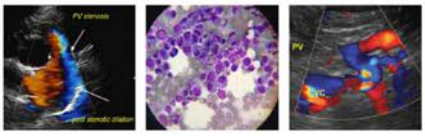

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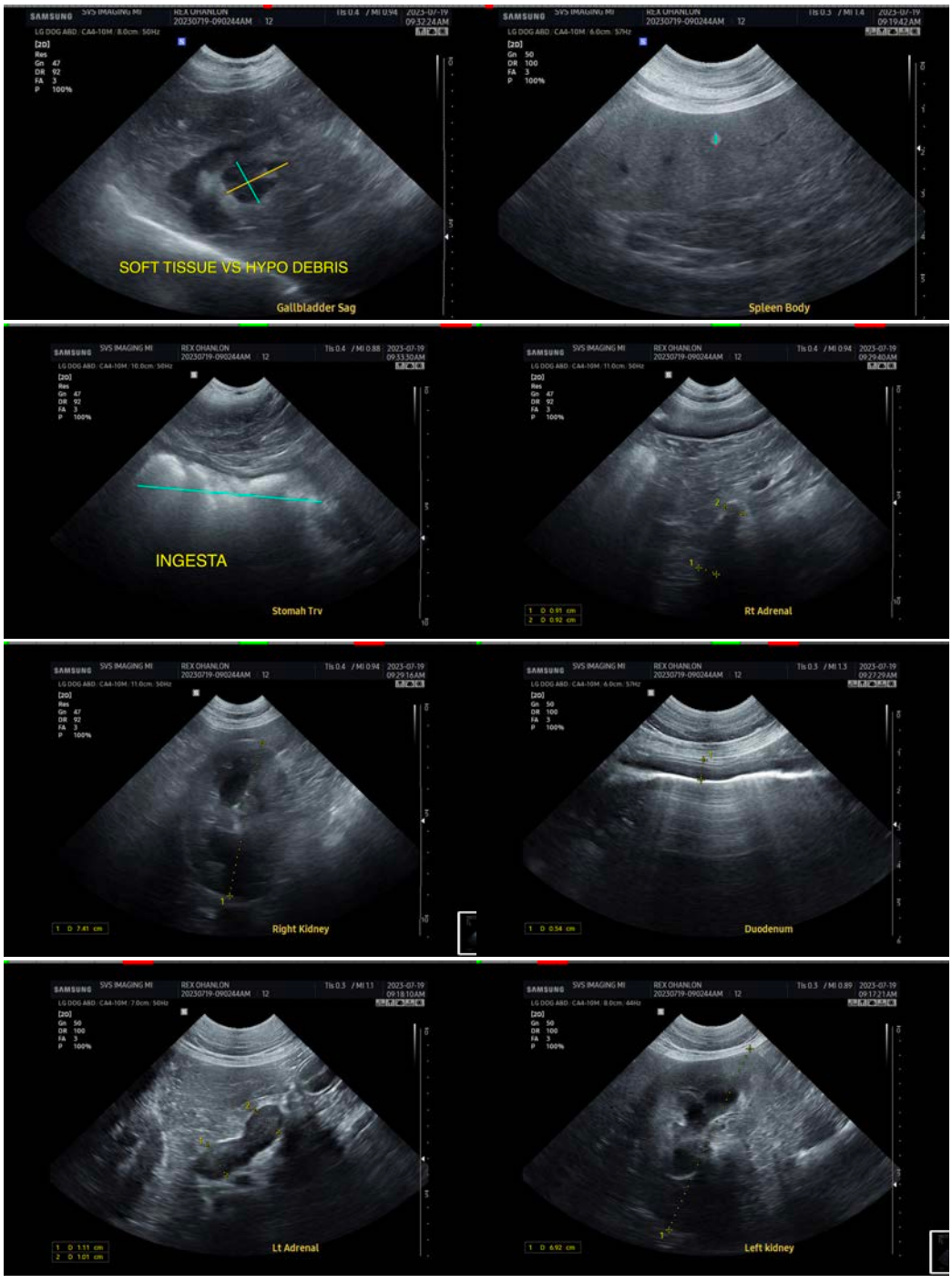
differentiated. Otherwise, options would include continued monitoring with ultrasound (possibly starting Ursodiol) or a contrast CT scan to better evaluate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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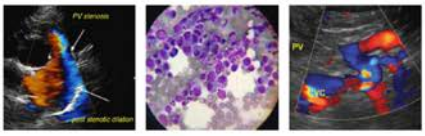

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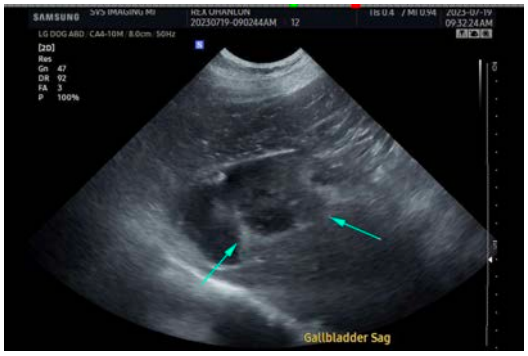

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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