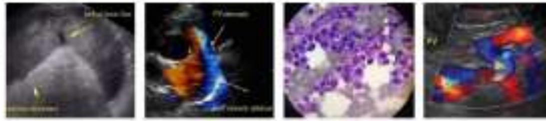


PATIENT

Moose Vanwiser Stevens

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

7 years

WEIGHT

33 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Glanbrook Vet Services

REFERRING VET

Dr. Braha

INVOICE

13012

DATE

1/10/22

PRESENTING CLINICAL SIGNS

-Diabetic who is not regulating well at all with treatment. Concerned about other possible causes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The sediment is likely suggestive of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology associated with the residual prostate was evident.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subjective increased cortex parenchyma echogenicity in the medial cortex and adjacent to the corticomedullary border was present. No evidence of pyelectasia or retroperitoneal inflammation was noted. The left kidney measured 7.0 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

A discreet, non-expansive, mildly nonhomogeneous nodule was present in the caudal left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The left adrenal gland measured 2.4 cm length x 0.79 cm width at the caudal pole. The nodule measured 0.92 cm x 0.68 cm.

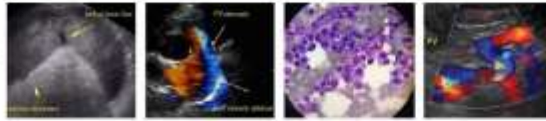
The right adrenal gland was indistinctly visualized owing to patient conformation and size, subjectively measuring 0.65 cm width at the caudal pole. No overt pathology associated with the right adrenal gland was present.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The visualized gastric body walls were sonographically unremarkable. Mild retained Ingesta / chyme was present in the stomach. The pylorus wall width measured 0.7 -0.8 cm.

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. The jejunum wall width measured 0.53 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic parenchyma hyperechogenicity - reactive / vacuolar / metabolic (diabetic) hepatopathy, inflammatory hepatopathy, lipidosis, or other hepatopathy possible, correlation with hepatic enzyme evaluation Is suggested
- Discreet left adrenal nodule - suspect adenoma
- Nonspecific Increased cortex echogenicity - no overt pyelonephritis
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

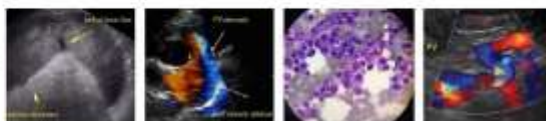
The overall appearance of the liver is suggestive of benign to echogenic hepatic parenchymal changes.

Minor potential for emerging left adrenal neoplastic nodule i.e., pheochromocytoma, adenocarcinoma, or other is possible yet thought less likely at this time. However, sonographic monitoring of the left adrenal nodule is advised for evidence of progression. Screening blood pressure is suggested.

Urine culture and sensitivity on a sterile urine sample Is recommended, given the likelihood of glucosuria.

Potential for low-grade to chronic pancreatitis may be present yet ultrasonographically normal. Correlation with a Spec cPL could be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.



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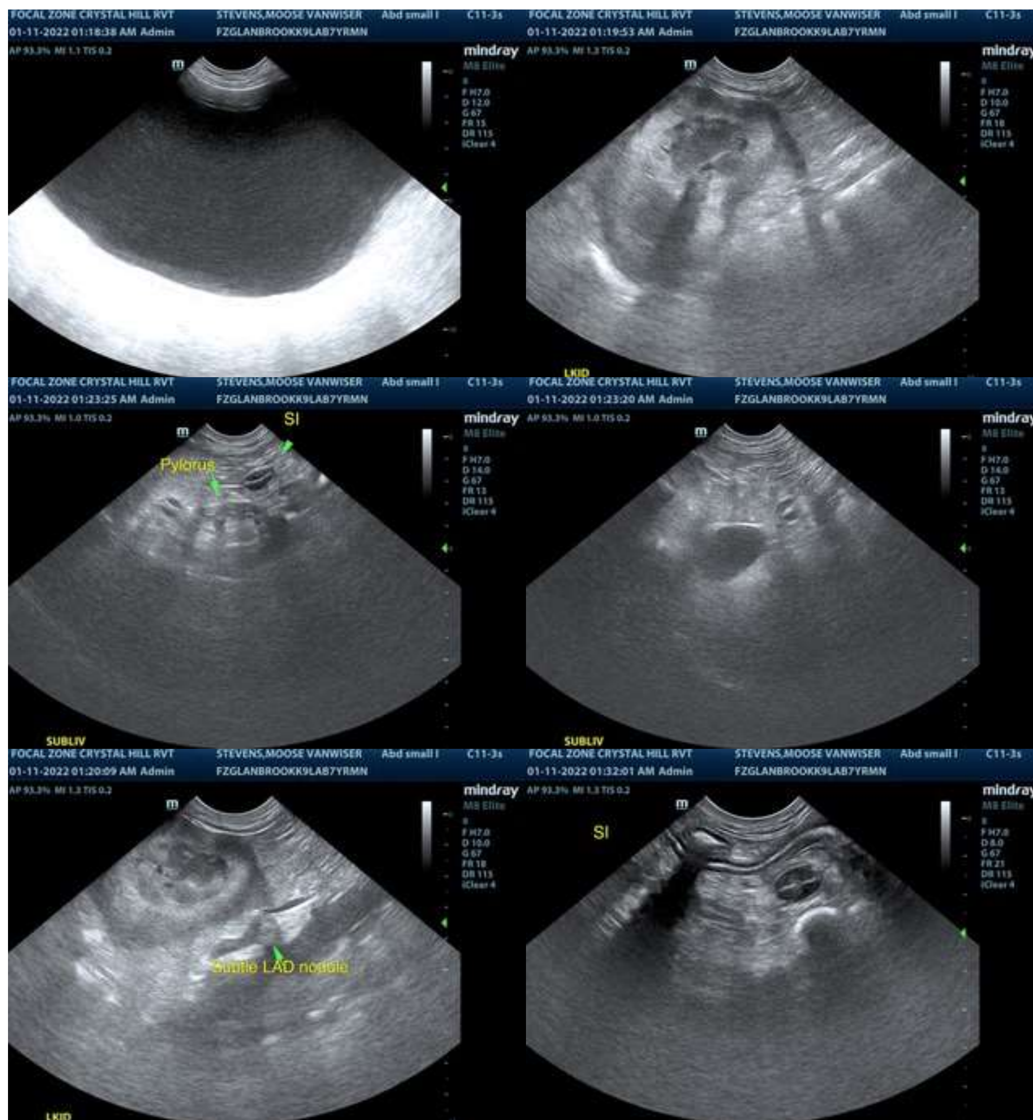
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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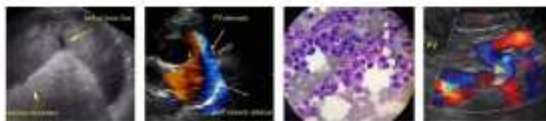

THE FOCAL ZONE

IMAGING PERFORMED BY

289-808-2608 info@thefocalzone.com

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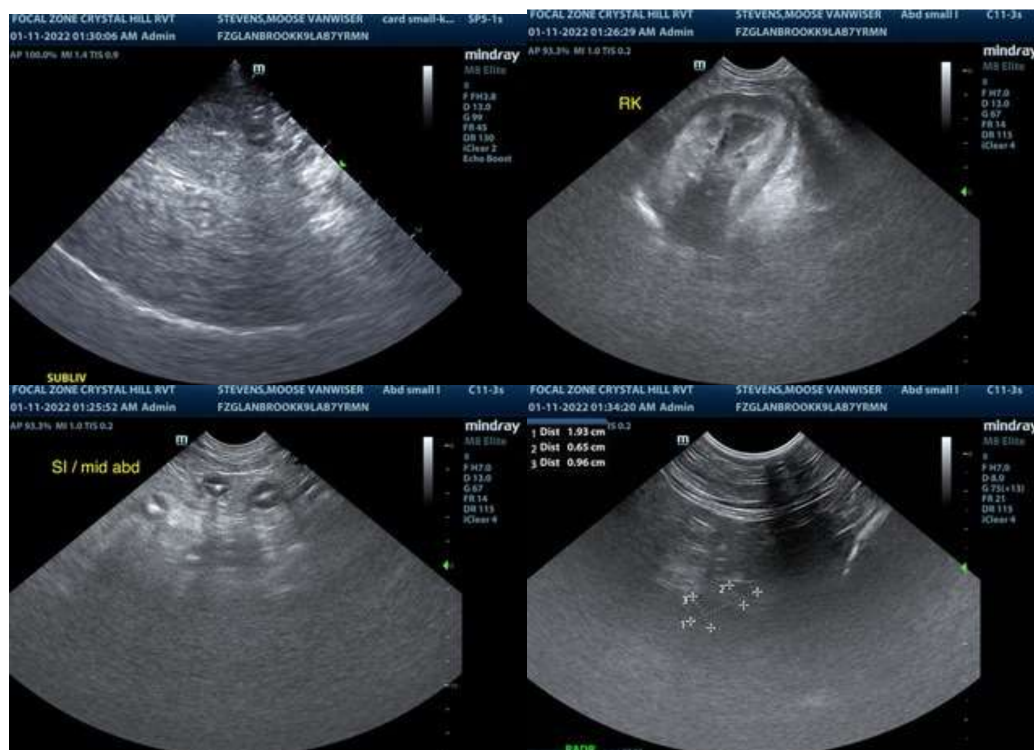

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com