



PATIENT

Tiger Livery

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

14 Years

WEIGHT

23.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Orchard View VC

REFERRING VET

Dr. Rowland

INVOICE

20532

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: O notes that P was taken to Salem E-clinic on 1/7/23 for vomiting and collapsing. P was given SQ fluids and Cerenia and remained stable until this morning, P appeared to have shallow breathing, wheezing, was seen laying out in grass, which is abnormal, drinking excessively and eating his own feces. Heart murmur 4/6 Respiratory wheezing, shallow breathing Current Medications Cosiquin-SID in AM, Fish Oil- SID in AM, Probiotic SID in AM, Melatonin- PM, Carprofen as needed for pain

Abnormal PE/Chem/CBC/UA Results: BUN 23 CREATININE 1.8 HIGH Anemia SDMA 26 HIGH Sending lab results through email

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint medullary mineral and a focal to intermittent cortical cyst present. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

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 2.9 cm length x 0.86 cm width in the caudal pole.

The right adrenal gland exhibited mild to moderate enlargement, exhibiting nonhomogenous indistinctly nodular parenchyma. No evidence of mineralization. Mild capsule asymmetry, yet without evidence of parenchymal capsular escape. The right adrenal gland measured 4.2 cm length x 1.6 cm width at 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.



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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 anechoic content and mild dependent to nondependent yet nonorganized echogenic luminal debris and suspect concurrent peripheral luminal mucus. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing luminal chyme was present. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

Prominent to mild asymmetrical pancreas base and right pancreatic limb noted, exhibiting nonhomogenous pancreatic parenchyma, compared to adjacent nonreactive peripancreatic omentum.

Free Abdomen

Within the mid to caudal abdomen, a moderately sized, potentially encapsulated, fluid filled structure, containing anechoic to echogenic fluid, along with nonspecific hyperechoic content, measuring 7-8 cm in diameter was present. The structure appeared to be cranial to the urinary bladder. Mild regional peripheral hyperechoic mesentery was noted.

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No overt peritoneal free fluid noted.

Other

A rapid view of the heart revealed no evident pathology. Subjectively normal left and right heart chamber size without evidence of overt cardiomegaly.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Fluid filled, potentially encapsulated structure in the mid to caudal abdomen, containing variably echogenic fluid and nonspecific hyperechoic content- suspect intestinal mural or



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omental abscess. Potential for unspecified necrosis or necrotic granuloma. Neoplasia or less likely marked segmental intestinal dilation with retained ingesta/fluid possible.

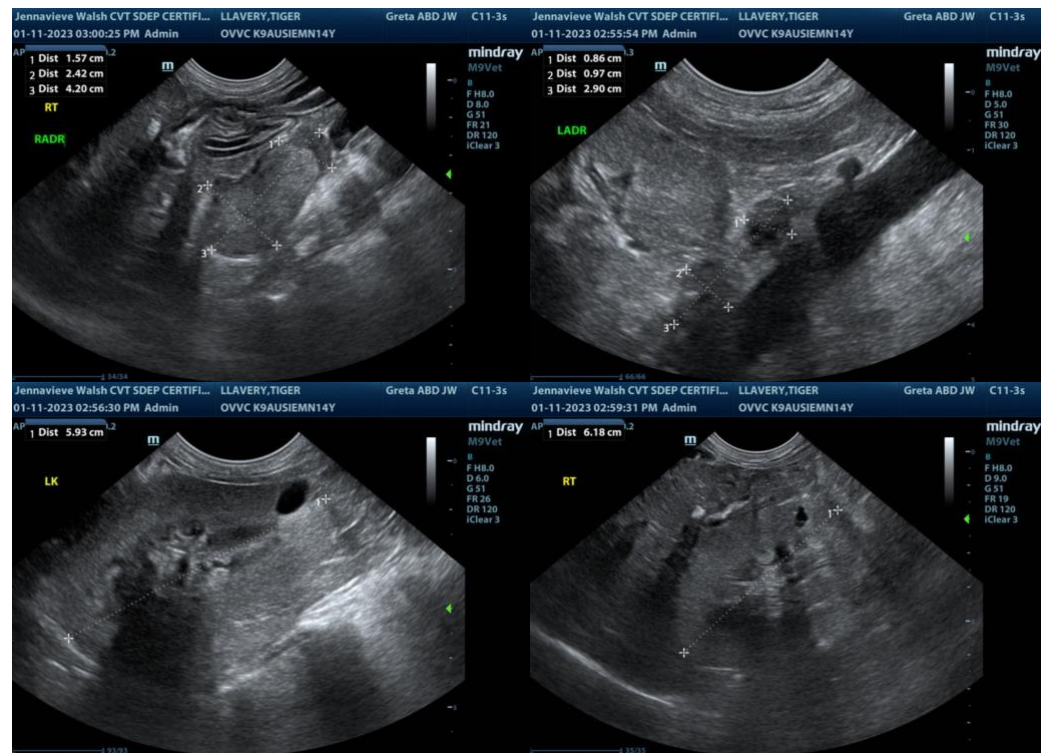
- Nodular to mildly irregular right adrenomegaly- functional vs nonfunctional adenoma, benign hyperplasia, concern for possible emerging neoplasia, i.e., pheochromocytoma
- Hepatic parenchymal remodeling
- Mild to moderate gallbladder debris- Not consistent with mucocele criteria
- Prominent to nonhomogenous pancreas- suspect age/patient variant. Possible low grade/chronic pancreatitis

Secondary Findings

- Bilateral chronic renal changes with cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening blood pressure to assess for evidence of hypertension, which may allude to right pheochromocytoma +/- urine catecholamine levels if hypertension is documented or for further assessment recommended. Ultrasound guided FNA/centesis of the fluid filled structure for fluid analysis and culture and sensitivity/cytology may be considered for further assessment. Three view chest radiographs are recommended, if not done.





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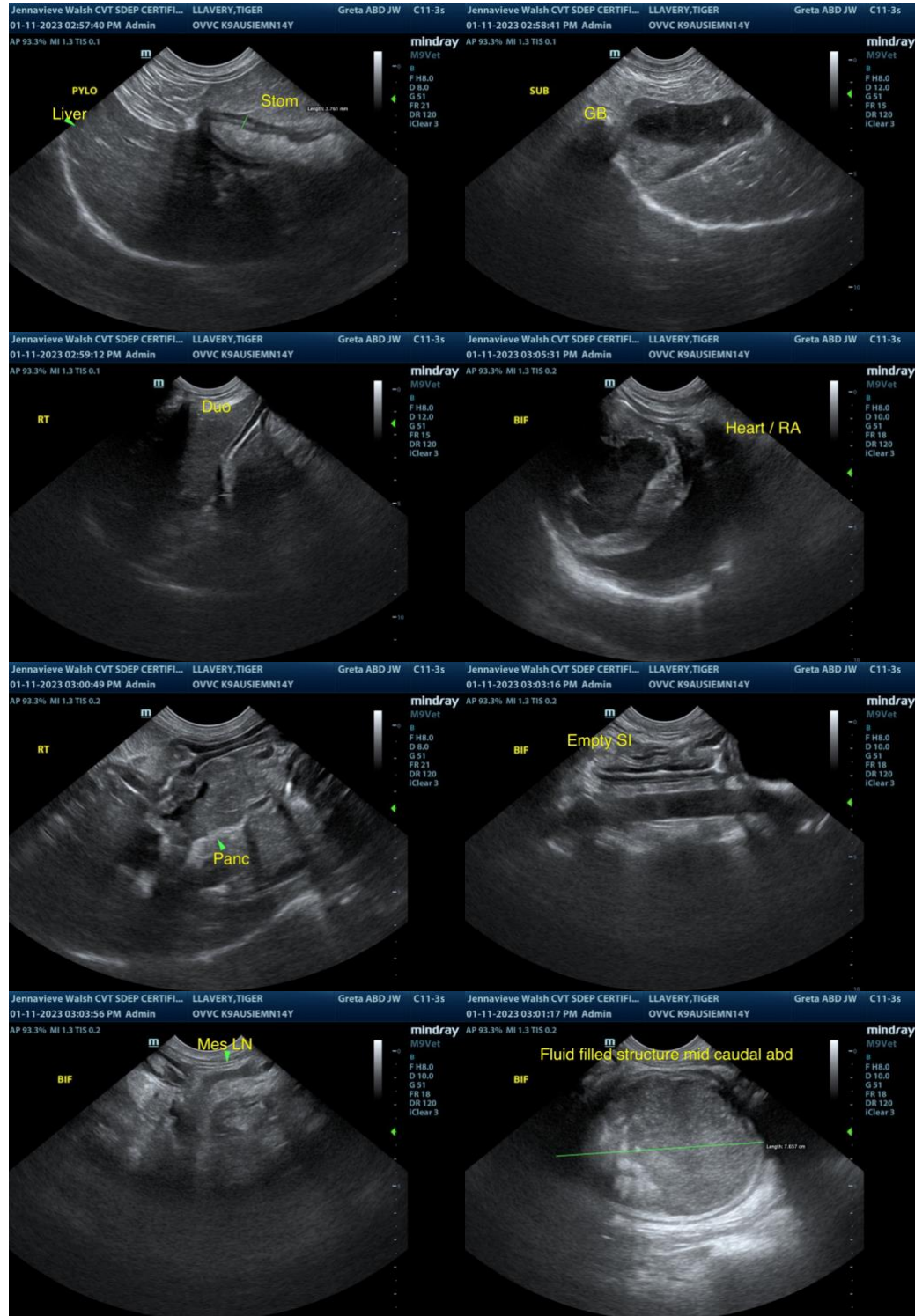
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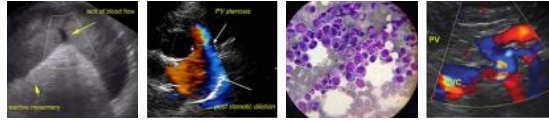
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Tiger Livery

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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