

PATIENT

Marley Young

PRESENTING CLINICAL SIGNS

History: Increased SAP

Medication: Denamarin

SPECIES

Canine

ALP 1276, Urine specific gravity 1.016, HCT 37

BREED

Cocker Spaniel Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

AGE

10 years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.75 cm in diameter.

The area of the aortic trifurcation was free of pathology.

WEIGHT

37 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.1 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.51 cm width at the cranial pole. No evidence of adrenal hyperplasia or tumors.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Brodheads ville VC

Spleen

The spleen was normal in size and contour with subtle generalized splenic parenchyma heterogeneity with intermittent nonspecific nodules in the medial parenchyma. An example measured 0.8 cm in diameter. The spleen also exhibited a non-expansive, hypoechoic nodule in the cranial lateral parenchyma measuring 0.67 cm in diameter.

REFERRING VET

Dr. Bishop

Liver/ Gallbladder

INVOICE

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The liver presented mild to moderate enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of

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congestion. Moderate, nondependent yet nonorganized, subjectively mobile gallbladder debris was present. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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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.

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

SEX

Neutered Male

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.

AGE

10 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

37 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related renal changes
- Sonographically unremarkable bilateral adrenal glands
- Mild generalized splenic parenchyma heterogeneity with intermittent nonspecific nodule

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound-guided FNA of the nodule using a 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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The presentation of the liver was nonspecific yet consistent with benign hepatopathy and without evidence of overt neoplastic criteria, which is considered unlikely. Vacuolar hepatic changes and cholestasis, given the elevated ALP, is suspected, while the possibility of inflammatory parenchymal or hepatobiliary process, given the presence of gallbladder debris, such as cholangiohepatitis may be possible.

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Ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered for further clarification. The addition to the Denamarin / Ursodiol therapy is warranted with monitoring for evidence of increasing cholestasis.

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The bilateral adrenal glands were not overtly suggestive of hyperplasia, yet if clinical signs suggestive of hyperadrenocorticism are present, LDDST could be considered.

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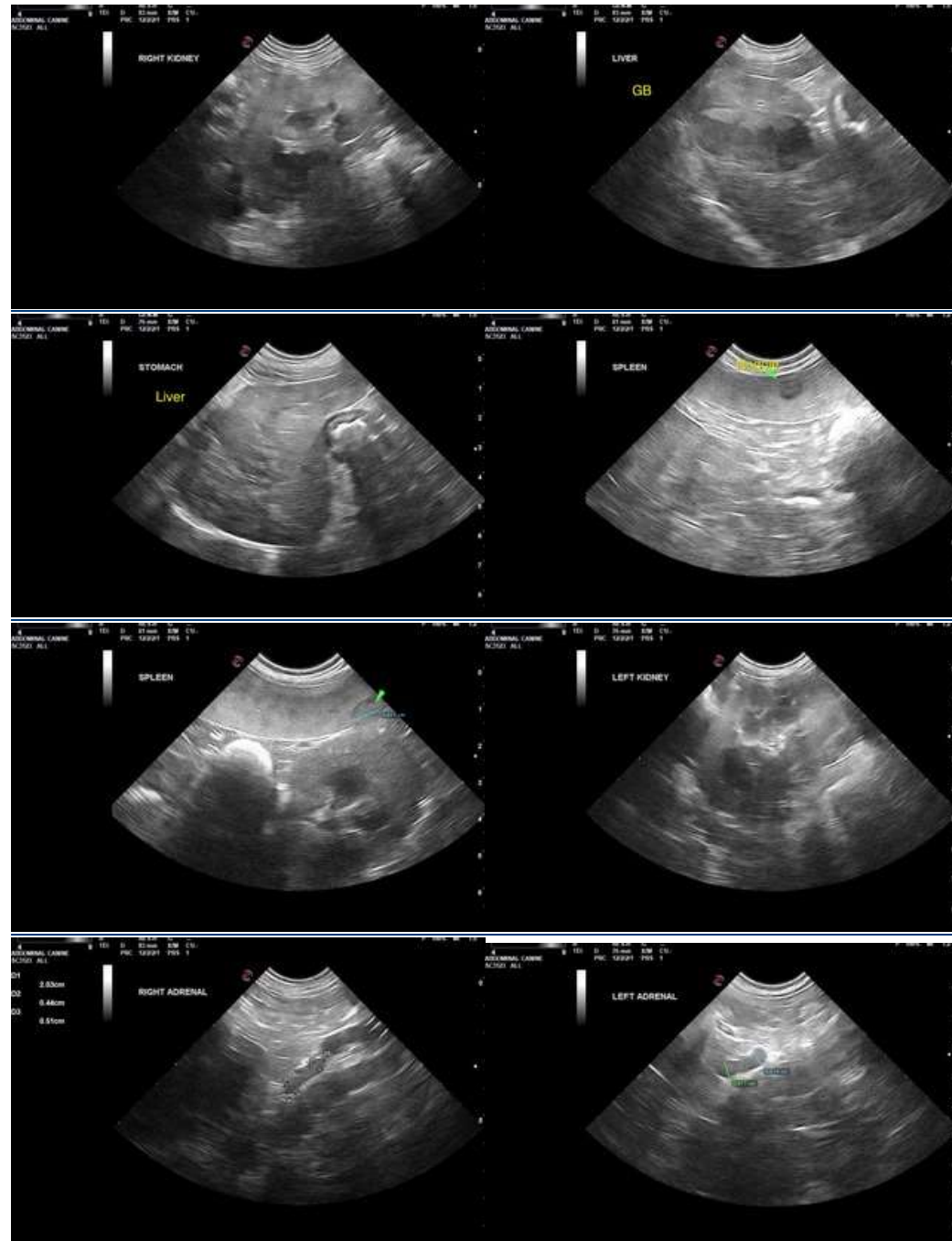
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PATIENT

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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.

SPECIES

Canine

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.

BREED

Cocker Spaniel Mix

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