



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sophie Prokop **History:** History of chronic gastroenteritis, pancreatitis, elevated liver values, soft stool, occasional vomiting

SPECIES Canine **Medication:** Dasuquin, Metronidazole, Hepatobenefits

ALP 588, ALT 148, Amylase 1176, PSL 701, Platelets 405

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX FS **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 was noted.**

AGE 13 years **The area of the aortic trifurcation was free of pathology.**

WEIGHT 55.8 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 6.3 cm in length. The right kidney measured 6.2 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 2.6 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was enlarged in size, maintained capsule integrity, yet asymmetrical capsule contour. Generalized nonhomogeneous yet nonmineralized parenchyma was present. The right adrenal gland measured 4.7 cm length x 1.3 cm width at the caudal pole and 2.6 cm width at the cranial pole. No overt vascular invasion associated with the right adrenal gland was noted, although cannot be definitively excluded.

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

Spleen

The spleen exhibited normal size and overall contour with generalized parenchyma heterogeneity. Intermittent, variably sized to variably echogenic nodules were present. An example of a mildly expansive, nonhomogeneous nodule present in the cranial spleen measured 2.5 cm diameter.

REFERRING VET

Dr. Thompson

Liver/ Gallbladder

The liver exhibited mild generalized enlargement with normal 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. Intermittent subtle uniformly hyperechoic nodules were present. An example of a liver nodule measured 1.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild, nonorganized, nonmineralized, hyperechoic gallbladder debris was present. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

INVOICE

1156

DATE

1.19.2022



PATIENT

Gastrointestinal

Sophie Prokop

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. The gastric body wall width measured 0.41 cm.

SPECIES

Canine

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 duodenum wall width measured 0.39 cm. The jejunum wall width measured 0.39 cm.

BREED

Golden Retriever

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

SEX

FS

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

13 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

55.8 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific, variably echogenic to expansive splenic nodules
- Chronic hepatopathy exhibiting parenchymal remodeling and intermittent, likely benign nodules
- Minor gallbladder debris - Incidental
- Heterogeneous pancreas - age-related or patient variant, remodeling owing to previous inflammatory or low-grade to chronic pancreatitis possible
- Right adrenomegaly - adenomatous change, hyperplasia, emerging neoplasia possible
- Overtly normal gastrointestinal tract and colon

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic parenchymal and nodule FNA using a 25-gauge needle is warranted for screening cytology specifically, FNA of the mildly expansive nonhomogeneous splenic nodule is recommended for further clarification.

REFERRING VET

Dr. Thompson

Full adrenal work up including LDDST could be considered if clinical signs suggestive of hyperadrenocorticism are present. Screening blood pressure to assess for evidence of hypertension is suggested. Sonographic monitoring of the liver, spleen and right adrenal gland for evidence of progressive hepatosplenic nodular changes or right adrenomegaly would be a more conservative approach.

INVOICE

1156

DATE

1.19.2022

In patients with chronic gastrointestinal signs, mild to chronic pancreatitis, dietary indiscretion / food hypersensitivity, dysbiosis, IBD, or less likely infiltrative neoplasia may be possible. Further assessment



PATIENT

Sophie Prokop

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

13 years

WEIGHT

55.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Thompson

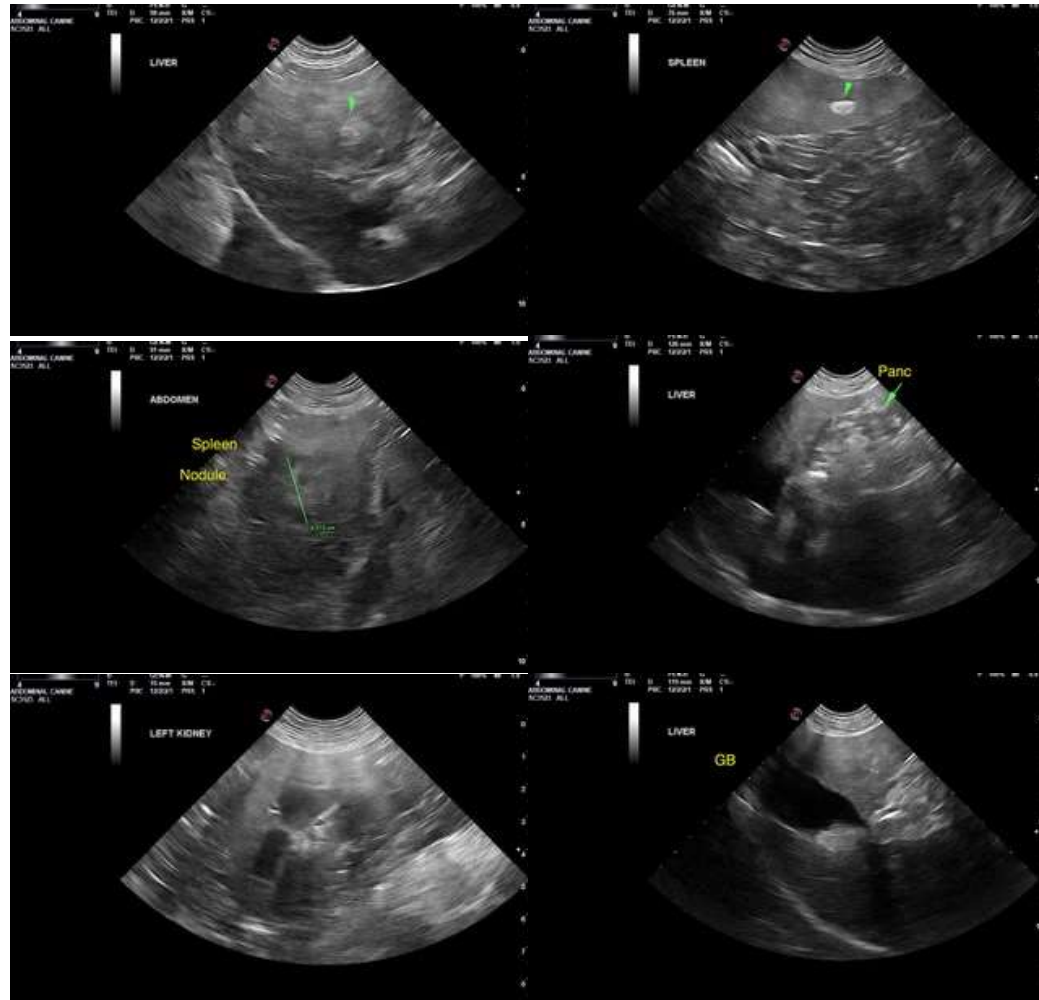
INVOICE

1156

DATE

1.19.2022

may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





PATIENT

Sophie Prokop

SPECIES

Canine

BREED

Golden Retriever

SEX

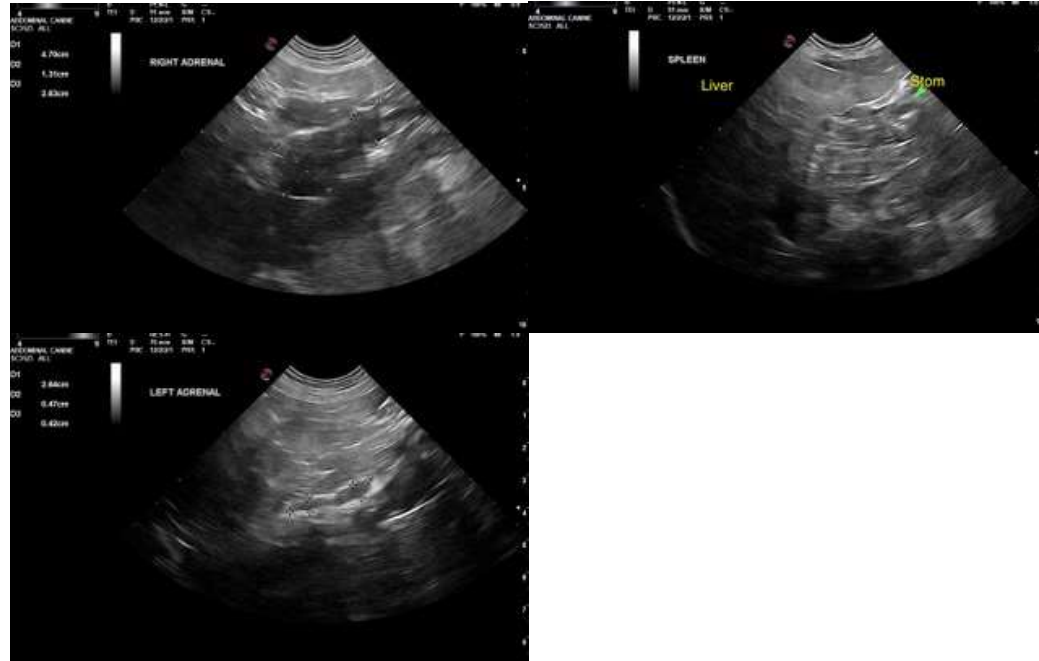
FS

AGE

13 years

WEIGHT

55.8 Pounds



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Thompson

INVOICE

1156

DATE

1.19.2022

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)
mac.daniel@sonopath.com