



PATIENT

Dakota Constantino

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Intact Male

AGE

14 years

WEIGHT

25.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Kristin Lavin, DVM

INVOICE

13527

DATE

1/20/22

PRESENTING CLINICAL SIGNS

History: cPL severely elevated (2000) - incidental finding on labwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.4 cm x 4.5 cm.

Anechoic, thinly walled parenchyma cysts were present.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild increased cortex echogenicity and cortical hypertrophy was present with pinpoint hyperechoic cortical foci, small cortical cyst and mild pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the cranial pole and 0.71 cm width in the caudal pole. The right adrenal gland measured 0.66 cm width in the cranial pole and 0.61 cm width in the caudal pole.

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 exhibited generalized enlargement. Mild increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture with intermittent to focal non-expansive discreet hypoechoic parenchymal nodules present. An example of a liver nodule measured 1.5 cm in diameter

The gallbladder revealed moderate nondependent mildly organized nonmineralized gallbladder debris. The gallbladder was otherwise nondistended. The gallbladder walls were sonographically normal without evidence of inflammation and without evidence of peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 measured 0.36 cm.

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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. The duodenum wall measured 0.47 cm. The jejunum wall measured 0.35 cm.

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

Pancreas

The pancreas exhibited generalized prominent size with mildly swollen to asymmetrical contour and primarily hypoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting focal to intermittent, nonspecific, discreet hypoechoic parenchymal nodules
- Moderate gallbladder debris- possible early mucocele
- Prominent hypoechoic to heterogeneous pancreas- suspect chronic active to chronic pancreatitis
- Bilateral chronic renal changes with cortical cysts and minor bilateral pyelectasia
- Prostatomegaly with nonhomogeneous to cystic parenchyma- benign prostatic hyperplasia, potential for prostatitis
- Mildly prominent bilateral adrenal glands-non-specific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The overall appearance of the liver was nonspecific given the lack of reported hepatic enzyme elevations. Vacuolar hepatopathy, inflammatory hepatopathy possible with suspected intermittent areas of nodular to regenerative hyperplasia or hematopoiesis. Potential for hepatic neoplastic parenchymal or nodular changes are considered a less likely differential diagnosis. Assuming normal clotting status, hepatic parenchymal and nodule FNA, using a 25-gauge needle could be considered for further clarification.

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Adrenal work up with LDDST could be considered, if clinically indicated. Supportive care for chronic active pancreatitis recommended, if gastrointestinal signs or clinical signs associated with chronic active pancreatitis are present. Ursodiol suggested if evidence of cholestasis.

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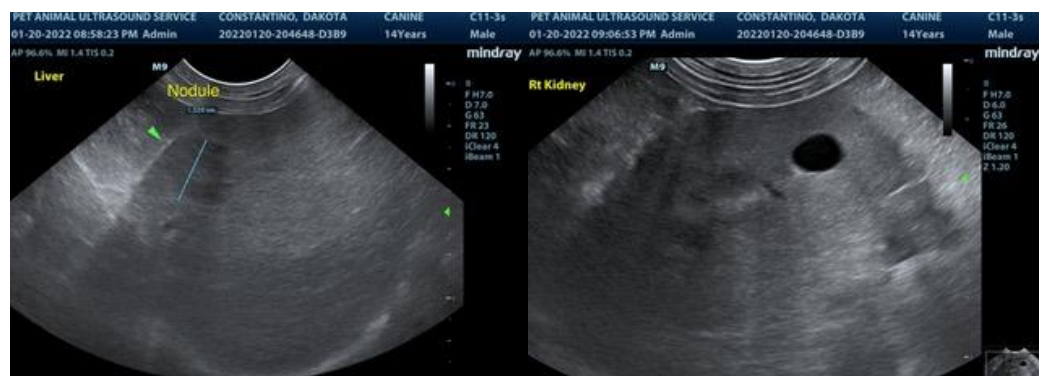
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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