



PATIENT

Duke Takenaga

SPECIES

Canine

BREED

Sharpei Pyranease X

SEX

M/N

AGE

8

WEIGHT

38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Aspen AC

REFERRING VET

Dr. Sekhon

INVOICE

15940

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Chronic diarrhea last 2-3 months

Abnormal PE/Chem/CBC/UA Results: Fecal panel positive for Giardia and Clostridium Perfringes. Mild elevation of ALT

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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A maintained 1:3 cortex / medulla ratio was present. A mildly indistinct corticomedullary border was noted. Pinpoint medullary mineral was noted. No pyelectasia was present in either kidney. The left kidney measured 6.5 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.68 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 0.58 cm width at the caudal pole and 0.52 cm width at the cranial 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 was mildly enlarged with areas of mild capsule asymmetry. Nonuniform to heterogeneous hepatic parenchyma exhibiting moderate coarse echotexture was present with evidence of parenchymal remodeling. Mild irregular mixed echogenic intraparenchymal macro nodule to small mass was noted mid to left liver measuring approximately 5.3 cm in diameter. The macro nodule to small mass did not distort the hepatic capsule. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 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 colon walls presented mild intact yet prominent wall layering with mild thickened to echogenic submucosa primarily noted in the proximal to transverse colon. The proximal colon wall width measured 0.34 cm. The colon contained generalized semi-formed to possible soft fecal matter (consistent with patient history).

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 evidence of omental lymphadenopathy, peritoneal effusion or omental masses was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with nonspecific intraparenchymal nonuniform macro nodule / small mass
- Sonographically normal gallbladder
- Structurally normal gastrointestinal tract with mild colitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, hepatic parenchyma, and macro nodule / small mass FNA cytology is recommended for further assessment. Potential for coalescing lipogranulomas, nodular hyperplasia, hematopoiesis, fibrosis, possible amyloidosis (given breed), or neoplastic criteria for the hepatic macro nodule to small mass, are all potentials.

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Empirical hepatosupportive medications may prove beneficial. Hydrolyzed diet trial, high colony count probiotic, deworming with Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks, given Giardia positive, +/- appropriate antibiotic trial and assessment of clinical response may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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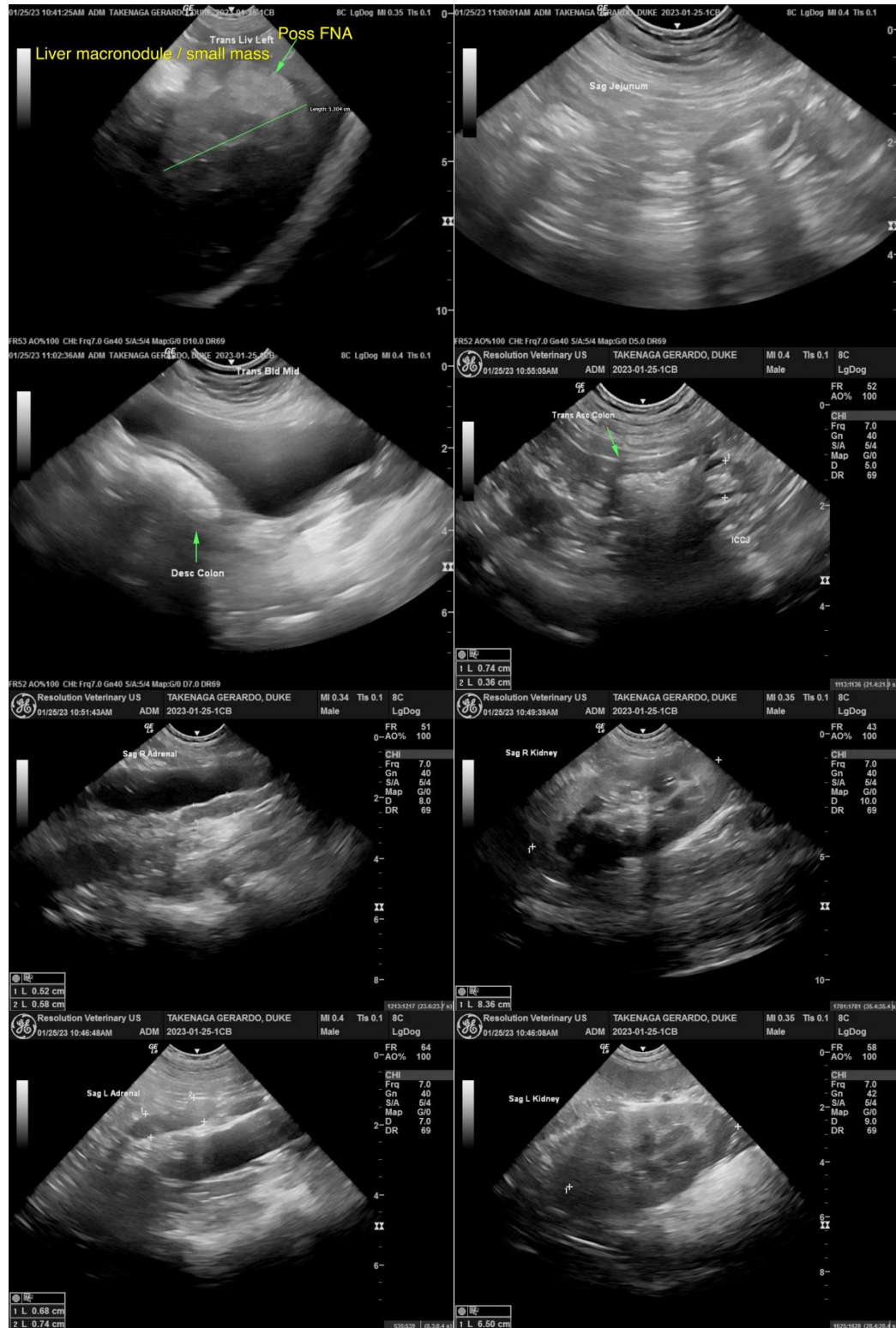
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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