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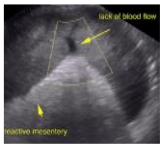

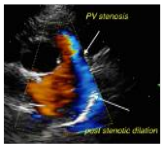

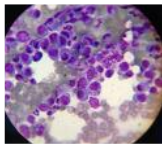
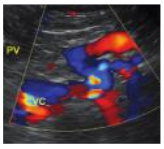

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jager Relph

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

11 years

WEIGHT

23 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

15925

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Patient presented to the hospital due to vomiting through the night two nights ago and all day yesterday. When owners took the patient out for a walk in the evening yesterday, patient was not able to defecate but was straining to. Patient did not vomit today but in the morning he was walking very slowly in circles. Patient came to the hospital very lethargic and is usually aggressive, but when taking vitals he did not move and stayed lateral. Patient has not eaten since yesterday as well. Owners mentioned that for the past couple of months, he has been drinking water excessively. When the abdomen was palpated during examination, patient cried out in pain. Patient has pink MM.

Abnormal PE/Chem/CBC/UA Results: cPL Test: ABNORMAL BUN 20mg/dL LOW BUN 43mg/dL HIGH ALT 677U/L HIGH ALKP 270 U/L HIGH TBIL 1.2 mg/dL HIGH AMYL >2500 U/L HIGH LIPA 5099 U/L HIGH Na 139 mmol/L LOW Cl 99 mmol/L LOW HGB 22.0 g/dL HIGH RDW 24.5% HIGH WBC 35.85 K/uL HIGH NEU 34.22 K/uL HIGH LYM 0.41 K/uL LOW MONO 1.18 K/uL HIGH EOS 0.04 K/uL LOW

This submitted study contained 12 videos and 33 still images for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size which prohibited full evaluation of the urinary bladder walls. Possible cystitis pattern was noted with no overt tumors. Minimal primarily anechoic fluid was present in the urinary bladder without evidence of sediment or calculi.

The residual prostate was not definitively visualized.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 5.1 cm in length.

Adrenal Glands

Bilateral prominent adrenal glands were visualized exhibiting nonhomogeneous yet overtly non-mineralized parenchyma. The right adrenal gland was mildly enlarged in size compared to the left. Both adrenals exhibited mild asymmetrical capsule margination, yet maintained capsule integrity without evidence of parenchymal escape. The left adrenal gland measured 2.1 cm length x 0.65 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 1.5 cm width at the caudal pole.

Spleen

The spleen exhibited discrete homogeneous mildly expansive nodule in the subjective mid to caudal spleen measuring 2.0-2.5 cm in diameter resulting in mild symmetrical distortion of the splenic capsule, yet without evidence of parenchymal escape. The remainder of the spleen exhibited normal size and contour with mild parenchyma heterogeneity.

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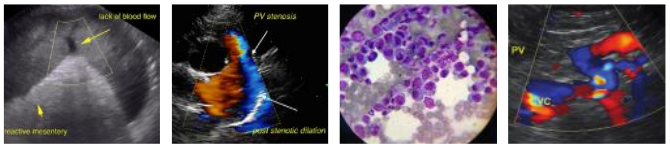

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Liver/ Gallbladder

The liver presented 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 congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent yet nonorganized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

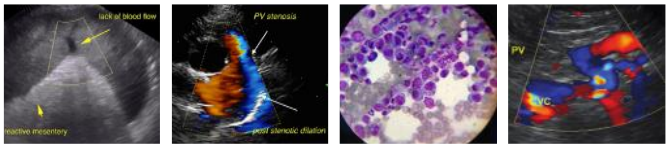
The base of the pancreas and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. The left pancreatic limb exhibited isoechoic to heterogeneous parenchyma.

Free Abdomen

Potential for very scant peritoneal effusion is possible although not definitive. No overt or visualized omental masses or significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Subnormal urinary bladder, possible cystitis
- Mild chronic renal changes
- Bilateral adrenomegaly more prominent in the right adrenal gland - hyperplasia, adenomatous change, possible emerging right adrenal neoplastic criteria / mass, i.e., pheochromocytoma, adenocarcinoma, or other with potential for mixed pathologies
- Discrete mildly expansive homogeneous splenic nodule - hyperplasia, hematopoiesis, focal splenitis, granuloma, and emerging neoplasia are all potentials
- Hepatopathy - subjectively benign, vacuolar hepatopathy, inflammatory / immune-mediated disease, subjective less likely infiltrative neoplasia or other hepatopathy
- Mild gallbladder debris - not overtly consistent with mucocele criteria
- Gastroenteritis pattern



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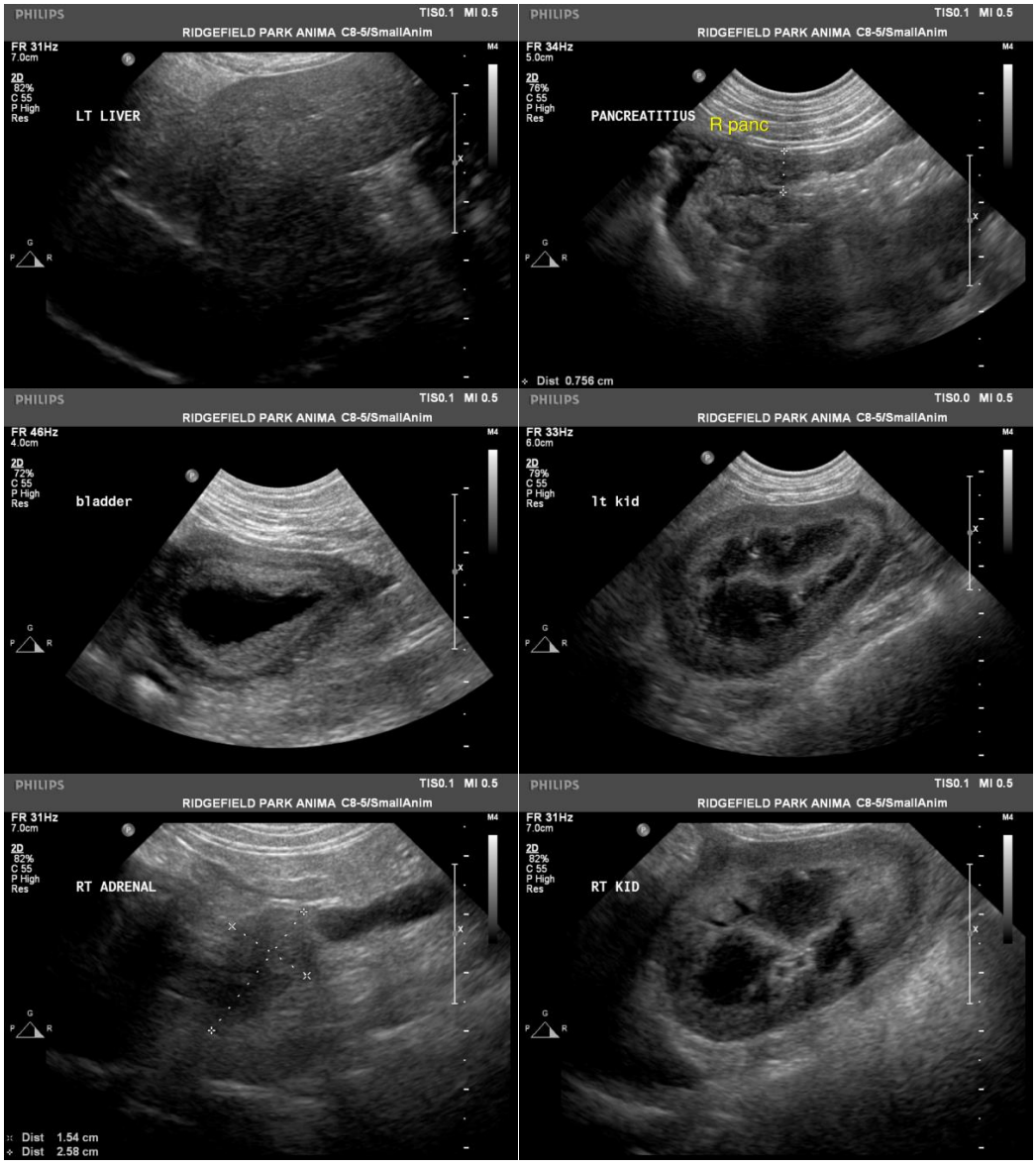
- Pancreas base / right pancreatic limb pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST vs. ACTH stimulation test, as well as assessment of systemic BP for evidence of hypertension, which may allude to right adrenal pheochromocytoma is suggested. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers / PCR could be considered if potential exposure.

Empirical therapy for pancreatitis with as-needed hepato-gastrointestinal support and monitoring of clinical response would be reasonable. Sonographic monitoring of the splenic nodule would be reasonable initially, yet eventual hepatic parenchyma and splenic nodule FNA cytology (assuming normal clotting status and using a 25-gauge needle) may be indicated if evidence of progressive hepatopathy or splenic nodule.



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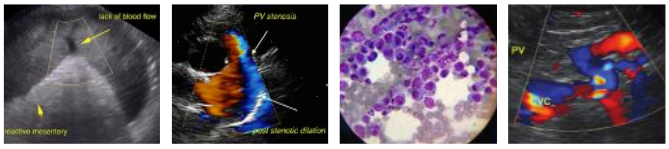

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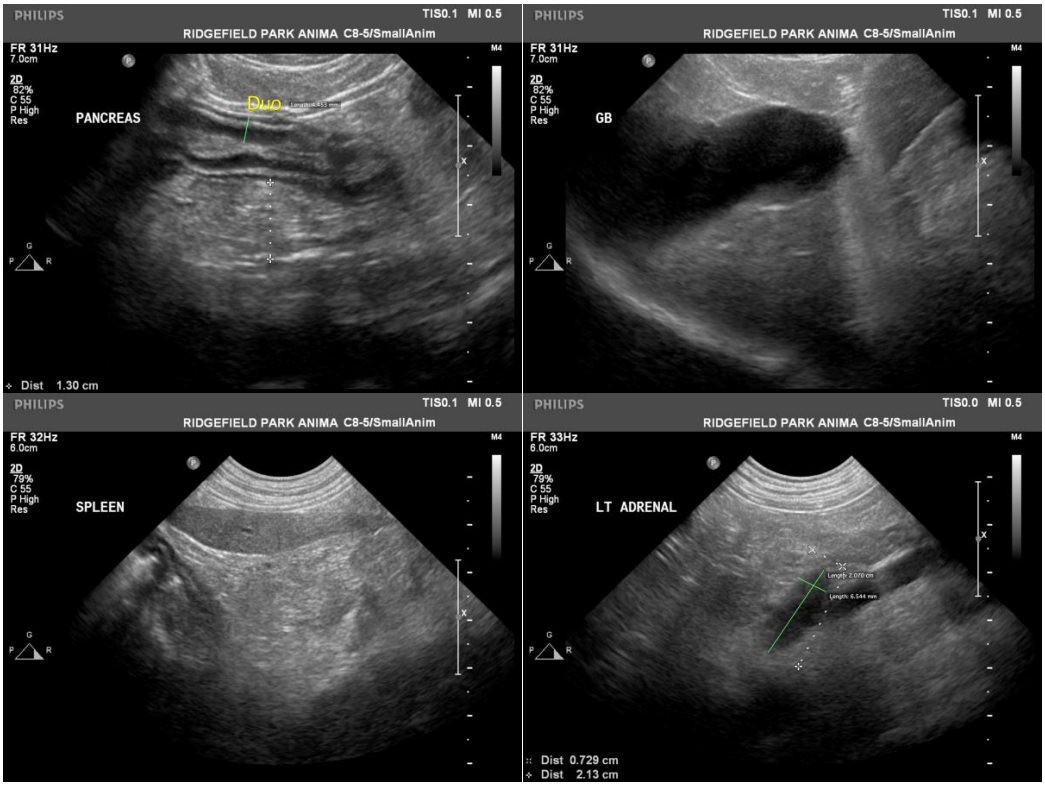

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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