



PATIENT

Moe Johnson

PRESENTING CLINICAL SIGNS

History: Recheck abdominal US for follow up on splenic mass and recheck of pyloric mucosal hyperplasia. Follow up on echo. History: Moe is in IRIS Stage 2 Kidney disease and has a heart murmur. Previous ultrasound showed a subtle progressive splenic macronodule/small mass, static chronic renal changes with minor pyelectasia, nonobstructive medullary mineral and cortical cysts, mild prominent to irregular indistinctly nodular bilateral adrenal glands, subjective mild hepatomegaly with parenchymal remodeling and solitary small intraparenchymal cyst, moderate gallbladder debris (non-mucocele), pancreatic remodeling- static, and mild focal to regional pyloric mucosal hyperplasia-benign. There has been minimal changes to blood work. Patient has a grade III/VI heart murmur and bilateral anal gland nodules. Meds: Losartan 1 mg a day, BNP + Dex PRN, OcuGlo, Pimobendan 1.875 mg: 1/2 tab BID, Wisdom Maitake Mushroom, Rehmannia 8 and Stasis Breaker. No sedation.

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: LABS: MCV 77 (H), MCH 26.6 (H), Platelets 636 (H), Idexx SDMA 32 (H), Creatinine 2.4 (H), BUN 62 (H), Sodium 153 (H), Lipase 905 (H), UPC 0.9, USG 1.015, T4 1.1, 4DX Negative.

AGE

16 Years

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 were noted.

WEIGHT

8 Pounds

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.84 cm in diameter.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small cortical cysts were present in both kidneys. Nonobstructive medullary renolithiasis was present and minor pyelectasia were present in both kidneys. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

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Adrenal Glands

Both adrenal glands exhibited mild prominent size based on caudal pole width measurement in light of body weight. Mild asymmetrical capsule contour and nonhomogenous indistinctly nodular adrenal parenchyma was noted without evidence of mineralization. The left adrenal gland measured 1.8 cm length x 0.82 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.59 cm width at the caudal pole.

REFERRING VET

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Spleen

A previously noted, mildly expansive nonhomogenous irregular hypoechoic splenic nodule was noted, measuring 1.55 cm x 1.4 cm in the subjective lateral spleen was noted. The remainder of the spleen was sonographically unremarkable without additional masses, nodules and with normal vascularity.

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PATIENT

Moe Johnson **Liver**

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The liver was mildly enlarged. 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. A focal mid intraparenchymal thinly walled cyst was noted, containing anechoic fluid.

The gallbladder was mildly distended in size with anechoic content and moderate dependent to nondependent mildly inspissated variably hyperechoic debris was present without overt gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented overall intact wall layering and empty lumen. Previously noted mild benign pyloric mucosal hyperplasia was noted without evidence of mechanical pyloric outflow obstruction or neoplastic criteria.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static moderate to chronic renal changes, exhibiting nonobstructive renolithiasis, small cortical cyst and minor pyelectasia.
- Static, previously noted, mildly expansive, irregular to hypoechoic splenic nodule
- Mild benign hepatomegaly, exhibiting mild nonhomogenous focally cystic parenchyma
- Moderate dependent to nondependent mildly inspissated gallbladder debris- not overtly consistent with mucocele criteria
- Heterogenous pancreas- age-related variant, benign remodeling owing to previous inflammation or chronic pancreatitis are all potentials
- Bilateral static mild irregular to nodular adrenal glands
- Static benign mild pyloric mucosal hyperplasia- not obstructive to pyloric outflow



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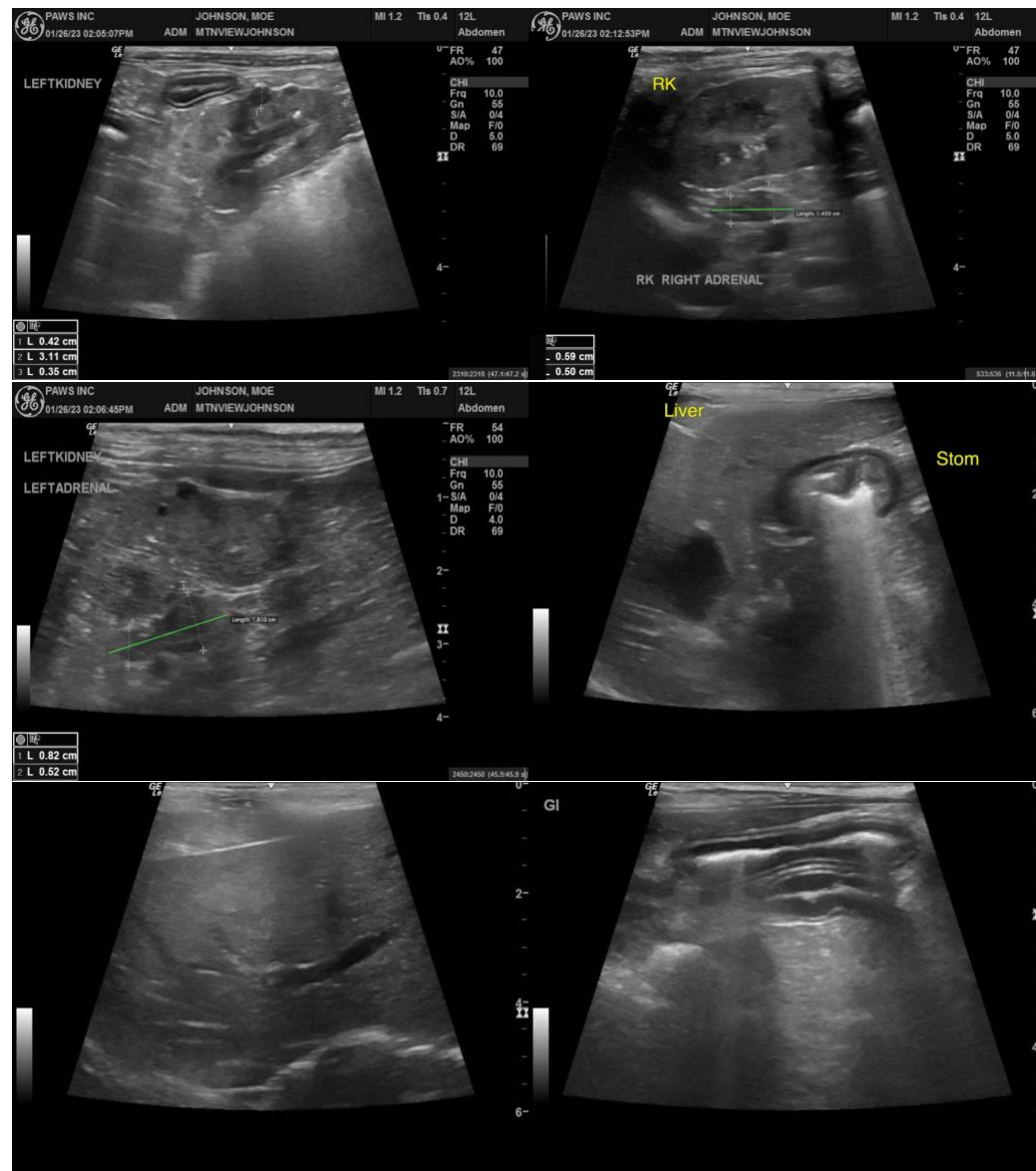
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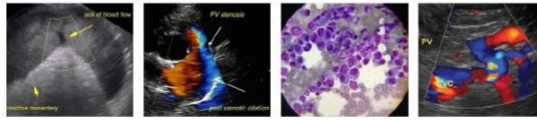
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall static abdominal presentation compared to the previous study without evidence of progressive previously noted abnormalities or visceral pathology. Given the lack of progression of the splenic nodule compared to the previous study, higher probability of benign process, i.e., small hematoma, hyperplasia, hematopoiesis, focal splenitis or similar is suspected. Sonographic monitoring of the splenic nodule +/- screening FNA cytology, assuming normal clotting status and using a 25-gauge needle is suggested. Continued hepatosupportive medications is indicated. No overt evidence of adrenal neoplastic criteria. Periodic monitoring of systemic BP for evidence of hypertension would be ideal.





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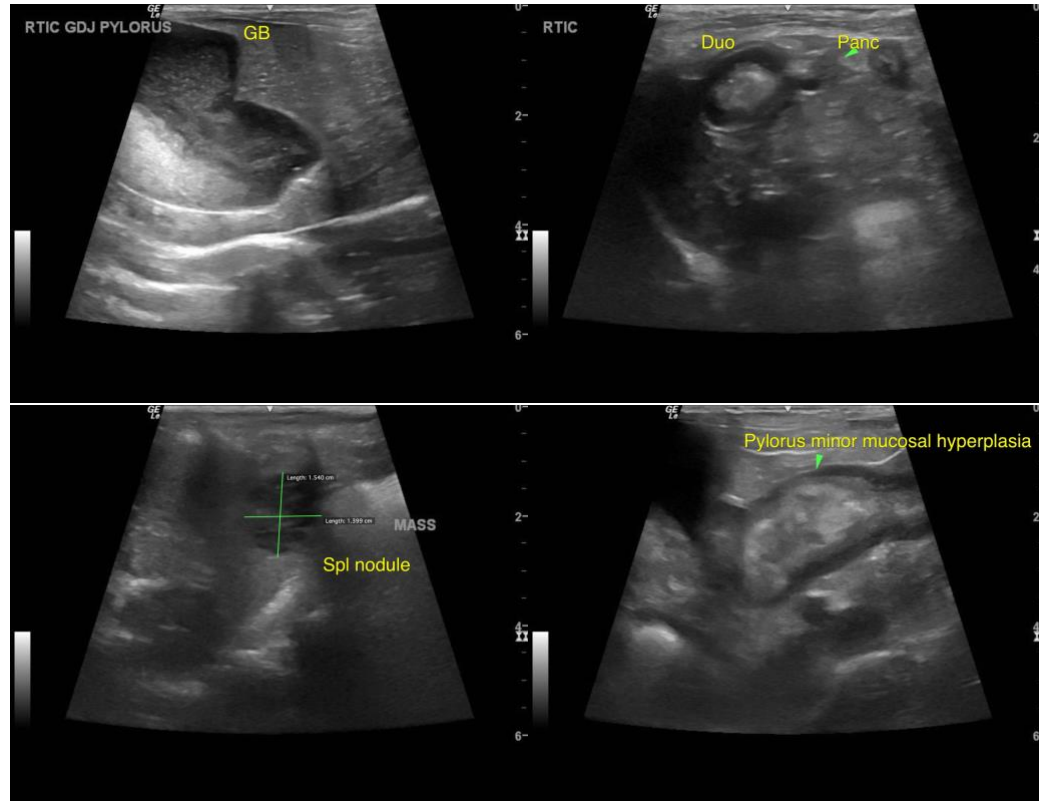
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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