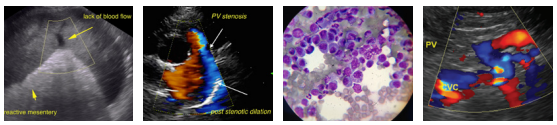
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Bernie Bromley

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

4 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Hans Larsen

INVOICE

35172

DATE

1/28/22

PRESENTING CLINICAL SIGNS

1/26 -- patient lethargic, inappetant, slight fever (102.7), slightly uncomfortable abdomen 1/28 -- patient still lethargic, uncomfortable abdomen, normal temp, tacky mucous membranes Abnormal PE/Chem/CBC/UA Results: Current Medications Buprenorphine injection, carprofen yesterday (12.5mg) 1/26 - proteinuria (2+), pH (5), USG (1009) 1/28 - hypoalbunemia (2.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology in the area of the residual prostate.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm. The right kidney measured 5.9 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The let adrenal gland measured 1.8 cm length x 0.52 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

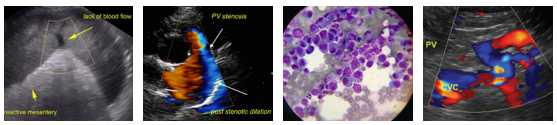
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing anechoic content. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with mild gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. Gallbladder wall measured 0.42 cm in width. The common bile duct was normal.

Gastrointestinal

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. Gastric body wall measured 0.40 cm.



PATIENT

Bernie Bromley

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

4 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Hans Larsen

INVOICE

35172

DATE

1/28/22

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. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.26 cm.

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

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 was evident.

Free Abdomen

Multifocal enlarged mid to cranial abdominal mesenteric lymph nodes as well as focal medial iliac lymph node were present. A mesenteric lymph node measured 2.6 cm x 0.93 cm. Medial iliac lymph node measured 0.72 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mid to cranial abdominal mesenteric and focal medial iliac hypoechoic lymphadenopathy with perilymphatic omental reactivity – lymphadenitis owing to structurally insignificant inflammatory bowel episode, infection, or potential emerging neoplastic lymphadenopathy possible.
- Mild gallbladder wall edema – inflammation, edema potentially owing to hypoalbuminemia suspected. Anaphylaxis considered a less likely differential diagnosis.
- Overtly normal bilateral kidneys – no evidence of pyelonephritis.

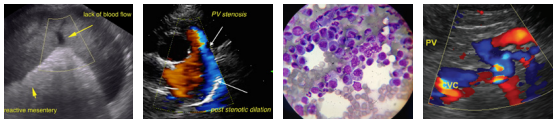
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lack of reported hepatic enzyme elevations, acute cholecystitis would be considered a less likely differential diagnosis in this case as a possible cause of gallbladder wall edema. Monitoring of hepatic enzymes may be considered. Ideally, if accessible, ultrasound guided FNA of an enlarged mesenteric lymph node for screening cytology +/- culture and sensitivity (if clinically indicated) is recommended.

UPC on sterile urine sample is suggested given the proteinuria. Empirically, hospitalization with gastrointestinal support, broad-spectrum antibiotics for potential lymphadenitis such as Metronidazole/Zithromax combination, and plasma expanders (given the hypoalbuminemia), with monitoring of albumin levels recommended. Recheck sonogram for reassessment of the lymph nodes, gastrointestinal tract and gallbladder may be considered pending clinical response to therapy.

SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND

IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Bernie Bromley

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

4 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

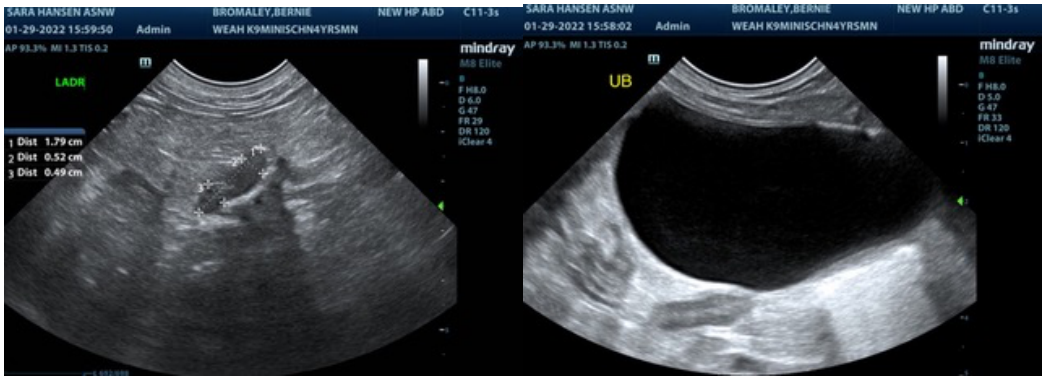
Dr. Hans Larsen

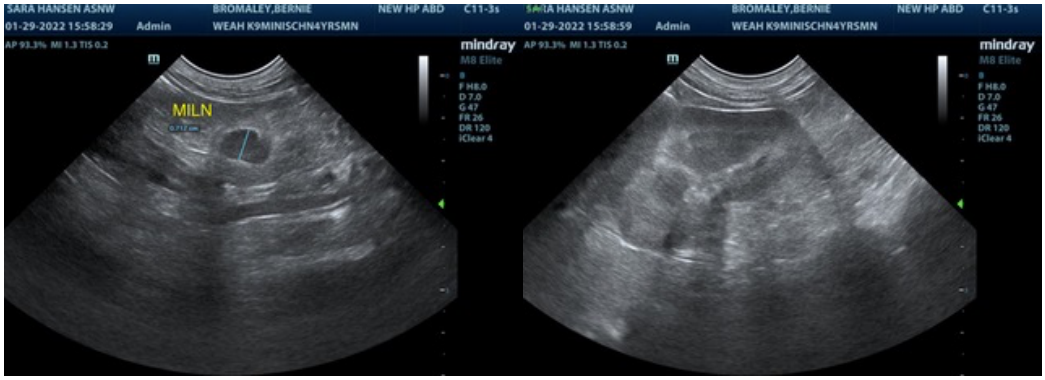
INVOICE

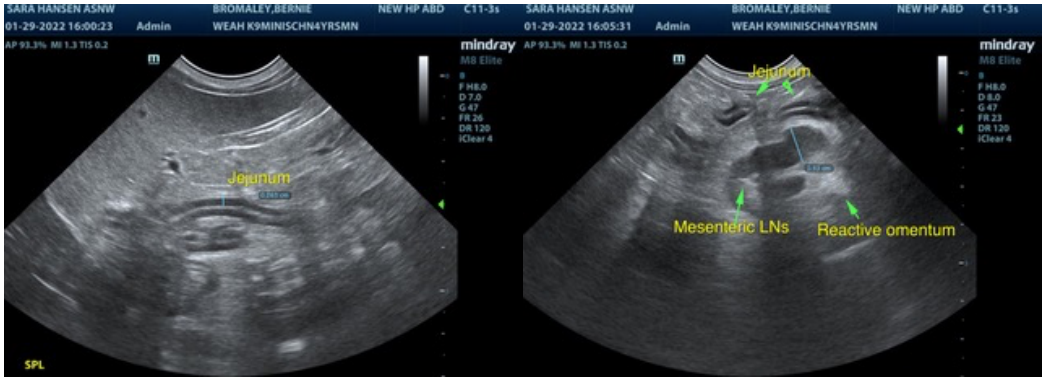
35172

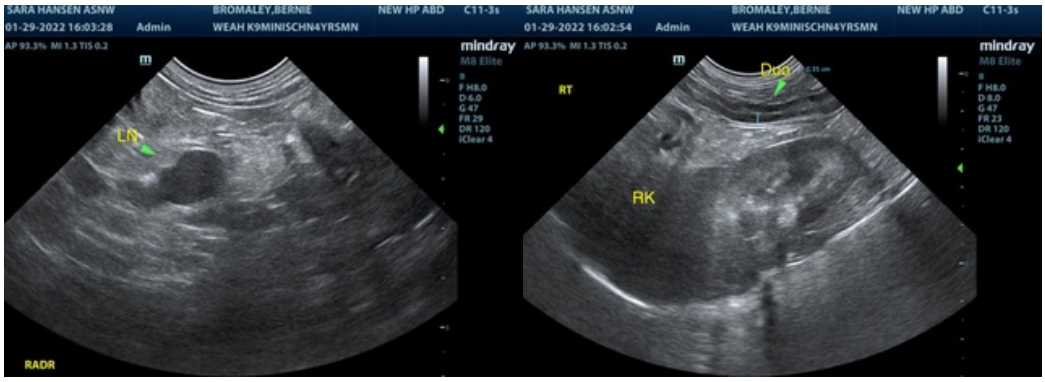
DATE

1/28/22

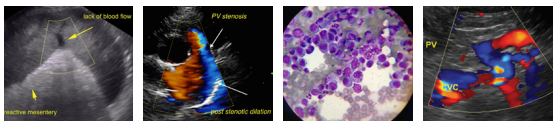








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Bernie Bromley

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

4 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

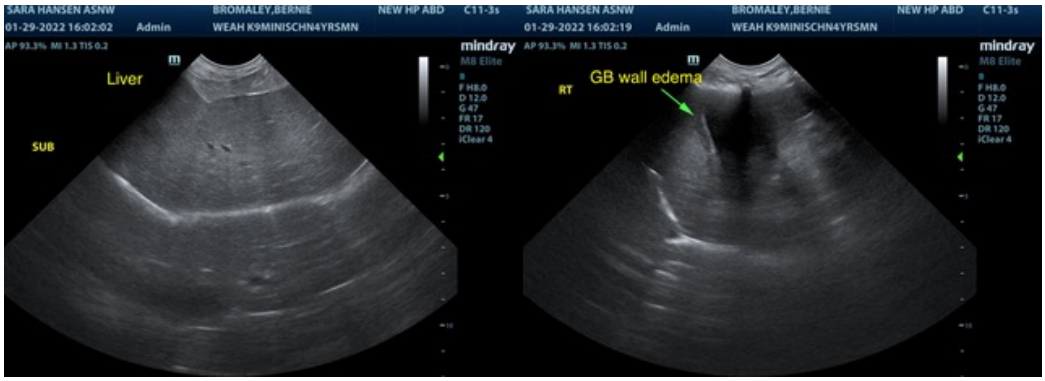
Dr. Hans Larsen

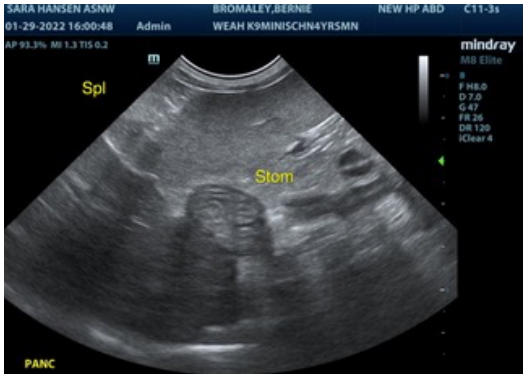
INVOICE

35172

DATE

1/28/22





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