

PATIENT PRESENTING CLINICAL SIGNS

Tally Tefft Presented for episold of pancreatitis and incidenetally found CKD as well. Dog has always seemed PU/PD, but worse recently. Vomiting and diarrhea has resolved since being hospitalized but kidney values remain elevated. Tally is clinically normal. SG 1.019; 2+ protein, RBC (cysto), ALT 178, ALP 380, creatinine 2.3; BUN 35

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador Retriever

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.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

12 Years

Normal size and margination was 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 6.0 cm.

Adrenal Glands

WEIGHT

63.2 Pounds

The adrenal glands exhibited prominent size and mild asymmetrical contour with non-homogeneous to nodular parenchyma. The left adrenal gland overall measured 1.1 cm at the cranial pole and 1.0 cm at the caudal pole. An isoechoic nodule was noted in the area of the left phrenicoabdominal vein, measuring 1.2 cm x 0.9 cm. The right adrenal gland overall measured 1.0 cm at the cranial pole and 0.69 cm at the caudal pole. Mildly non-homogeneous to echogenic nodule noted in the mid cranial right adrenal gland, measuring 1.0 cm x 0.77 cm.

INTERPRETED BY

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

Spleen

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Wood River AH

Liver

REFERRING VET

Dr. Casey Schuelke

The liver exhibited overall normal to mildly enlarged size, asymmetrical caudal hepatic contour, and generalized moderate to nodular parenchymal remodeling with increased prominence of portal vasculature borders. Exampe of isoechoic to uniform nodule within the liver measured 3.5 cm diameter. Nodular caudal parenchyma expansion from the ventral liver, extending into the area of the mid cranial abdomen and past the level of the gastric axis and exhibiting parenchymal remodeling with similar hepatic echogenicity was present. This area of hepatic parenchymal expansion measured approximately 2.8 cm in diameter. The gallbladder was non distended in size with mild, non-dependent, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

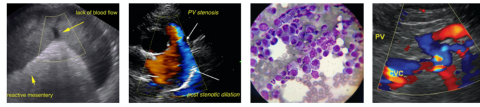
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Gastrointestinal

DATE

1/28/22

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.



PATIENT

Tally Tefft

The small intestine presented intact wall layering with primarily 1:3 muscularis/mucosa ratio and segmental propensity for mildly prominent mucosa and muscularis layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.36 cm. Jejunum wall measured 0.40 cm.

SPECIES

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Labrador Retriever

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.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

12 Years

- Chronic hepatopathy exhibiting generalized nodular parenchymal remodeling and caudal elongated parenchymal expansion into the area of the mid to cranial abdomen
- Mild gallbladder debris (non-mucocele)
- Nodular to prominent adrenal glands
- Mild chronic renal changes
- Mild inflammatory enteropathy/colitis pattern – potentially resolving.

WEIGHT

63.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

FNA of the primary hepatic parenchyma as well as the area of caudal parenchymal expansion (assuming normal clotting status) is warranted for screening cytology. Chronic vacuolar hepatopathy, non-specific hepatitis possible, while potential neoplasia cannot be excluded. The prominent to nodular adrenal glands may indicate age related or adenomatous change, benign hyperplasia, while potential for neoplasia as well as possible early vascular (phrenicoabdominal vein) invasion cannot be excluded. Screening blood pressure recommended. Sonographic monitoring of the adrenals for evidence of progressive increased size or nodular changes recommended. Urine protein/creatinine ratio on sterile urine sample recommended. Screening UCCR warranted.

IMAGING PERFORMED BY

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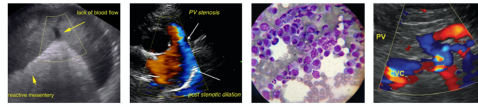
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PATIENT

Tally Tefft

SPECIES

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Labrador Retriever

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Spayed Female

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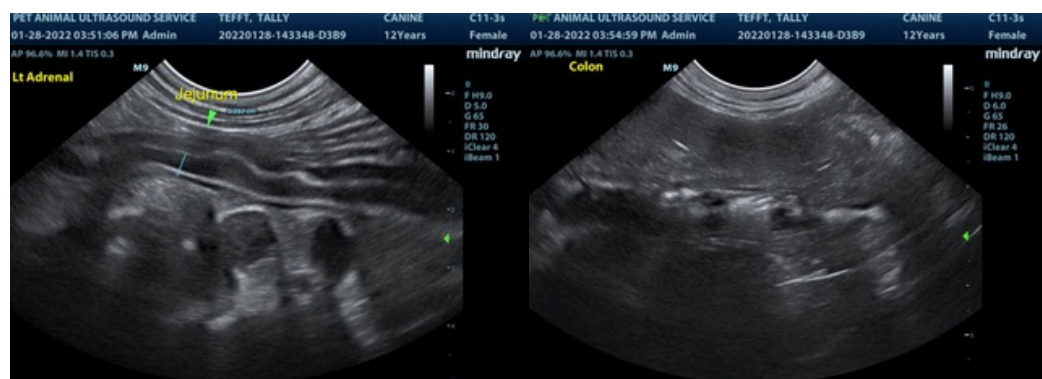
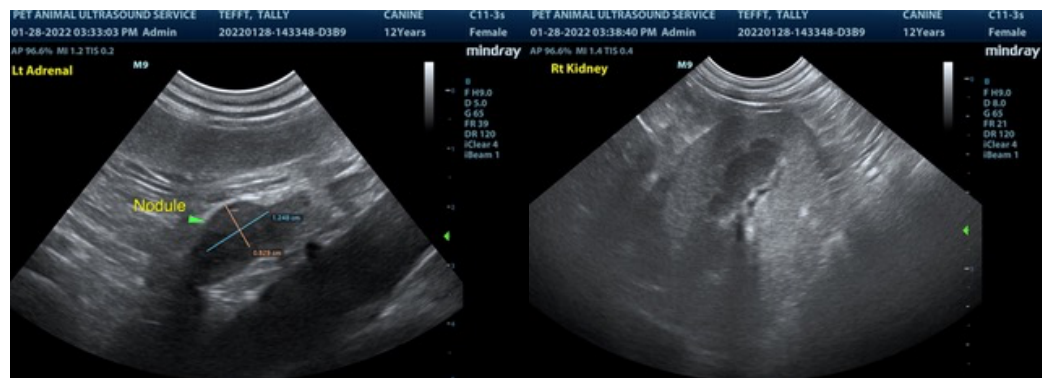
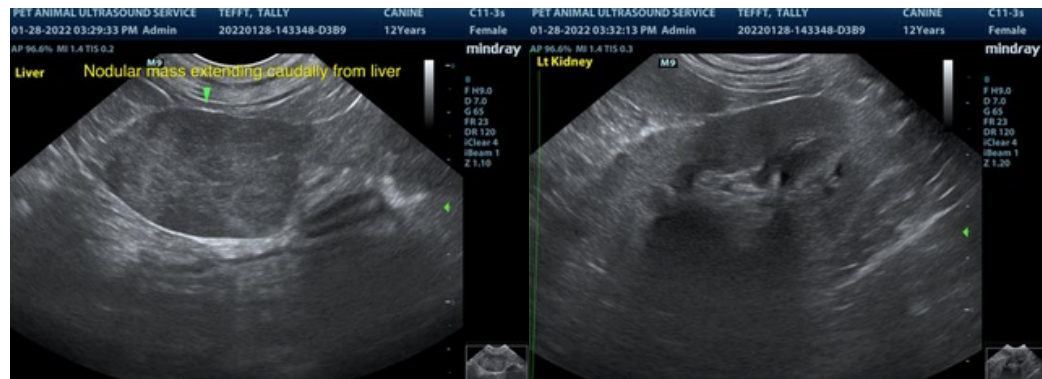
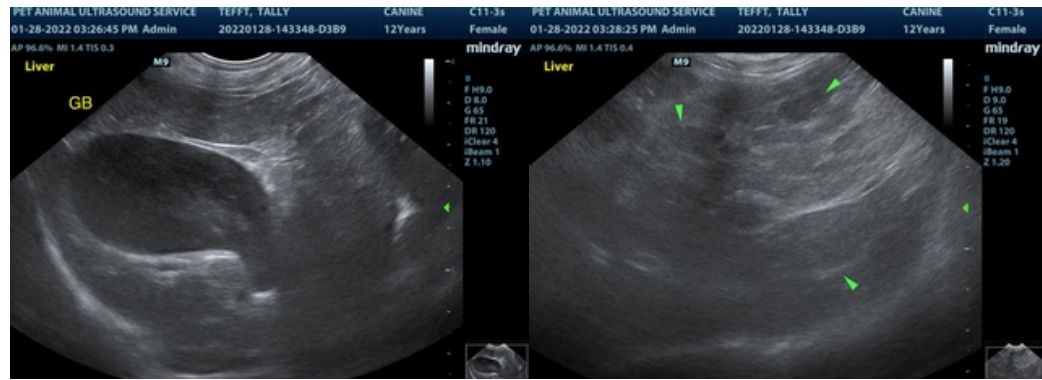
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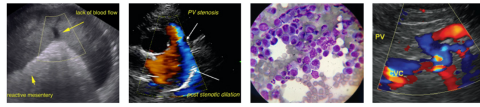
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PATIENT

Tally Tefft

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.

SPECIES

Canine

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.

BREED

Labrador Retriever

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

SEX

Spayed Female

AGE

12 Years

WEIGHT

63.2 Pounds

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