



PATIENT PRESENTING CLINICAL SIGNS

Louie Cole History: PU/PD, lethargy, 4/6 heart murmur, concern for Addisons or neoplasia
Medication: PetTinic, Doxycycline

SPECIES Canine CBC Hematocrit 21.0, reticulocytes 18.8, WBC 9.4 w/ mild lymphopenia, BUN 54, Creatinine 1.6, Albumin 2.1, ALP 485, ALT 307, Potassium 6.7, ACTH stim test pre-8.9 post-23.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Chinese Crested Mix 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

Neutered Male The area of the residual prostate appeared normal and free of pathology.

AGE

11 years No evidence of pathology in the area of the aortic trifurcation.

WEIGHT

14.7 Pounds 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 4.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.54 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT 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.

HOSPITAL NAME

Liver / Gallbladder

Pocono Peak VC The liver exhibited generalized enlargement with asymmetrical contour. The hepatic parenchyma was diffusely nonuniform with a "honeycomb" pattern consisting of variably sized hypoechoic regions surrounded by mildly hyperechoic borders.

REFERRING VET

Dr. Coyle The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

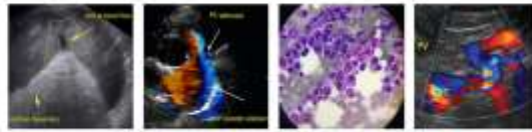
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Gastrointestinal

49373 The stomach exhibited generalized intact and sonographically unremarkable wall layering. Focal area of gastric mural hypertrophy subjectively in the area of the antrum/pylorus primarily secondary to gastric muscularis hypertrophy was present. This area of focally thickened gastric wall measured 0.86 cm width. By comparison, normal appearing ventral gastric body wall measured 0.53 cm width. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

DATE

1.7.2022



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The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Segmental chyme present in the intestinal lumen. No evidence of mechanical or metabolic small intestinal ileus. The duodenum wall width measured 0.43 cm and the jejunum wall width measured 0.37 cm.

SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed feces.

Pancreas

BREED

Chinese Crested Mix

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

SEX

Neutered Male

Generalized mild reactive mesentery exhibited by increased mesenteric echogenicity was noted. Small volume peritoneal free fluid was present primarily around the liver but also in the lateral and caudal abdomen.

AGE

11 years

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.7 Pounds

- Hepatomegaly exhibiting diffuse marked nonuniform to nodular parenchyma.
- Focally thickened yet intact gastric wall - subjectively in the area of ventral antrum/pylorus
- Generalized reactive mesentery and small volume peritoneal free fluid.
- Mild chronic renal changes.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include chronic active hepatitis / cholangiohepatitis, fibrosis, cirrhosis, vacuolar hepatitis, hepatocutaneous syndrome, if evidence of concurrent dermal lesions, or other hepatopathy. Hepatic neoplasia considered a top differential diagnosis although not definitive. Further assessment may include pending hepatic cytology. The effusion in this case may be secondary to hepatic parenchymal pathology and portal hypertension assuming normal albumin levels.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Effusion analysis, cytology, +/- culture and sensitivity, if evidence of inflammatory cells, warranted. Potential for focal antrum/pylorus mural inflammation, although the possibility of emerging neoplastic process if hepatic neoplasia is confirmed, cannot be excluded.

HOSPITAL NAME

Pocono Peak VC

No overt suspicion of Addison's disease given the ACTH stimulation test results.

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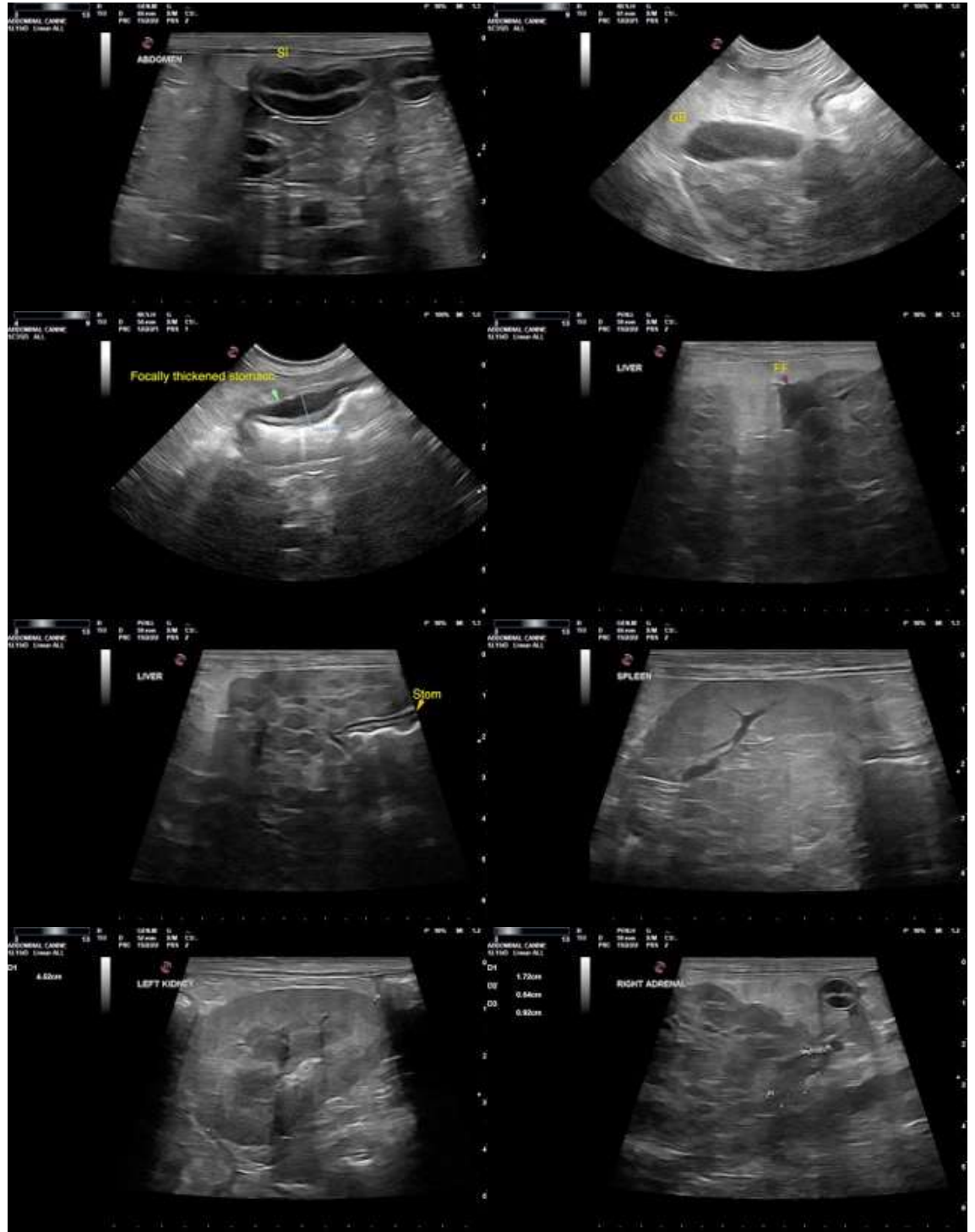
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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