



PATIENT	PRESENTING CLINICAL SIGNS
Mojo Estrada	Hx of PU/PD/PP, chronic soft stool. Patient has no reported previous Hx of elevated ALP Patient is demonstrating pica, eating raw potatoes, etc. No weight loss, rather weight gain noted. Stools improved some with RC GI Low fat diet and short course of metronidazole Patient sedated for AUS with low dose dexdomitor/butorphanol
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Physical: Unremarkable ALP=3532, rest of blood work WNL Urine SG=1.031 Stool=neg for parasites and giardia.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shepherd Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
MN	
AGE	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. A medial corticomedullary cyst containing anechoic fluid measuring 1.8 cm in diameter was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.5 cm in length.
12yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
26.8lb	The area of the residual prostate appeared normal and free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. A solitary non disruptive mild hyperechoic nonmineralized nodule was present in the mid right adrenal gland measuring 0.7 cm in diameter. The left adrenal gland measured 0.99 cm width at the caudal pole and 2.9 cm length. The right adrenal gland measured 0.92 cm width at the caudal pole and 3.1 cm length.
IMAGING PERFORMED BY	Spleen
Patti Mayfield	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
East Bend Animal Hospital	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.
REFERRING VET	
Dr. Langford	The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized echogenic luminal debris. The cystic and common bile ducts were normal.
INVOICE	
11871ag	
DATE	
10/14/2022	



PATIENT

Gastrointestinal

Mojo Estrada

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate strongly shadowing ingesta extending to the level of the pyloric outflow with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

BREED

Shepherd Mix

The jejunum wall measured 0.45 cm in width. The duodenum wall measured 0.62 cm in width.

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

Pancreas

SEX

MN

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.

AGE

12yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

26.8lb

- Mild chronic renal changes with left kidney cyst
- Bilateral mild adenomegaly with non-specific right adrenal nodule-may indicate benign hyperplasia, lipogranuloma, functional vs nonfunctional adenoma, less likely emerging neoplasia such as pheochromocytoma
- Vacuolar hepatopathy pattern-benign
- Mild gallbladder debris (non-mucocele)
- Non-specific strongly shadowing gastric ingesta
- Intact yet mildly prominent small bowel walls

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Patti Mayfield

A full adrenal workup with LDDST as well as systemic BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma.

HOSPITAL NAME

East Bend Animal
Hospital

Given the history of pica in this patient, the potential for gastric foreign material cannot be excluded yet strongly shadowing food could be present. Potential for low grade inflammatory enteropathy with considerations including IBD, antibiotic responsive diarrhea or other are possible.

REFERRING VET

Dr. Langford

Ideally, a limited antigen or hydrolyzed diet trial, high colony count probiotic (Provable or Visbiome) with assessment of clinical response may prove beneficial.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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SPECIES

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IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

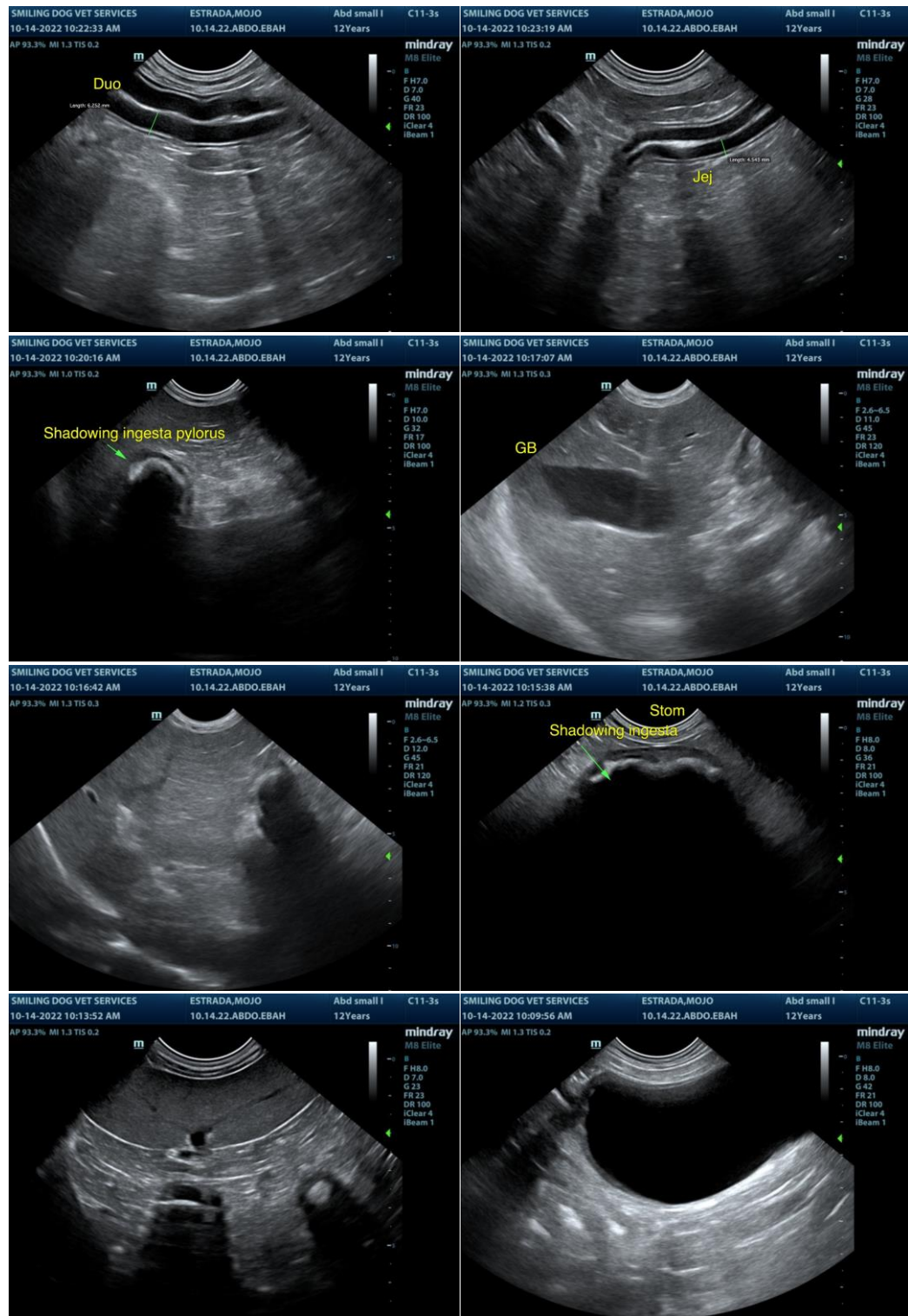
Dr. Langford

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SPECIES

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Shepherd Mix

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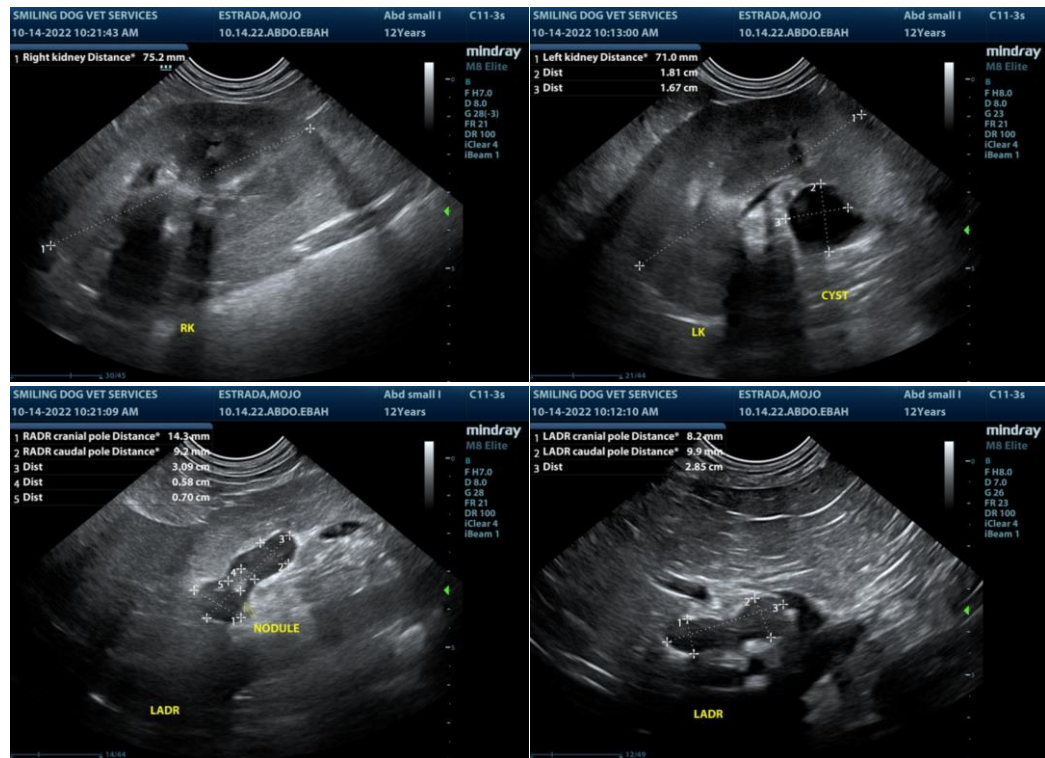
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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