



PATIENT PRESENTING CLINICAL SIGNS

K-Sea Watkins
Not doing well. Has been on Vetmedin for a while. Decreased appetite, laboured breathing. Concurrent pancreatitis(based on bloodwork) and possible Cushings(high ALP)
Abnormal PE/Chem/CBC/UA Results: Increased Retics, mildly increased Glucose, increased SDMA, Increased K+, decreased NA:K ratio, increased ALP(1394), increased Cholesterol, Lipase and SPCL(647).

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

WHWT

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 residual prostate was free of pathology.

AGE

11 Years

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 6.0 cm.

WEIGHT

24.2 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm at the cranial pole and 0.58 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen exhibited subtle generalized parenchymal heterogeneity with pinpoint hyperechoic parenchymal foci, which may indicate pinpoint areas of fibrosis, microinfarction, or mineralization. The echogenic parenchymal nodules were noted primarily in the medial parenchyma, adjacent to the hilus, as well as echogenic appearance to the medial capsule. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville AH

Liver

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. The gallbladder was non distended in size with mild, non-dependent, subjectively mobile, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Adele

INVOICE

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Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

DATE

10/20/21



PATIENT *Gastrointestinal*

K-Sea Watkins 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.

SPECIES 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. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.34 cm.

Canine

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

WHWT *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. Subtle pancreatic duct dilation present.

SEX

Neutered Male

Free Abdomen

AGE

11 Years

No overt lymphadenopathy or peritoneal effusion/ascites.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

24.2 Pounds

- Benign splenic nodules with potential medial capsule fibrosis – probable benign myelolipomas, previous infarct, or emerging mineralization.
- Vacuolar hepatopathy pattern – subjectively benign
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas – age related pancreatic changes, potential pancreatic remodeling owing to previous inflammation, or chronic inflammation possible.
- Mild transdiaphragmatic comet tail artifact

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If clinical suspicion for underlying adrenal disease, ACTH stim or LDDST (based on the clinical impression of the patient) may be considered. However, overt evidence of adrenal hyperplasia or adrenal tumors as potential cause of thromboembolic disease was not definitively evident. Continued as-needed gastrointestinal support is recommended.

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REFERRING VET

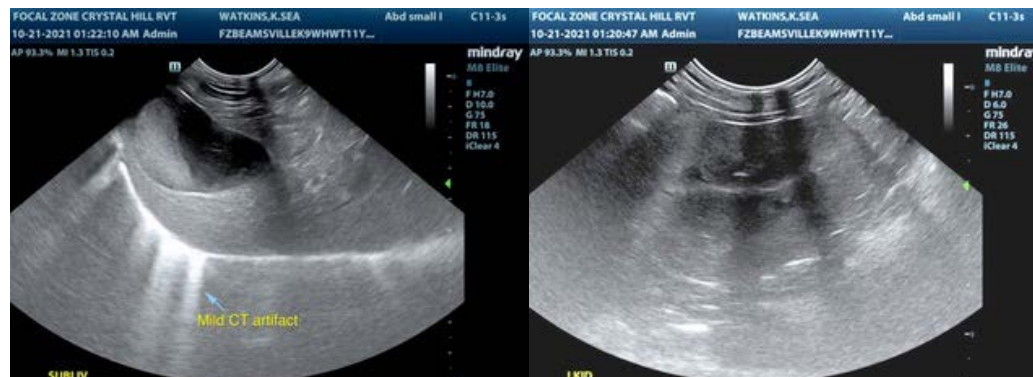
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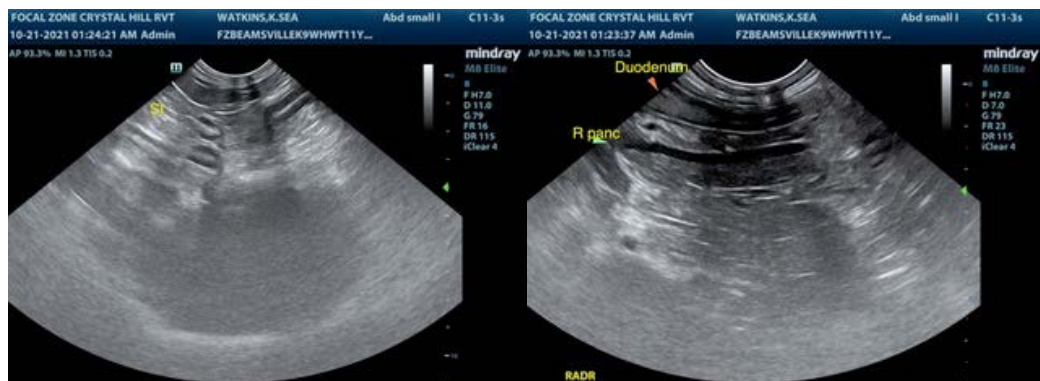
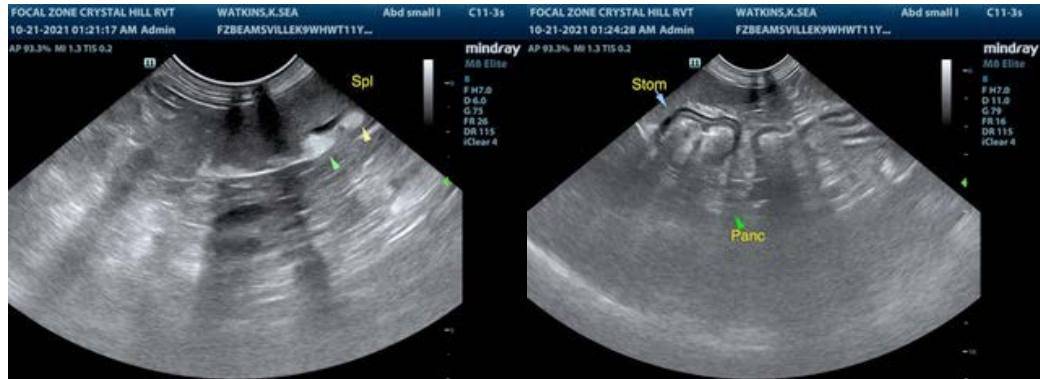
Dr. Adele

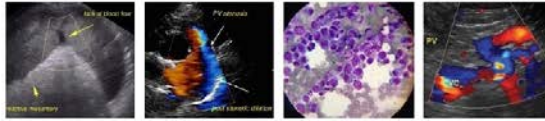
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PATIENT

K-Sea Watkins

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

WHWT

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

SEX

Neutered Male

AGE

11 Years

WEIGHT

24.2 Pounds

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