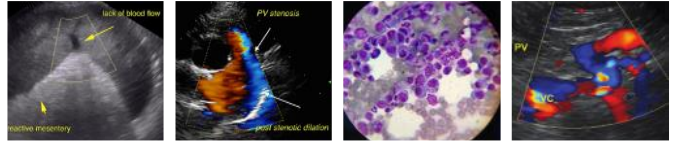




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
<p>KD Skrypek</p>	<p>Patient history since problem started: - Feb 1st 2022 – Patient presented for having urinary accidents in the house. - Physical Exam Findings (2/1/22): - T: 102.5 - P: 110 - R: 25 - Weight: 62.5 lbs - BCS: 5.5 /9 - Two nodules noted - Slight periodontal disease present - Diagnostics performed (2/1/22) – all diagnostics are attached to case - Chem Panel (ALKP: 243) - CBC: WNL - Urinalysis (Spec Gravity: 1.011 - Intestinal Parasite Screen: WNL - Patient was started on Cephalexin 500mg (1 TID), Rx Cranberry Supplement (1 SID), Rx Biotic Supplement (2s BID) - Owner called Feb 10th with an update stating that KD did improve on antibiotics and hasn't had an accident in the house in 6 days. - Aug 4th 2022 – Patient presented to check mass present on the right side of the chest. - Physical Exam Findings (8/4/22): - P: 140 - R: panting - Weight: 60.6 lbs - BCS: 5.4 /9 - Bilateral nuclear sclerosis - Stiff in the rear legs - Moderate periodontal disease and plaque present - 2 masses recorded and fine needed in-house o 17mm X 20mm X 17mm nodule present on the medial aspect of right axillary forelimb near the chest. Fine Needle Aspirate: Suspect Hemangiopericytoma o 22mm in circumference nodule present on the ventral aspect – mid-chest. Fine Needle Aspirate: Suspect Lipoma - August 22nd 2022 – Patient presented for mass removal and biopsy. Removing the suspected Hemangiopericytoma from the medial aspect of right axillary forelimb near the chest. - Diagnostics performed (8/22/22) – all diagnostics are attached to case - Chem Panel (ALKP: 541 ALT: 156) - CBC: WNL - Mass was removed with margins and submitted to IDEXX for biopsy. - IDEXX biopsy results (attached to case): Soft tissue sarcoma Grade I (low-grade). Margins appeared complete. - September 22nd 2022 – Owner dropped of a urine sample (complete results attached to case) - Spec Grav: 1.004 - pH: 5.0 - Rods: Present (after performing bacteria confirmation) - September 23rd, 2022 – Patient presented for a Urine Cult/MIC Low Colony Count (IDEXX) - Spec Gravity on sample collected via Cystocentesis: 1.004 - Urine Cult/MIC Low Colony Count Results: (attached to case) o E. Coli &gt;100,000 CFU - Dispensed Enroquin 136mg: 2 SID - October 3rd 2022 – Owner dropped of a urine sample that was collected unstressed at home (complete results attached to case) - Performed in-house urinalysis - Spec Grav: 1.003 - pH: 6.5 - Also submitted sample to IDEXX for a Urine Cortisol : Creatinine Ratio: - Urine Cortisol: 5.1 - Urine Creatinine: 17.7 - Urine Cortisol : Creatinine Ratio: 90 - October 13th 2022 - Patient admitted for a Low Dose Dexamethasone Suppression Test submitted to IDEXX (Dexamethasone 0.14cc IV 0.28mg) - Pre-Sample and 4 hr post, and 8 hr post samples drawn - Cortisol baseline: 4.9 - Cortisol 4hr Post: 0.6 - Cortisol 8hr Post: 0.3 - October 20th 2022 - Patient admitted for a complete abdominal ultrasound - Patient was given Gabapentin 800mg (1 tablet) and Trazodone 100mg (1 tablet) last night and then 2 hours prior to appointment this morning. Patient was also given Torbugesic: 0.6cc IV (6.0mg) prior to ultrasound. - Lepto Snap Test performed (Negative) – patient was never vaccinated for Lepto</p> <p>Abnormal PE/Chem/CBC/UA Results:      Chronic low urine specific gravities since Feb 2022. Patient history /diagnostics summed up above but all diagnostic results are attached to the case.</p>
<p><b>SPECIES</b></p> <p>Canine</p>	
<p><b>BREED</b></p> <p>Border Collie Mix</p>	
<p><b>SEX</b></p> <p>FS</p>	
<p><b>AGE</b></p> <p>11yr</p>	
<p><b>WEIGHT</b></p> <p>60.6lb</p>	
<p><b>INTERPRETED BY</b></p> <p>R. McKenzie Daniel, DVM, DABVP (Canine and Feline)</p>	
<p><b>IMAGING PERFORMED BY</b></p> <p>Dr. Bucha</p>	
<p><b>HOSPITAL NAME</b></p> <p>Harveys Lake Veterinary Clinic</p>	
<p><b>REFERRING VET</b></p> <p>Dr. Bucha</p>	
<p><b>INVOICE</b></p> <p>11946ag</p>	
<p><b>DATE</b></p> <p>10/20/2022</p>	
	<p><b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b></p> <p><b>Urinary System</b></p> <p>The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.</p> <p>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 6.3 cm in length. The right kidney measured 6.7 cm in length.</p>



**PATIENT**

The area of the aortic trifurcation was free of pathology.

KD Skrypek

**Adrenal Glands**

**SPECIES**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was not definitively visualized.

Canine

**Spleen**

**BREED**

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 hilum was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Border Collie Mix

**SEX**

**Liver**

FS

The liver presented mildly 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**AGE**

11yr

**WEIGHT**

60.6lb

**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.

**INTERPRETED BY**

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.

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

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

**IMAGING PERFORMED BY**

**Pancreas**

Dr. Bucha

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.

**HOSPITAL NAME**

**Free Abdomen**

Harveys Lake  
Veterinary Clinic

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

**REFERRING VET**

**ULTRASONOGRAPHIC FINDINGS**

Dr. Bucha

- Bilateral mild chronic renal changes
- Benign hepatopathy
- Normal urinary bladder and proximal urethra

**INVOICE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11946ag

Largely a geriatric abdomen without evidence of significant visceral pathology. Recheck urine C/S may be considered if off antibiotics for greater than 7 days. Although non-specific the overall appearance of the liver may suggest benign vacuolar changes with potential for concurrent low grade

**DATE**

10/20/2022



**PATIENT**

KD Skrypek

inflammatory hepatopathy without evidence of hepatic neoplastic criteria. Assuming normal clotting status and using a 25g needle, hepatic FNA for screening cytology could be considered for further assessment. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver may prove beneficial.

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

FS

**AGE**

11yr

**WEIGHT**

60.6lb

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Dr. Bucha

**HOSPITAL NAME**

Harveys Lake  
Veterinary Clinic

**REFERRING VET**

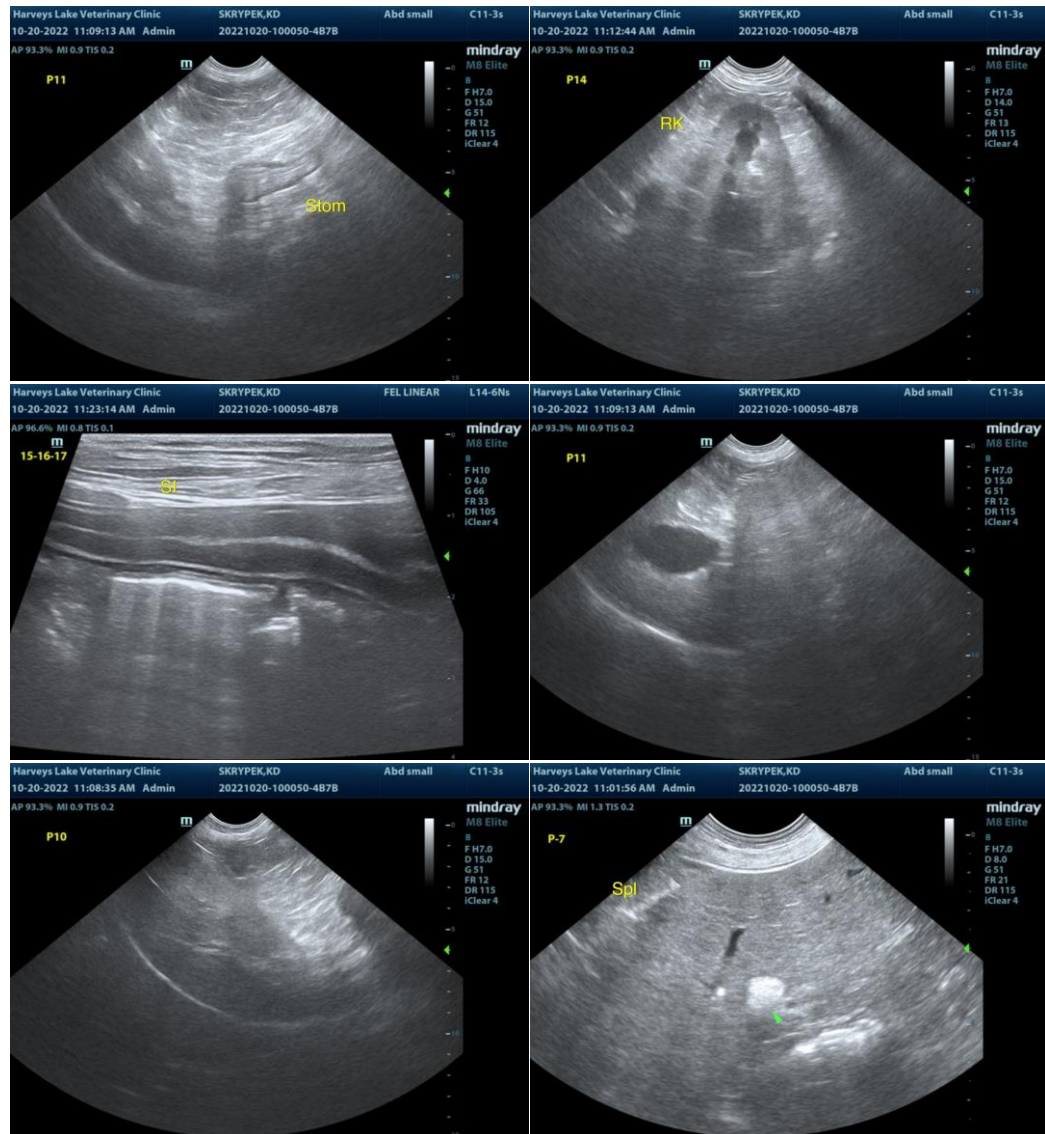
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**DATE**

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**PATIENT**

KD Skrypek

**SPECIES**

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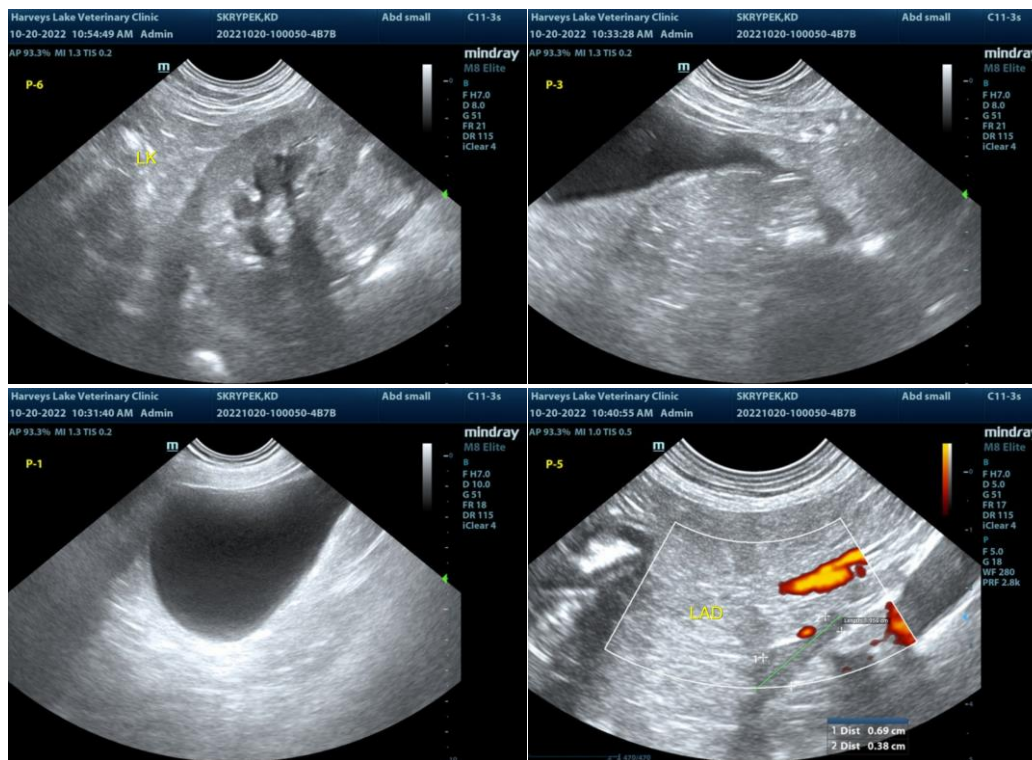
Dr. Bucha

**INVOICE**

11946ag

**DATE**

10/20/2022



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