


PATIENT PRESENTING CLINICAL SIGNS

Misty McAfferty Hyperglobinemia - long term - likely about 18 months. Was a rescue from Texas about 4 years ago. No meds currently.

SPECIES Abnormal PE/Chem/CBC/UA Results: Markedly elevated Globulins, Vector borne PCR's all negative. Protelectrophoresis shows double spike B1 and 2. Urine sp grav - 1.057, 1+ protein, 1+ ketones.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Border Collie Mix

Urinary System
SEX

FS

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.

AGE

17kg

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT

17kg

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

INTERPRETED BY

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

The area of the uterine remnant appeared normal and 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 0.4 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete hypoechoic nodule was present in the mid to caudal spleen measuring 0.7 cm in diameter. 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

Hastzell Animal
 Hospital

REFERRING VET

Dr. Morris

Liver

The liver was borderline subnormal in size with normal structure, and contour. Nonuniform liver parenchyma exhibiting variable to mild hyperechogenicity was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

10/24/2022

Gastrointestinal



| | |
|--|---|
| PATIENT | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic gastric fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.44 cm in width. |
| Misty McAfferty | |
| SPECIES | The small intestine presented intact segmental generalized prominent wall layering secondary to thickened to hyperechoic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.46 cm width. |
| Canine | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| BREED | Pancreas |
| Border Collie 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. |
| SEX | Free Abdomen |
| FS | No overt lymphadenopathy or peritoneal effusion was present. |
| AGE | ULTRASONOGRAPHIC FINDINGS |
| 17kg | <ul style="list-style-type: none"> • Non-specific discrete solitary splenic nodule-subjectively benign, mild hyperplasia, hematopoiesis, small hematoma, focal splenitis or other possible. Neoplastic criteria considered unlikely • Segmental to generalized prominent small bowel walls with subjective segmental to generalized thickened submucosa layer • Non-uniform hepatic parenchyma with parenchyma hyperechogenicity • Mild gallbladder debris (non-mucocele) • Unremarkable bilateral kidneys |
| WEIGHT | |
| 17kg | |
| INTERPRETED BY | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | Sonographic monitoring of the solitary discrete splenic nodule for evidence of progression is recommended. Assuming normal clotting status and using a 25g needle, a splenic nodule FNA for screening cytology could be considered for further assessment. Assessment of hepatic enzymes if not recently done is recommended. |
| IMAGING PERFORMED BY | Sonographically the appearance of the liver may suggest chronic hepatopathy such as vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered unlikely. |
| Crystal Hill | Given lack of GI signs/weight loss, the intestinal presentation is of unclear significance. Assessment of serum cobalamin/folate levels is recommended if GI signs/weight loss occur. Intestinal biopsies may be required for a definitive diagnosis or if clinically indicated. |
| HOSPITAL NAME | Baseline UPC on a sterile urine sample may be considered given evidence of mild proteinuria. |
| Hastzell Animal Hospital | |
| REFERRING VET | |
| Dr. Morris | |
| INVOICE | For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ . |
| 11984ag | One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services |
| DATE | |
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PATIENT

Misty McAfferty

SPECIES

Canine

BREED

Border Collie Mix

SEX

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AGE

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WEIGHT

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HOSPITAL NAME

Hastzell Animal
Hospital

REFERRING VET

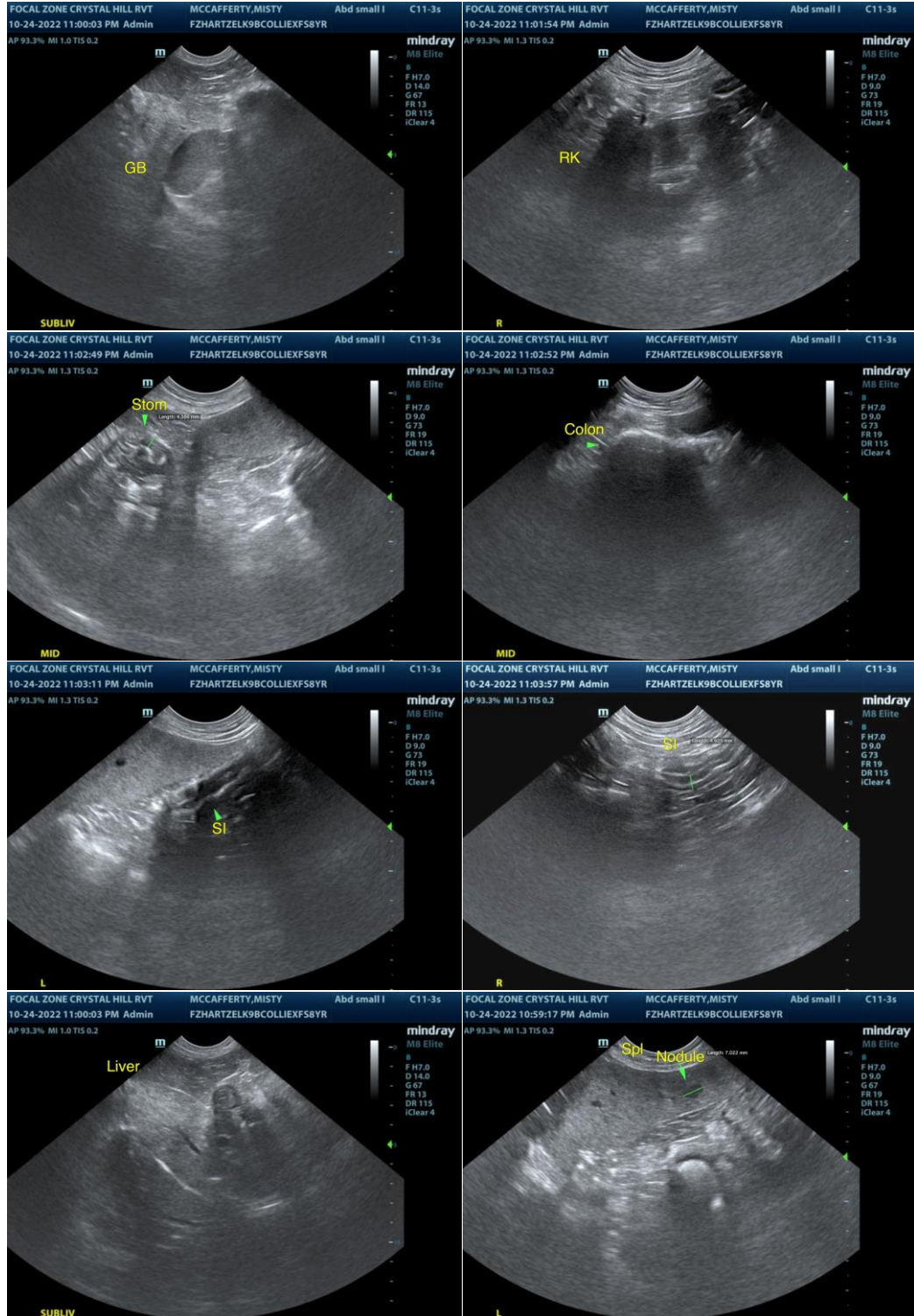
Dr. Morris

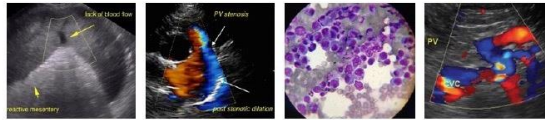
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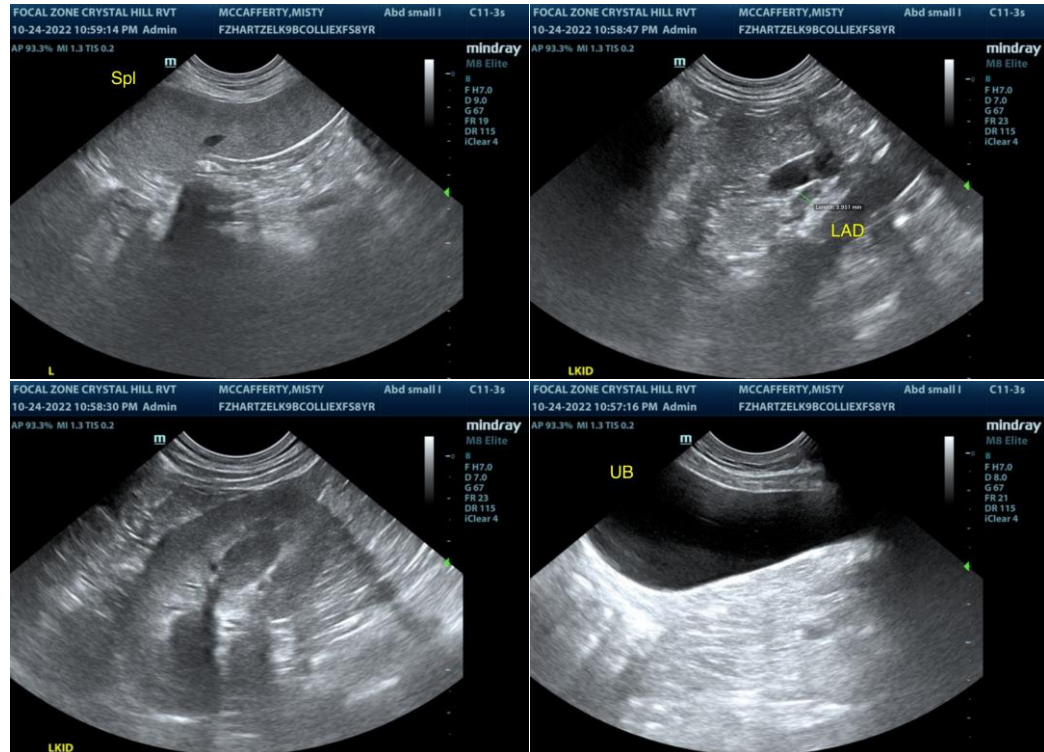
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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