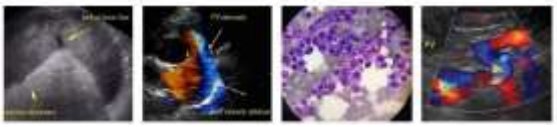


PATIENT

Malina Ksenycz

SPECIES

Canine

BREED

Malti Poo

SEX

FS

AGE

14 years

WEIGHT

11 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

12439

DATE

10/25/21

PRESENTING CLINICAL SIGNS

–Seems more sleepy and eating but only small meals. Getting SQ fluids, Clavaseptin, Baytril, Fortekor and Metronidazole.
Abnormal PE/Chem/CBC/UA Results: Elevated BUN and Creatinine and ALK PHOS as well as PSL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor particulate sediment along with focal areas of dependent mineral were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of mild, nonobstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

A nonhomogeneous, mildly expansive nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. No evidence of parenchymal escape or vascular invasion associated with the adrenal nodule was noted. The nodule did not exhibit signs of mineralization. The nodule measured 1.2 cm x 1.1 cm in diameter. The overall left adrenal gland measured 2.0 cm length x 1.1 cm width in the cranial pole and 0.45 cm width in the caudal pole.

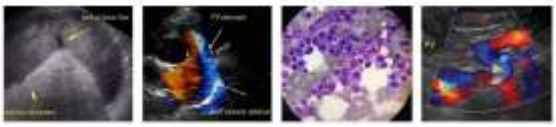
The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 1.6 cm length x 0.45 cm width in the caudal pole.

Spleen

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.

Liver/ Gallbladder

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



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congestion. The gallbladder was non-distended in size with mild, echogenic, nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic to regionally shadowing ingesta along with retained anechoic to echogenic fluid.

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.

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

Pancreas

The pancreas base and right pancreatic limb were mildly prominent in size, exhibiting normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

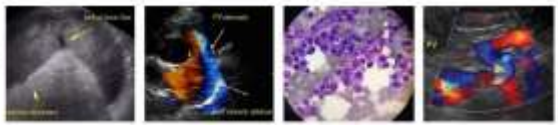
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor urinary bladder mineral and sediment
- Chronic renal changes with nonobstructive medullary mineral
- Left adrenal nodule - adenoma, hyperplasia, or emerging neoplasia such as pheochromocytoma, adenocarcinoma, possible
- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Prominent to heterogeneous pancreas base and right pancreatic limb - age related variant, mild parenchymal remodeling owing to previous inflammation, or chronic pancreatitis possible
- Regionally shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta may correlation with post prandial presentation. Correlation with most recent meal ingestion is recommended. Some degree of gastric hypomotility stasis may be possible if documented NPO. Technically, the potential for gastric foreign material such as hair, fabric, or similar cannot be definitively excluded. Sonographic or radiographic monitoring for evidence of gastric emptying would be ideal.



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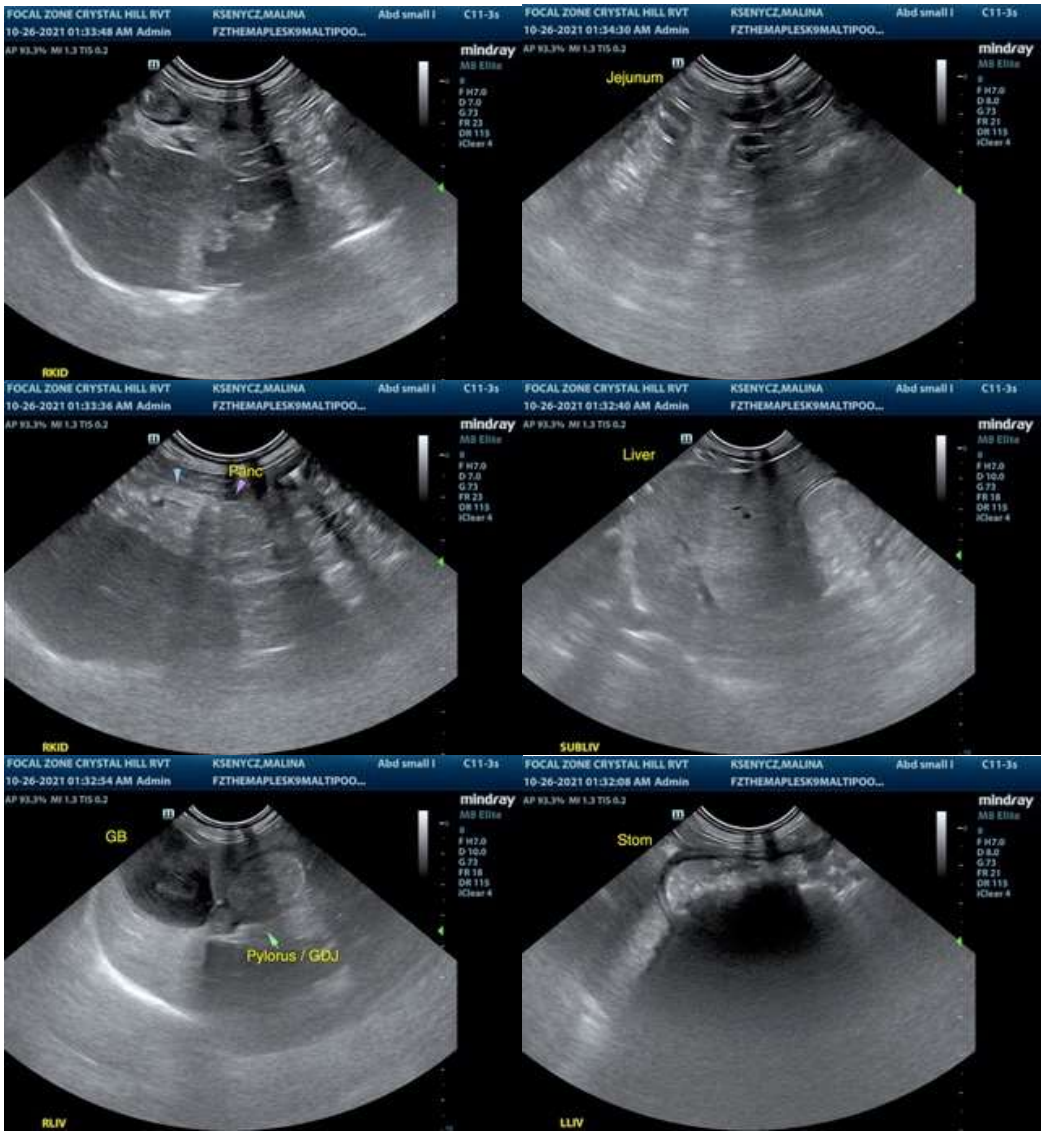
Screening blood pressure and full adrenal workup if clinical signs suggestive of underlying endocrinopathy are suggested. Sonographic monitoring of the left adrenal nodule with initial recheck in 4 weeks to assess for evidence of progression is recommended.
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential for chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Ursodiol may be considered if persistent or increasing evidence of cholestasis.



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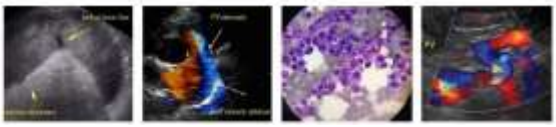

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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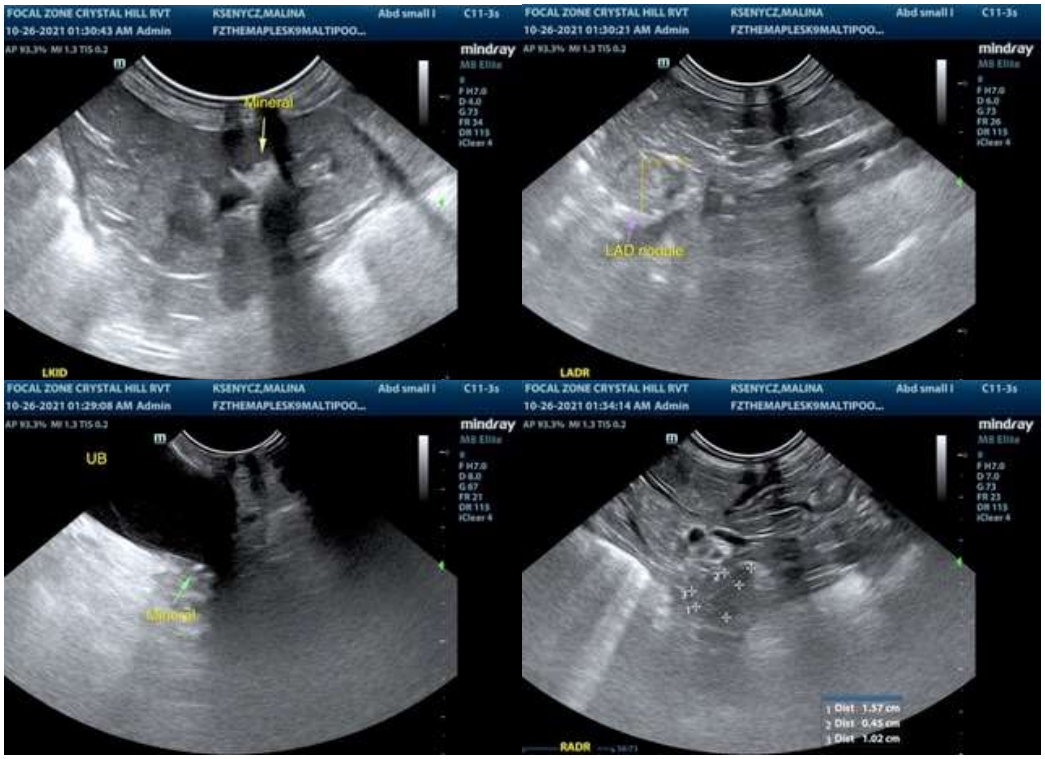

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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