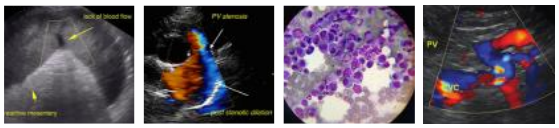


PATIENT

Bruce Harrison

SPECIES

Canine

BREED

Bassett Hound

SEX

MN

AGE

11 years

WEIGHT

67.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr Sundholm

INVOICE

15263

DATE

10/26/22

PRESENTING CLINICAL SIGNS

Bruce presented for wellness bloodwork on 10/20/22. He has been doing well clinically. He has a history of pruritis, and was previously on Apoquel. He also has a history of pancreatitis with no current symptoms Current Medications Gabapentin 300 mg PRN for pain

Abnormal PE/Chem/CBC/UA Results: ALT (530); ALP (208); PSL (385); T4 too low to read; UA: isosthenuria with 1+ protein, some struvite crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

The residual prostate was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

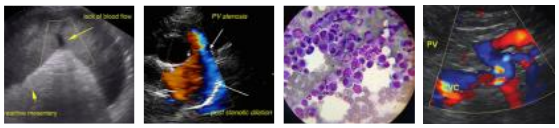
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.0 cm length x 0.80 cm width at the caudal pole. The right adrenal gland measured 3.4 cm length x 0.61 cm width at the caudal pole. No overt adrenomegaly or adrenal tumors were noted.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited borderline to possible mild enlargement. 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



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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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing.

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 was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor right limb pancreatic duct dilation was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Benign hepatopathy - nonspecific, vacuolar hepatopathy, inflammatory / immune-mediated hepatopathy, hematopoiesis, hyperplasia, or other hepatopathy possible, no evidence of hepatic neoplastic criteria
- Mild pancreatic remodeling - age-related / patient variant, minor remodeling owing to previous inflammatory episodes, potential for chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Potential for low-grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Screening hepatic FNA cytology could be considered for further assessment primarily to assess for evidence of anagenic stimulation or inflammatory cells. Hepatosupportive medications including Denamarin +/- Ursodiol and monitoring of hepatic enzymes would be reasonable.

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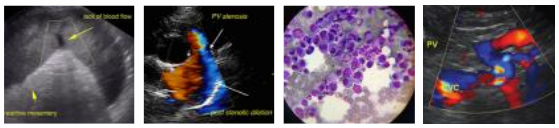

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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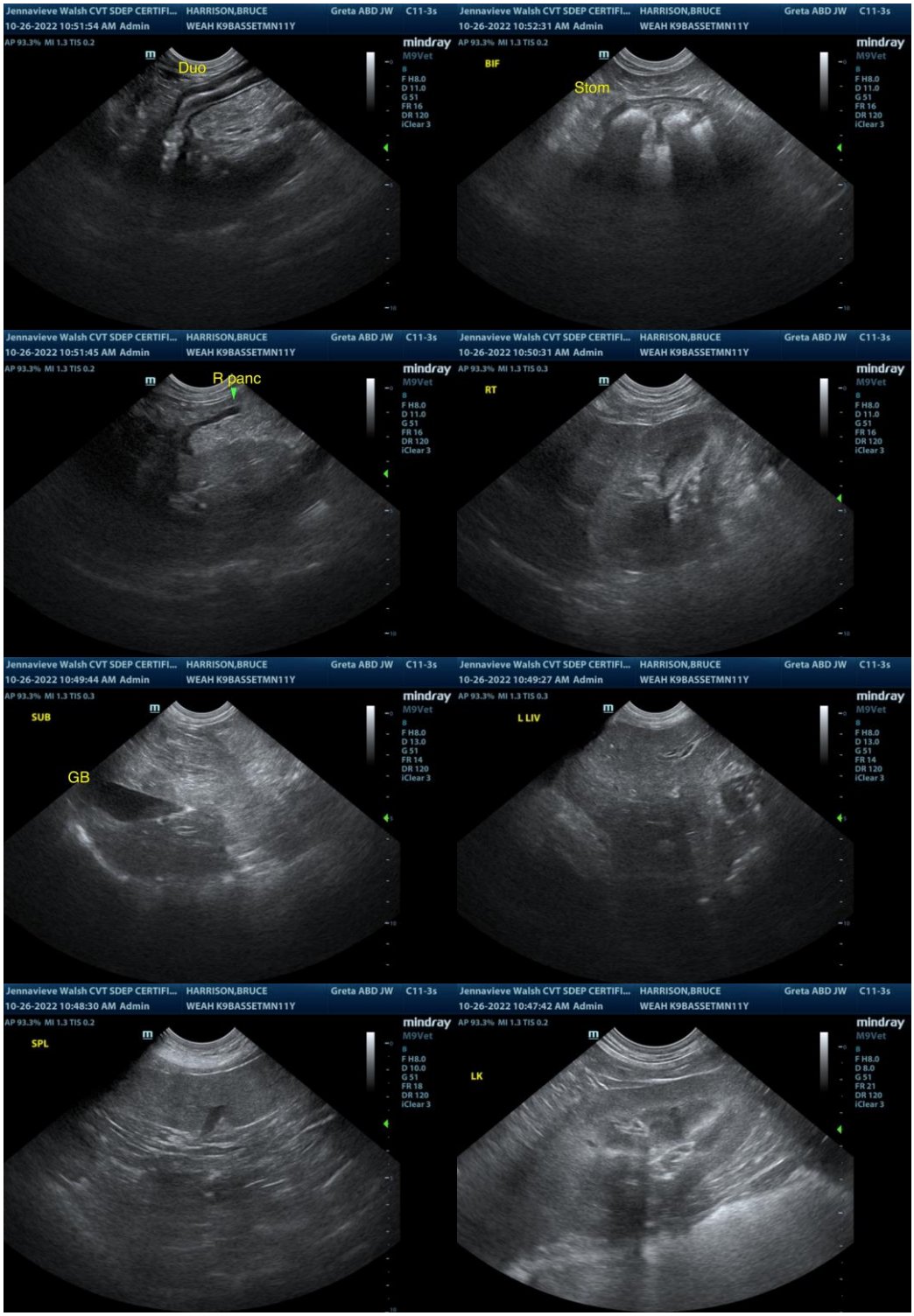

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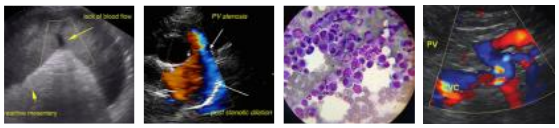

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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