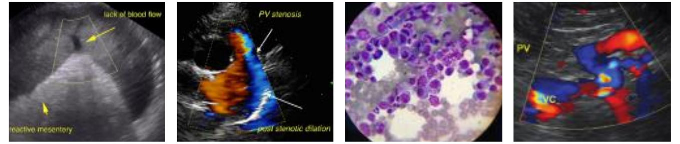


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Rosco Kemp

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

13 years

WEIGHT

67

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

15285

DATE

10/27/22

PRESENTING CLINICAL SIGNS

P diagnosed with hepatitis 5/2020, started pred therapy. Developed DM 12/2020 on pred, switched to atopica and started insulin therapy. Hepatitis seems well-controlled with atopica, DM has been challenging to control- p most often reads high on at-home interstitial reader, but with attempts to increase insulin dose p goes hypoglycemic. P has had several episodes in the past year of DKA, always corresponding to when o is out of town. P has had several episodes of gastroenteritis recently- possibly attributable to swallowing too-large pieces of bully stick treats. Recent u/as also show increasing proteinuric. P's symptoms are well-managed, but BG readings still tend towards the high side. Recc AUS scan primarily to assess size of adrenal glands (Cushings??), also as a general scan.

Abnormal PE/Chem/CBC/UA Results: most recent cbc/chem @ AEC 10/10/22: CBC WNL, chem- BG high 188, glob high 5.2, ALT high 333, ALP high 311 most recent u/a @ AEC 10/10/22: USG 1.032, pH 7, hematuria with no pyuria or bacteria most recent UPC @ Northshore 08/03/22 was 2.5; prev 5/12/22 was 1.9 9) Treatments to date: 10) Medications/ Dosages: vetsulin: 20U SC BID, o adjusts down if BG reading is low on Freestyle cyclosporine: 150 mg PO SID ursodiol: 500 mg PO SID denamarin: large dog PO SID adequan: 1.4 mL SC monthly

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. 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 area of the residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

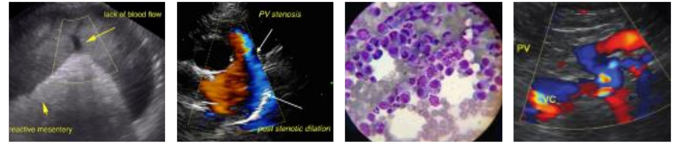
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry were present in the adrenals without suspicion for overt neoplasia. The left adrenal gland was normal in size measuring 0.85 cm width in the cranial pole and 0.72 cm width in the caudal pole. The right adrenal gland was borderline to mild prominent in size based on caudal pole width measurement in light of body weight, measuring 0.87 cm width in the caudal pole.

Spleen

The spleen was overall normal in size with generalized mild splenic parenchyma heterogeneity. A solitary, mildly expansive mixed echogenic mass measuring approximately 4.3 cm in diameter was present. The mass mildly distorted the splenic capsule, yet without evidence of capsular escape. Scant perisplenic free fluid was present.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Rosco Kemp

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

13 years

WEIGHT

67

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

15285

DATE

10/27/22

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent well-demarcated hyperechoic intraparenchymal nodules were noted with an example measuring 3.7 cm in diameter. The gallbladder was non-distended in size with thin walls and 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 mild, focally shadowing ingesta. The stomach was otherwise normal.

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 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 were evident.

Free Abdomen

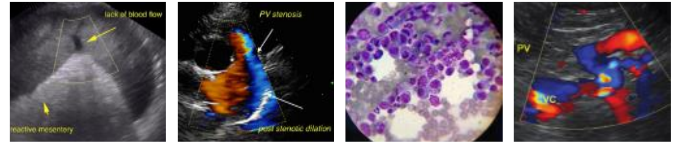
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Mildly expansive, mixed echogenic splenic mass - nonspecific with both benign or neoplastic etiologies possible
- Chronic hepatopathy exhibiting parenchymal remodeling and intermittent nonspecific yet subjective benign intraparenchymal nodules -nodules suggestive of lipogranulomas or hyperplasia
- Age-related adrenal changes, borderline prominent right adrenal gland size - no evidence of adrenal tumors
- Sonographically unremarkable gastrointestinal tract with focally shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening hepatosplenic FNA cytology could be considered for further assessment. The splenic mass may indicate hyperplasia, hematopoiesis, splenitis, granuloma, or similar, while the possibility of emerging neoplasia i.e., sarcoma could also be possible. No overt evidence of intraabdominal metastasis. Initial sonographic monitoring of the splenic mass for evidence of progression with initial recheck in 4 weeks would be reasonable. Three-view chest radiographs and ideally brief sonographic



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rosco Kemp

SPECIES
Canine

BREED
Lab Mix

SEX
MN

AGE
13 years

WEIGHT
67

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

IMAGING PERFORMED BY
Dr. Brita Kiffney

HOSPITAL NAME
Northshore VH

REFERRING VET
Dr. Brita Kiffney

INVOICE
15285

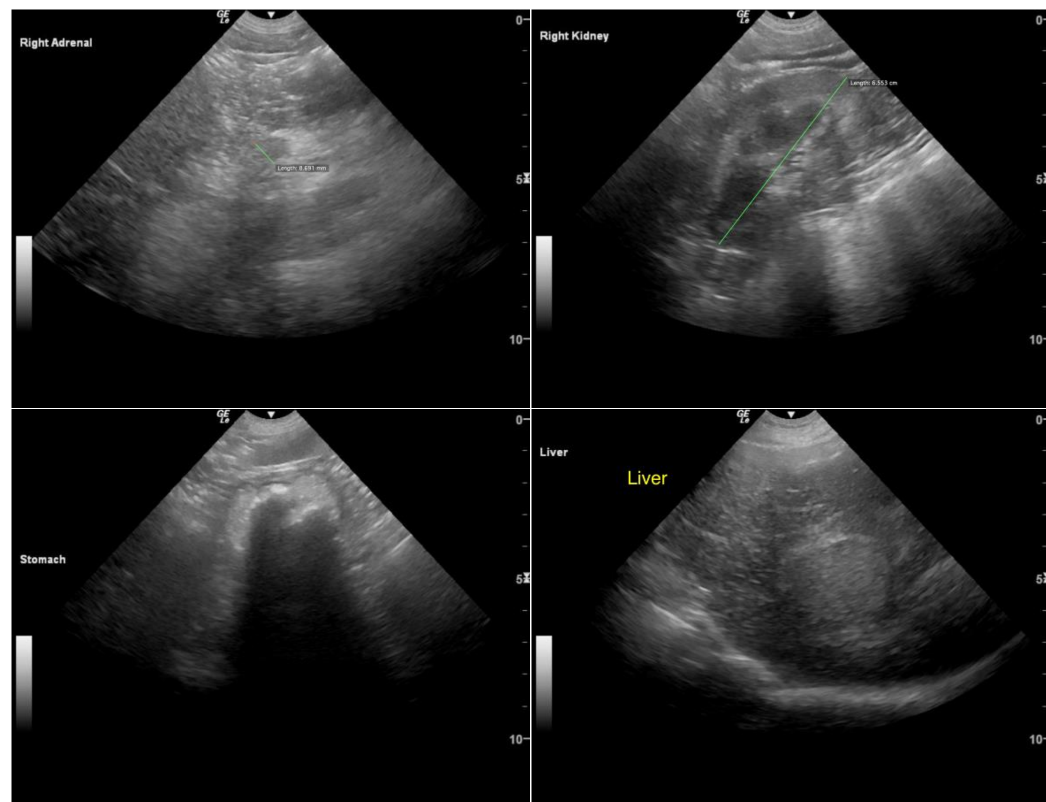
DATE
10/27/22

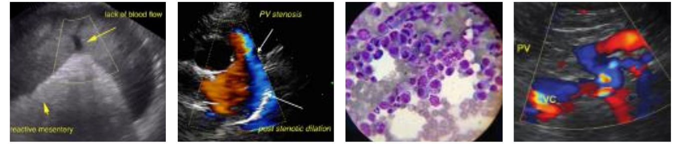
assessment of the heart are recommended. Assuming no evidence of thoracic pathology on three view chest radiographs, splenectomy with potential hepatic biopsies would be a more aggressive approach.

Subjectively, the bilateral adrenal glands and hepatic presentation were not obviously consistent with Cushing's Syndrome, yet adrenal workup could be considered if clinical suspicion of Cushing's Syndrome.

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/.

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





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosco Kemp

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

13 years

WEIGHT

67

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

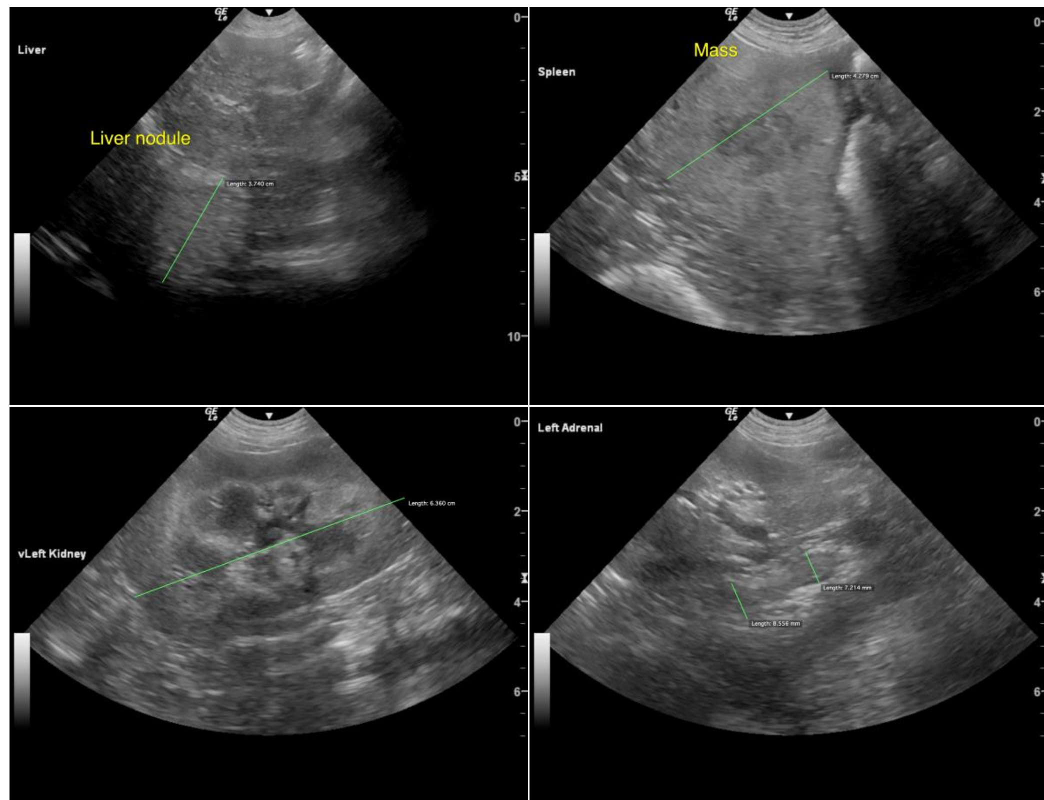
Dr. Brita Kiffney

INVOICE

15285

DATE

10/27/22



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