



PATIENT PRESENTING CLINICAL SIGNS

Smokey Sales 13.5 yo MN malamute with a history of CKD and OA presenting for 24h history of vomiting food and bile and hind limb trembling. Hx or suspect vestibular episode three years ago. Only medication is Galliprant 60mg PO SID and a daily glucosamine supplement. Eats a home cooked diet with some dry kibble and wet dog food. Physical exam revealed a BCS 5/9 with minimal hind end muscle wasting, mild tartar and moderate gingivitis, multiple SQ soft round masses - suspect lipomas. Heart and lungs auscult wnl. PLN wnl. Rectal temp 103.7F. 5-8% dehydrated. In house BW today: CBC: Neuts 12.43 (L), Lymph 0.31 (L), otherwise wnl Chem: Creat 3.2 (H), BUN 46 (H), ALKP 910 (H), ALT 2919 (H), AST 1094 (H), GGT 54 (H), Amyl 449 (H) TT4: 1.1 SDMA: 16 (H)

SPECIES

Canine

BREED

Malamute

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

AGE

13.5 Years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age related mural changes. 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.

No evidence of pathology in the area of the aortic trifurcation or residual prostate.

WEIGHT

75lbs

Normal size and margination was present in the left kidney. The right kidney exhibited subnormal size compared to the left kidney and asymmetrical margination with probable cortical infarcts and focal cortical cysts. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation within the left kidney and marked loss of corticomedullary border demarcation in the right kidney expected for the age of the patient. Mild medullary mineralization was present in both kidneys. The left kidney measured 6.0 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Subtle nonexpansive hypoechoic nodule noted in the cranial pole of the left adrenal gland measuring 0.55 cm diameter. The left adrenal gland measured 0.96 cm width in the cranial pole and 0.88 cm width in the caudal pole. The right adrenal gland measured 0.81 cm width in the caudal pole.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

The spleen exhibited overall normal subjective size with generalized parenchyma heterogeneity. A solitary mildly expansive asymmetrically marginated mixed echogenic nodular mass lesion noted in the splenic tail along with concurrent nonexpansive mildly hypoechoic mid splenic parenchymal nodules. The splenic tail nodular mass lesion measured 3.6 x 3.1 cm. An example of a splenic nodule measured 1.0 cm diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

REFERRING VET

Dr. Vannini

Liver / Gallbladder

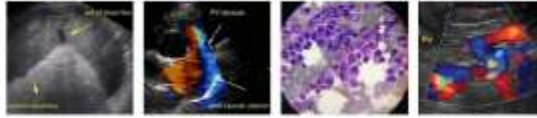
INVOICE

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The liver exhibited generalized enlargement with normal 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.

DATE

10-4-21



PATIENT

Smokey Sales

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was normal to 2.0 cm. A solitary nonobstructive calculus measuring 1.7 cm diameter was present.

SPECIES

Canine

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering primarily in the area of the gastric antrum and pylorus. The pylorus wall measured 0.47 cm width. Mild to moderate retained primarily anechoic fluid was present in the pylorus without evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction.

BREED

Malamute

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.

SEX

MN

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

AGE

13.5 Years

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. This is likely consistent with age related pancreatic changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

75lbs

ULTRASONOGRAPHIC FINDINGS

- Nonspecific subtle cranial left adrenal nodule - suspect benign such as adenoma, focal hyperplasia, granuloma, or similar. Potential for emerging neoplasia considered unlikely at this time.
- Caudal spleen nodular mass lesion with concurrent nonexpansive parenchymal nodules - hyperplasia, hematopoiesis, splenitis, granuloma, or neoplasia possible.
- Hepatopathy - subjectively acute on chronic, hepatitis/cholangiohepatitis (infectious, immune mediated, or other). Given the primarily elevated ALT/AST combination with potential for primary concurrent vacuolar hepatitis changes and cholestasis given the ALP/GGT elevation possible, hepatic neoplasia is considered a less likely differential diagnosis.
- Solitary nonobstructive gallbladder calculus.
- Hypomotile stomach.

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DABVP (Canine and Feline)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatosplenic FNA using a 25 gauge needle warranted for screening cytology primarily to assess for splenic neoplasia and potential identification of hepatic inflammatory cell type.

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The GI signs in this patient may potentially be owing to acute on chronic hepatopathy and metabolic effects on the upper gastrointestinal tract although possibility of concurrent inflammatory gastroenteropathy cannot be excluded. Leptospirosis titers/pcr may be considered if potential exposure. Empirically, hepatosupportive medications as well as gastrointestinal support recommended.

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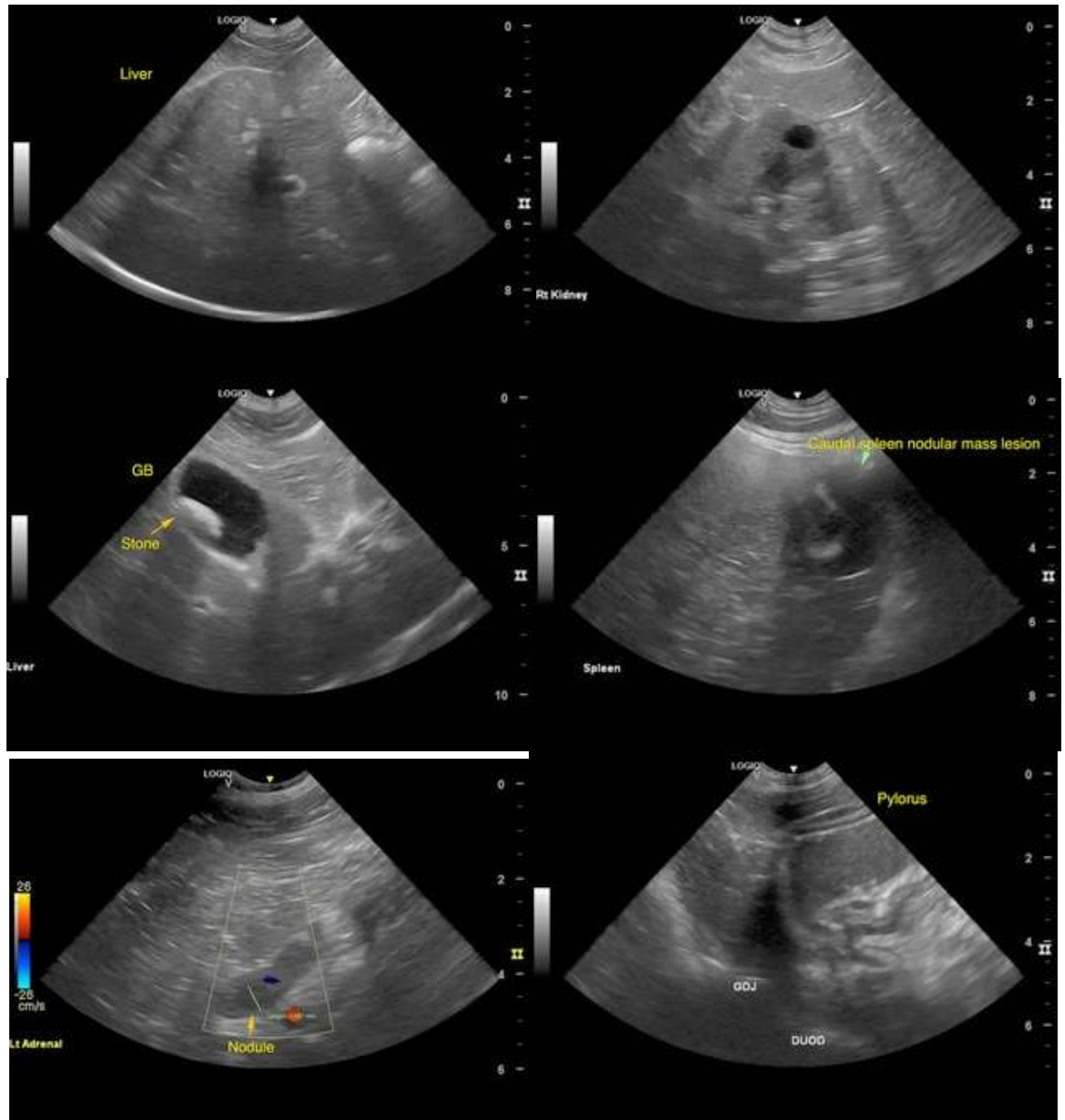
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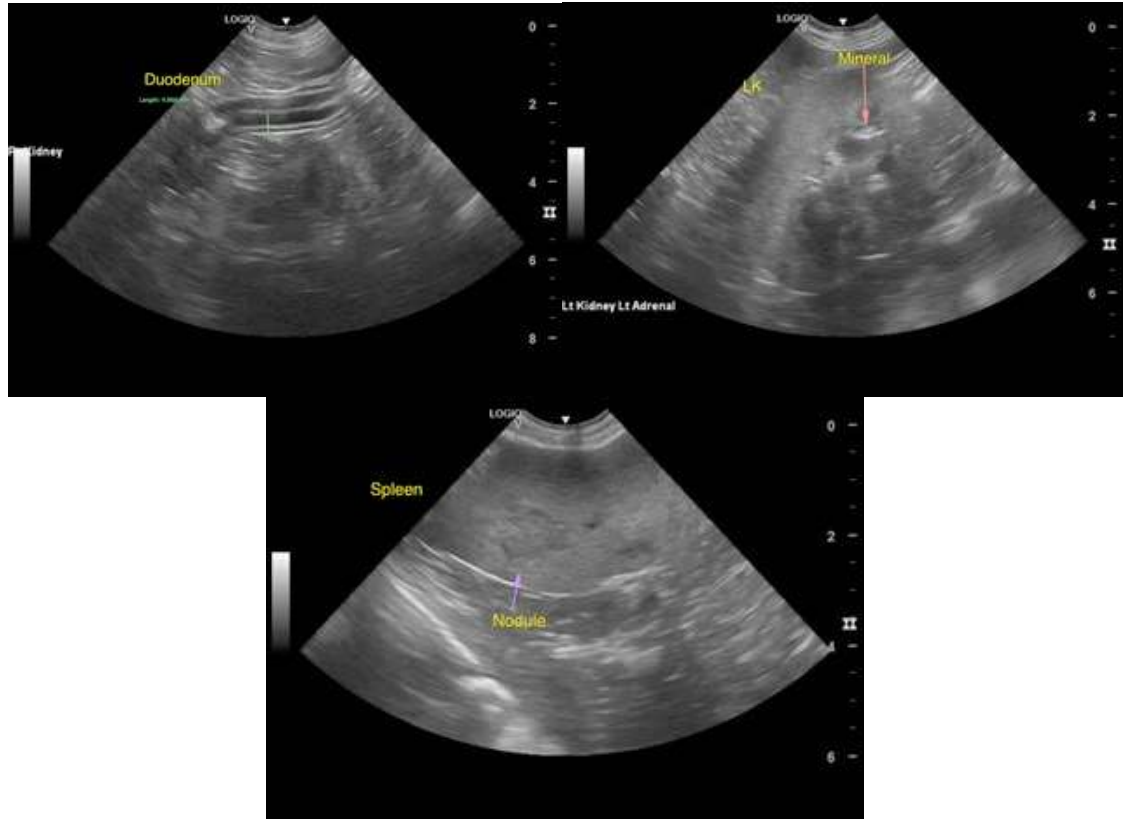
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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