



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sprocket Eden ongoing skin infection/crusting over summer - concern for paraneoplastic syndrome, hepatocutaneous syndrome. - inappetant - weight loss since March 2022 - vomiting on and off over summer - possible blood in it now Omeprazole 40mg SID; Fortekor 20mg SID; Gabapentin 300mg BID; Sulcrate 5ml BID; Apoquel 16mg SID

SPECIES Canine Abnormal PE/Chem/CBC/UA Results: blood work in progress; labwork from July 5th completely normal including FT4 and TSH. Rads being done later today.

BREED Old English Sheepdog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX FS The urinary bladder, trigone, and cystourethral junction 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.

AGE 11 years The area of the aortic trifurcation was free of pathology.

WEIGHT 34 kg 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 7.0 cm in length. The right kidney measured 6.5 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.71 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

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.

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Liver/ Gallbladder

The liver exhibited potential for borderline to mild 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. No evidence of hepatic neoplastic

DATE

10/4/22



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criteria was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

BREED

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 omental masses, lymphadenopathy, or peritoneal effusion were noted.

SEX

FS

AGE

11 years

WEIGHT

34 kg

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Mild hepatic parenchymal remodeling - benign
- Sonographically unremarkable gastrointestinal tract - possible low-grade pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

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The hepatic presentation was not consistent with hepatocutaneous syndrome or neoplastic criteria. Correlation with pending lab work is suggested. If evidence of hepatic enzyme elevations, screening hepatic FNA cytology could be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate +/- three-view chest radiographs to assess for occult disease as a contributing factor to the patient's GI signs or weight loss is warranted.

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Novel protein or hydrolyzed diet trial, as-needed gastroprotectant support would be reasonable.

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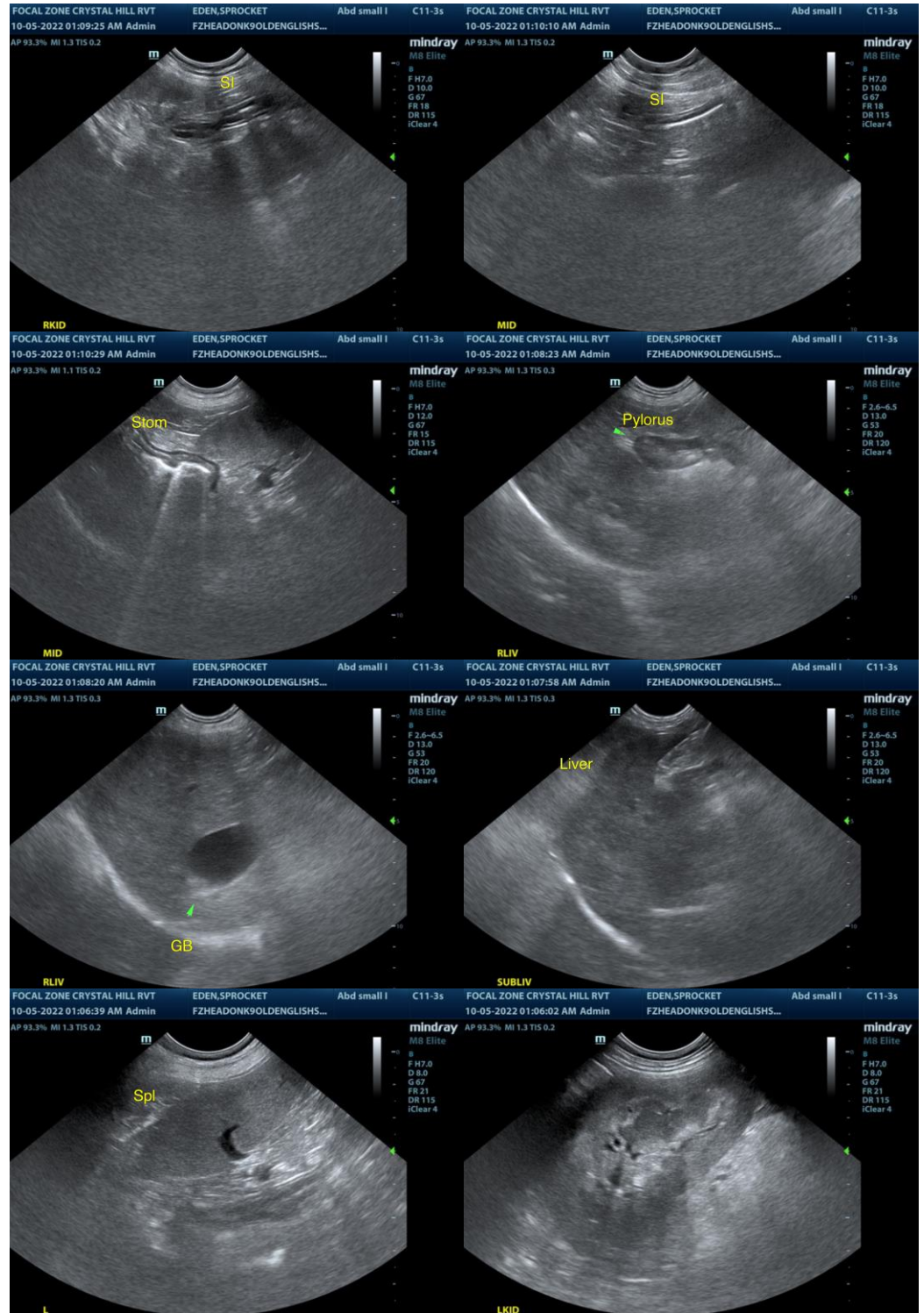
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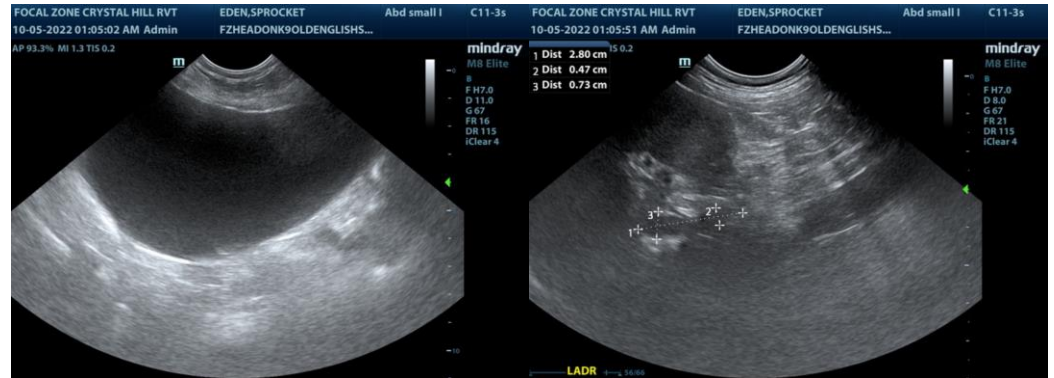
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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