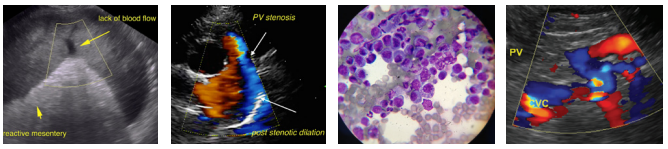
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**
Max Soderquist

**SPECIES**
Canine

**BREED**
Dachshund

**SEX**
Neutered Male

**AGE**
14 Years 4 Months

**WEIGHT**
12.2 Pounds

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

**IMAGING PERFORMED BY**
Emma Herdener

**HOSPITAL NAME**
Eastgate Vet Clinic

**REFERRING VET**
Dr. Josiah Moses

**INVOICE**
26152

**DATE**
10/7/21

## PRESENTING CLINICAL SIGNS

Chronic GI disease alternating between constipation and diarrhea. History of pancreatitis, usually well managed on i/d Low Fat - owner is very strict with this diet. In last 3-5 days housemate and Max have had diarrhea. Both pets were groomed prior to this, and both had recently started on Apoquel. Currently on metronidazole and gabapentin.
Abnormal PE/Chem/CBC/UA Results: Chem 27/CBC/PSL/UA/Fecal all wnl on 10/5/21

## 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.8 cm diameter.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.6 cm.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 0.55 cm at the caudal pole.

### *Spleen*

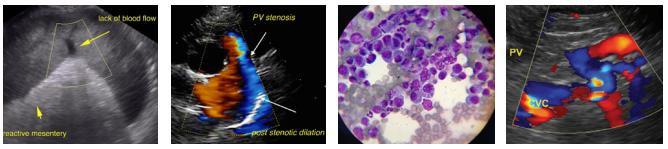
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver*

The liver was mildly enlarged. 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. A focal, non-expansive uniformly echogenic parenchymal nodule was noted in the deep right liver, measuring 1.0 cm diameter. 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 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 subjective propensity for segmental to generalized mildly prominent mucosa. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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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. Jejunum wall measured 0.32-0.35 cm.

The colon exhibited intact yet subtle prominent wall layering with generalized semiformed to soft feces. Transverse colon wall measured 0.18 cm.

### *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.

### *Free Abdomen*

Focally enlarged medial iliac lymph node was present, measuring 1.1 cm x 0.7 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Borderline abnormal width to length ratio. Evidence of perilymphatic inflammation was evident.

No effusion. The omentum was of uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Mild solitary, non-specific medial iliac lymphadenopathy – lymphoid hyperplasia or potential mild lymphadenitis suspected.
- Bilateral mild age related kidneys
- Mild hepatomegaly with focal echogenic nodule – subjectively benign
- Mild heterogeneous pancreas
- Enterocolonopathy, suspect inflammatory enterocolonopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic reassessment of the medial iliac lymph node in 3-4 weeks for evidence of progression +/- FNA suggested. The liver is suggestive of mild benign hepatomegaly such as vacuolar hepatopathy with focal area of nodular hyperplasia or small lipogranuloma. The pancreas was non-specific, yet may indicate age related pancreatic changes, minor parenchymal remodeling owing to previous inflammation, or low-grade to chronic pancreatitis. Continued dietary and as-needed antibiotic therapy with potential for hydrolyzed diet trial may be considered. Additionally, broad-spectrum deworming (i.e., Panacur 50 mg/kg PO SID for 5 consecutive days and high colony count probiotic such as Proviable may prove beneficial.

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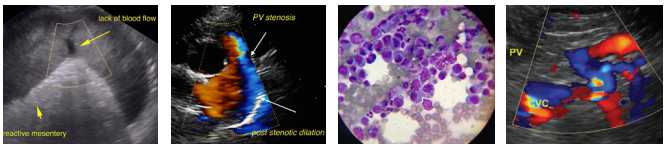


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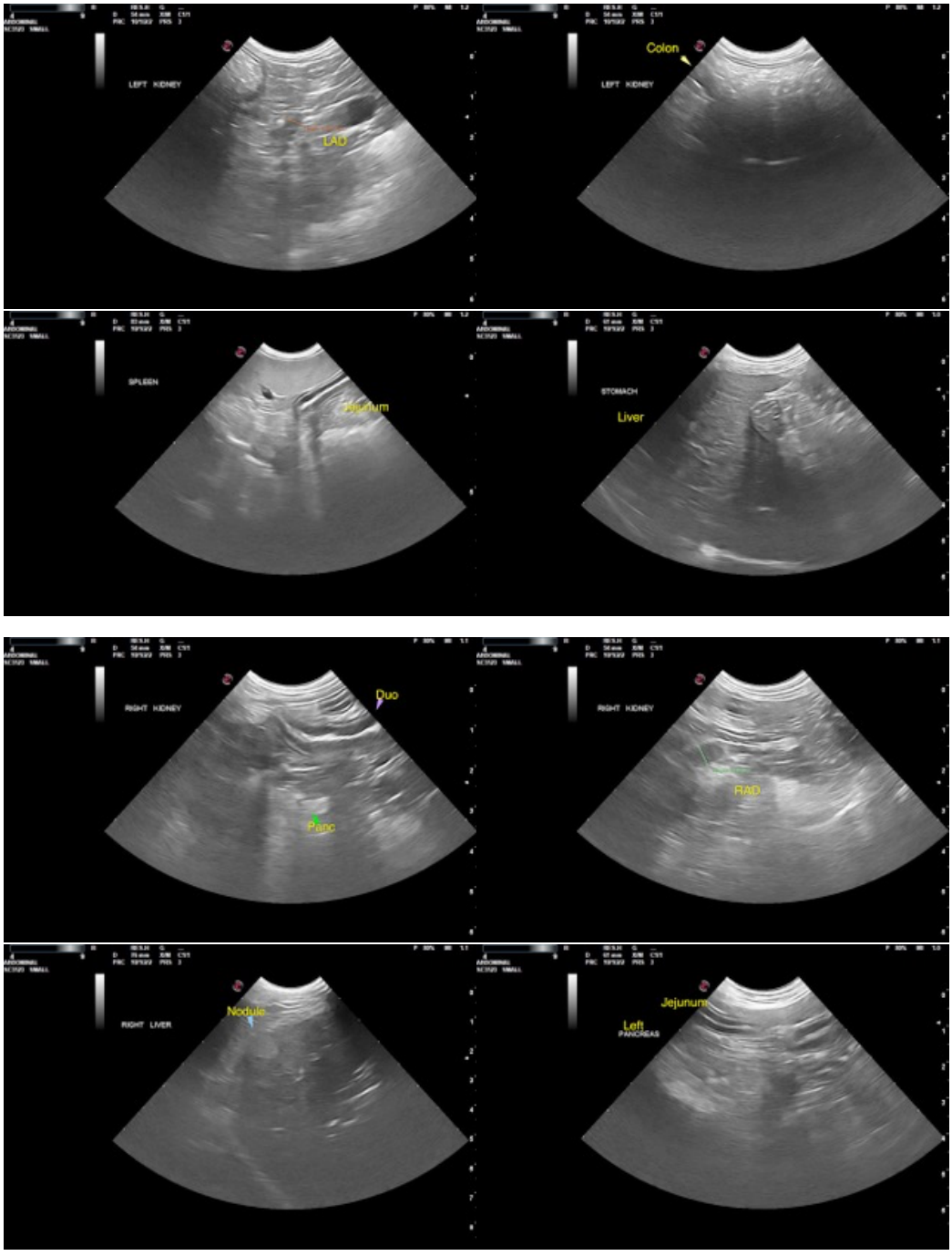


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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