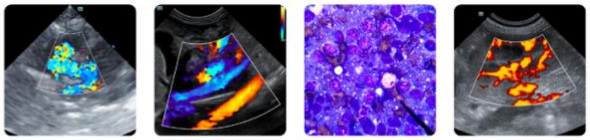

PATIENT

Roland Tremer

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

11

WEIGHT

39.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

12410

DATE

11/22/25

PRESENTING CLINICAL SIGNS

Patient presented for seizures. He had his first seizure about 5 weeks ago. At that time he had a full workup at rDVM including imaging and bloodwork and was hospitalized. He was started on Levetiracetam ER 750mg BID. He did not have any more seizures until tonight. Just before 10pm P had a seizure. O then gave his nighttime Keppra dose (normally given just before 11pm). P had a second seizure at 11pm, and a third at midnight. O did give HW prevention an hour before this started. Unknown brand. Hx: hind leg arthritis, allergies (gets Cytopoint every 6-8weeks), chronic ear infections, allergies.

Current medications: Keppra 750mg ER 1BID, Diazepam 5mg 2tab PRN post seizure to help prevent another (not given).

Abnormal PE/Chem/CBC/UA Results: ALP 635

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, urine mineral, calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No obvious pathology in the area of the residual prostate.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland exhibited potential for mild cranial pole enlargement, subjective intact mild asymmetrical capsule contour and maintained homogenous parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole with potential enlarged cranial left adrenal gland measuring 1.2 cm width.

The right adrenal gland was not definitively visualized.

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

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were subjectively adequate in appearance without signs of congestion.

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 was empty with no signs of ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

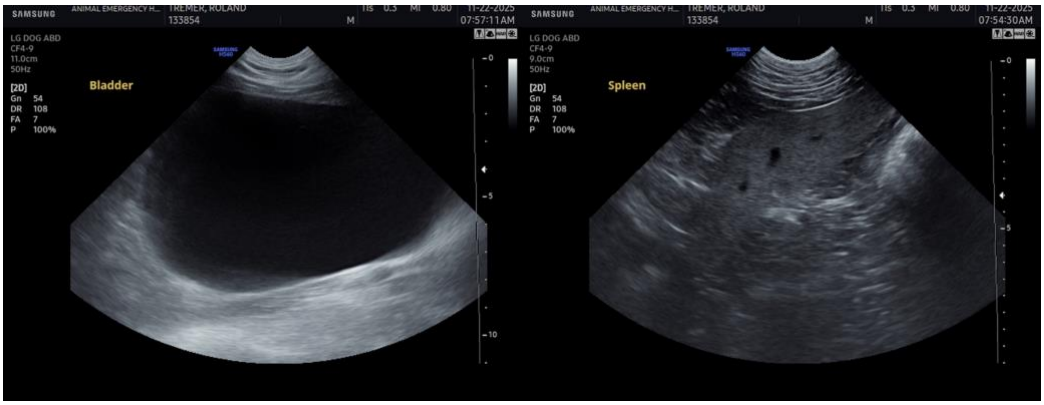
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver- consistent with benign hepatopathy.
- Possible mildly enlarged cranial left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a definitive cause of the patient's seizures was not obvious within the abdominal cavity. No evidence of hepatic parenchymal pathology or shunt. The possible mildly enlarged cranial left adrenal gland is nonspecific and of unclear clinical significance with potential considerations including hyperplasia, adenomatous change or emerging left adrenal tumor. Assessment and monitoring of systemic BP for evidence of hypertension is recommended. Sonographic monitoring of the left adrenal gland potentially under sedation with initial recheck in 3-4 weeks would be ideal.



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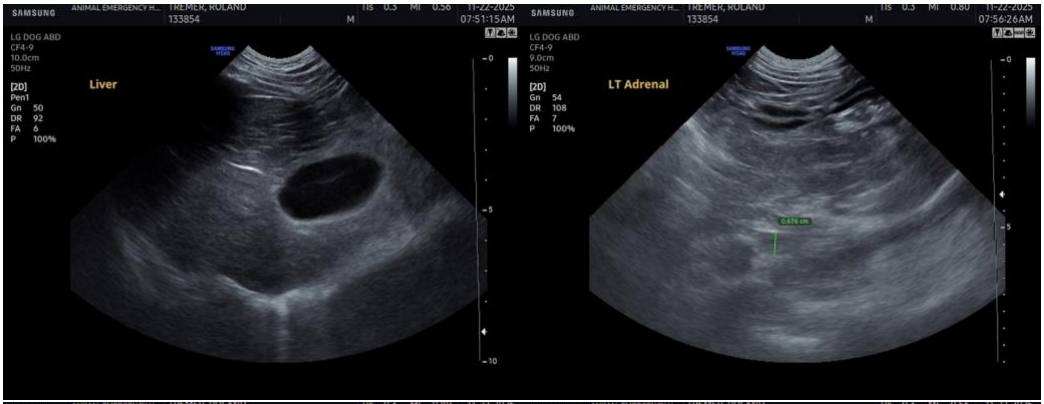

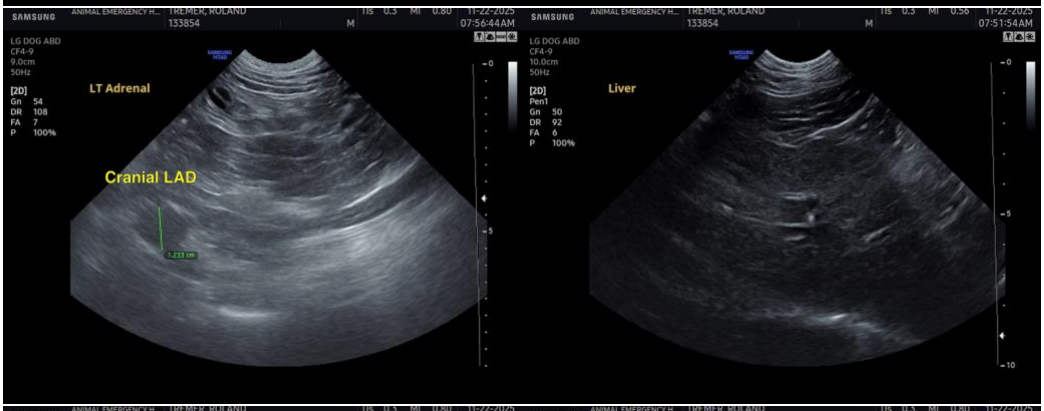

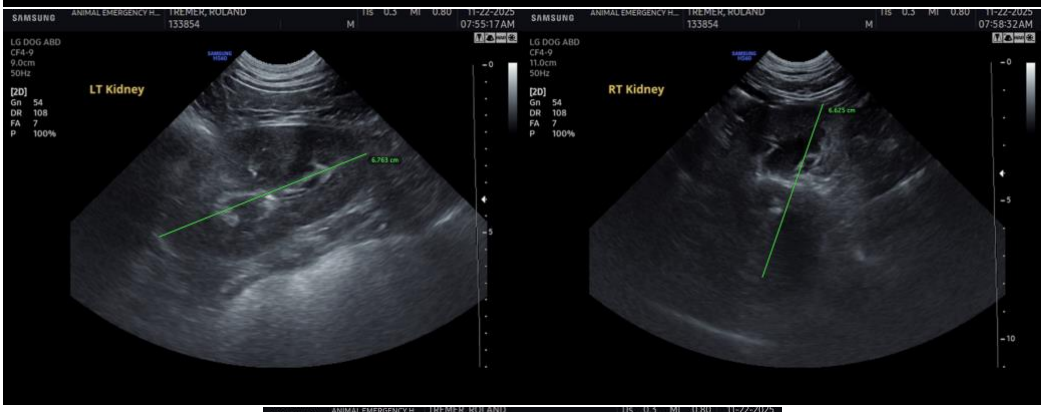

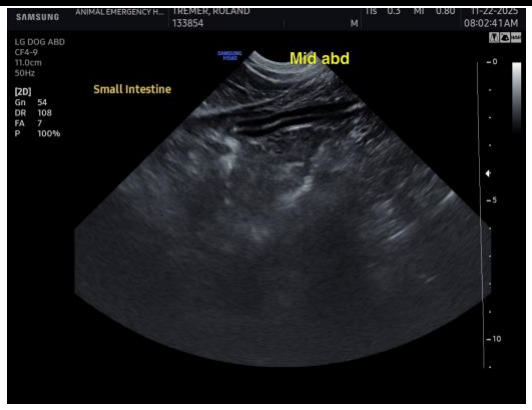

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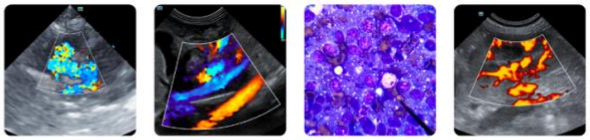

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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