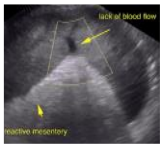
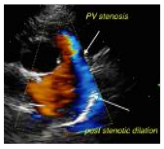
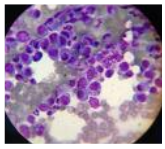
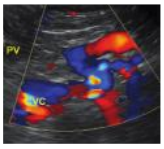
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Koda McGovern

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

15 years 6 months

WEIGHT

13.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Shelley Lenz

INVOICE

15338

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Presented 10/20/22 for exam PE WNL BW performed that day
Abnormal PE/Chem/CBC/UA Results: Chem: ALB 4.6 ALP 1171 ALT 363 TBil 0.7 Bun 47 Ca 12.2 Urine specific gravity: 1.010 Bile acids pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral were noted. Intermittent small cortical cysts were noted in both kidneys. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

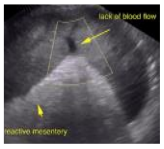
The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of bodyweight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.70 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.67 cm width in the cranial pole and 0.62 cm width in the caudal pole. No evidence of adrenal tumors.

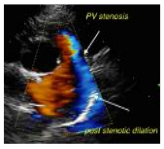
Spleen

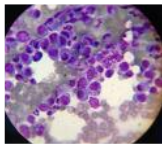
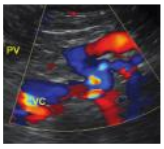
Minor focal areas of hyperechoic splenic parenchyma were noted, which may indicate small benign myelolipomas, nodular hyperplasia, or emerging splenic mineralization. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic criteria were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was mild to moderately enlarged in size 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. Intermittent nondisruptive mildly hyperechoic intraparenchymal nodules were noted, likely consistent with benign lipogranulomas or areas of nodular





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hyperplasia. The gallbladder was non-distended in size containing mild, non-dependent, nonorganized, mildly echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

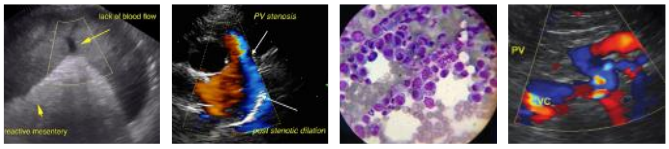
- Hepatomegaly exhibiting benign moderate parenchymal remodeling and intermittent benign parenchymal l nodule
- Mild gallbladder debris (non-mucocele)
- Age-related spleen with focal hyperechoic parenchyma
- Moderate chronic renal changes exhibiting pinpoint medullary mineral and small cortical cysts
- Mild bilateral prominent adrenal glands - nonspecific
- Mild heterogeneous pancreas - suspect age-related pancreatitis changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intraabdominal neoplastic criteria.

Considerations for the liver, which is consistent with chronic or possible acute on chronic hepatopathy, may include vacuolar hepatic changes, inflammatory / immune mediated disease, hyperplasia, hematopoiesis, cholestasis, mild fibrosis, or other hepatopathy with infiltrative neoplasia considered less likely. Screening FNA cytology, given the hypercalcemia, assuming normal clotting status, could be considered. Correlation with pending bile acid testing is recommended. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

The mildly prominent bilateral adrenal glands are likely incidental or a patient/ age-related variant. Potential for minor benign hyperplasia or adenomatous change is possible. Screening blood pressure



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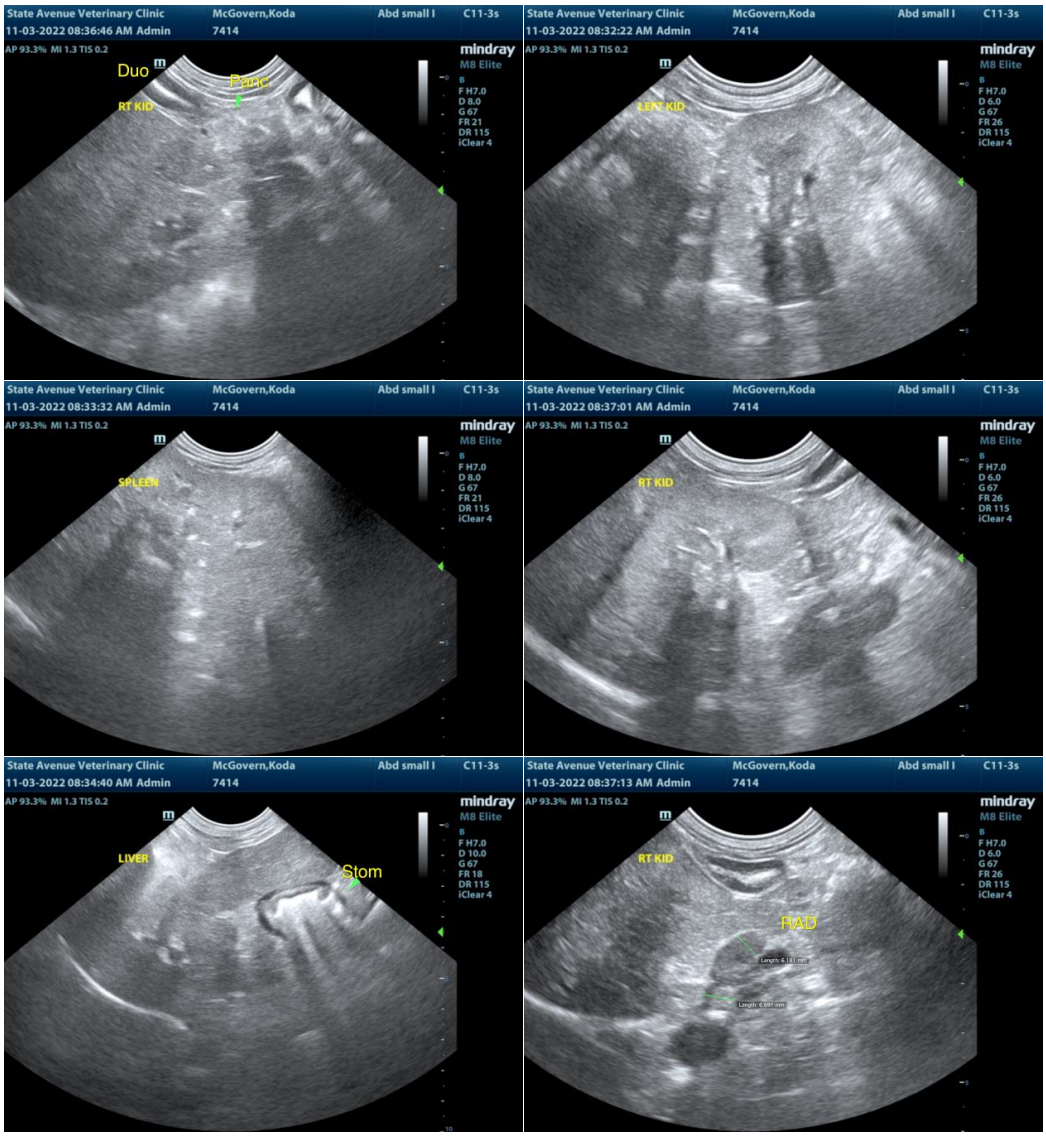
to assess for evidence of hypertension is suggested. Adrenal workup with LDDST could be considered if clinical signs consistent with Cushing's Syndrome, i.e., PU/PD, polyphagia, etc., are noted.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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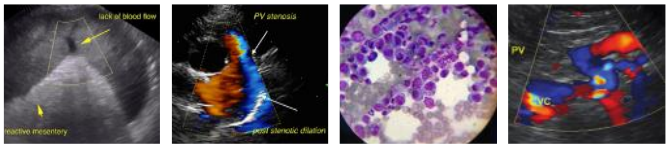

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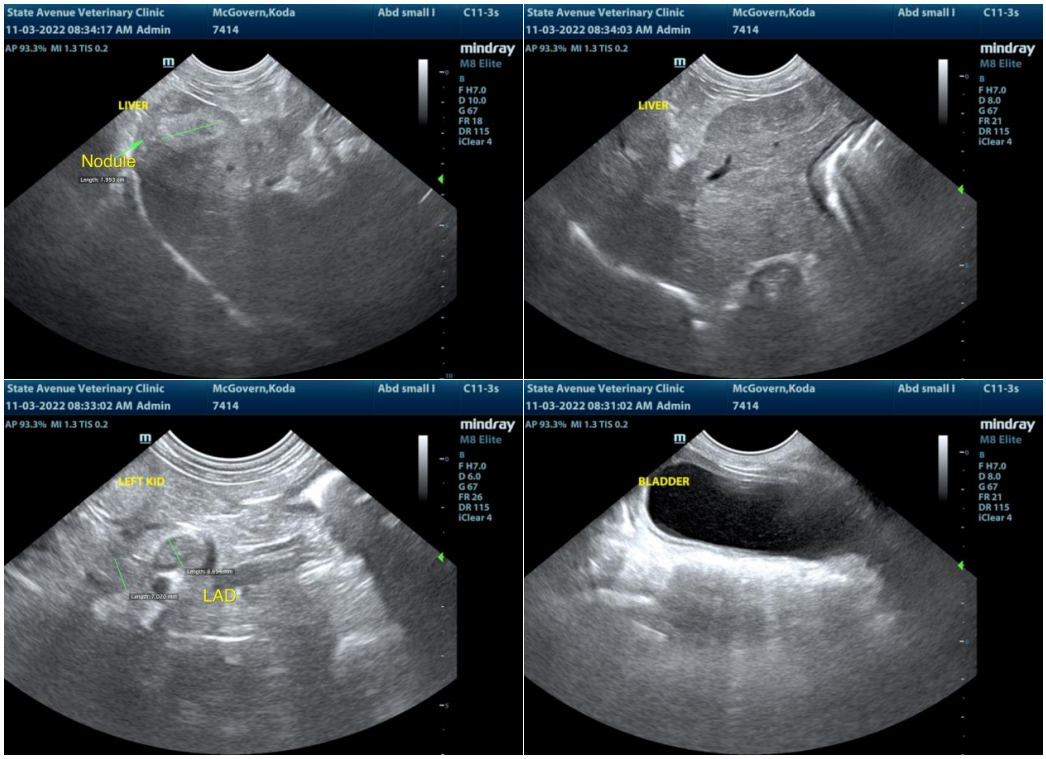

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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