



PATIENT PRESENTING CLINICAL SIGNS

Louie Semplenski History: Not eating, lethargic, weight loss

Labs: Glucose 660, Creatinine 5.7, BUN 28, Calcium 9.3, Potassium 6.2, CPL 1322

SPECIES

Canine

Medication: Naxcel, Baytril, polyflex, ondansetron, IVF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Poodle Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

SEX

Neutered Male

The residual prostate was normal, measuring 0.56 cm.

AGE

12 years

Aortic trifurcation was normal.

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 pyelectasia was present. A solitary mildly expansive centrally hypoechoic nodular lesion with mild associated lateral capsular distortion was present in the left kidney primarily involving the lateral cortex, measuring 1.7 cm x 1.3 cm. The left kidney was overall normal size and measured 3.7 cm in length. The right kidney measured 5.3 cm in length.

WEIGHT

18.2 Pounds

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 or evidence of adrenal pathology. The left adrenal gland measured 2.1 cm in length x 0.42 cm width at the caudal pole. The right adrenal gland measured 1.95 cm in length x 0.43 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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. A small non-expansive cystic nodule was noted in the mid caudal spleen, measuring 0.62 cm in diameter.

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

Liver

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 normal in appearance without signs of congestion. Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest

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radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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Canine

The gallbladder was non-distended in size with thin walls and very minor incidental congealed echogenic debris noted in the gallbladder neck. The cystic and common bile ducts were normal.

BREED

Poodle Mix

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 gastric body wall measured 0.4 cm. The pylorus wall measured 0.52 cm.

SEX

Neutered Male

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. The duodenum wall measured 0.35 cm. The jejunum wall measured 0.35 cm.

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

AGE

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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.

WEIGHT

18.2 Pounds

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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 DVM, DABVP
 (Canine and Feline)

Primary Findings

- Non-specific left kidney mildly expansive nodular lesion- abscess or consolidated abscess, granuloma, neoplasia possible
- Transdiaphragmatic comet tail artifact
- Sonographically unremarkable gastrointestinal tract
- Heterogeneous pancreas- age-related pancreatic changes, potential for low-grade or chronic pancreatitis which may present sonographically normal possible

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 ARDMS/RVT

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Secondary Findings

- Right kidney mild chronic changes
- Focal cystic splenic nodule- likely benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the hyperglycemia, if persistent, fructosamine level may be considered to assess for evidence of diabetes. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If normal clotting status, ultrasound guided FNA of the left kidney cortical nodular lesion could be considered for screening cytology +/- culture and sensitivity if clinically indicated. Potential for structurally insignificant gastrointestinal disease cannot be definitively excluded. Given the patients' weight loss, a GI panel to include TLI, PLI, cobalamin and folate may be considered. Continued as needed gastrointestinal support and conservative therapy for potential low-

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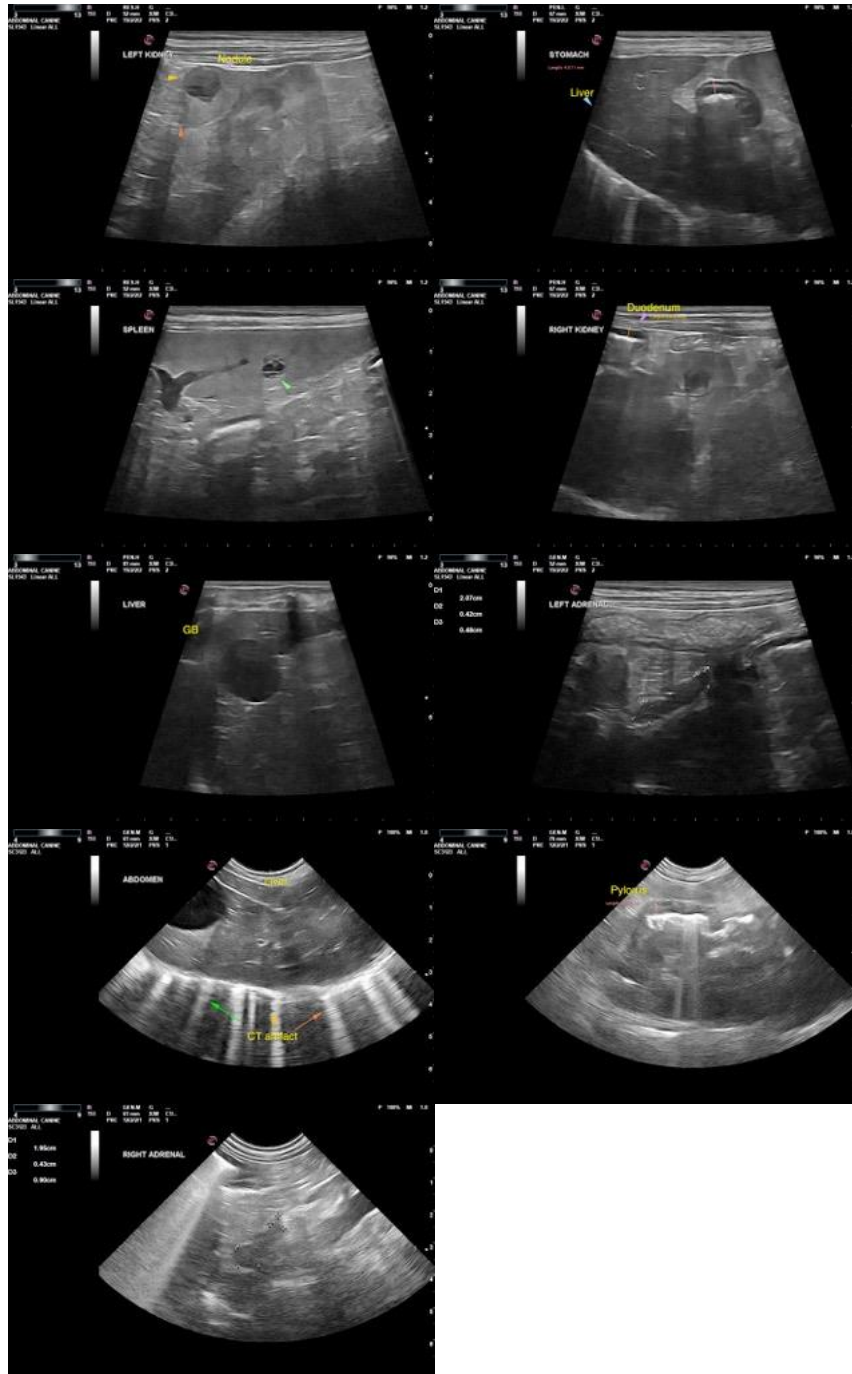
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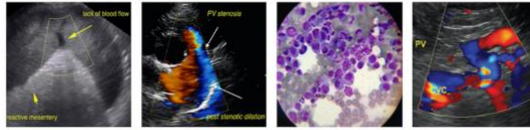
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grade to chronic pancreatitis would be appropriate. Three-view chest radiographs suggested with potential radiology consult given the presence of the transdiaphragmatic comet tail artifact.



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.



PATIENT

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.

Louie Semplenski

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mac.daniel@sonopath.com

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