

**PATIENT**

Cabo Vantieghem

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hook

INVOICE

18926

DATE

12/2/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite starting 11/23 and diarrhea starting 11/23. Patient is hospitalized on IVF. NPO since last night but did eat ok yesterday during the day.

Abnormal PE/Chem/CBC/UA Results: Glob 3.8, AST 184, ALT 922, ALKP 1374, GGT 62, TP 1.7, CA 11.6, Monocytes 1548 T4 WNL, Fecal negative, HWT Negative

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 area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm in length x 0.40 cm width at the caudal pole.

The right adrenal gland was borderline prominent in size based on caudal pole width measurement in light of body weight. No evidence of neoplastic criteria. Maintained homogenous right adrenal parenchyma was noted. No evidence of mineralization. The right adrenal gland measured 2.1 cm in length x 0.55 cm width at the caudal pole.

Spleen

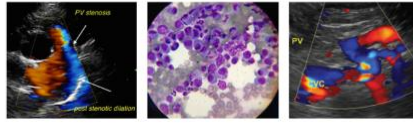
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver exhibited normal size to potential borderline enlargement. 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. 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

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Subtle retained anechoic fluid was present with mild luminal gas.

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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.

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

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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.

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Several, isoechoic hepatic lymph nodes were present adjacent to the portal vein. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 0.83 cm in diameter. No evidence of additional intraabdominal lymphadenopathy. No peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- Nonspecific hepatopathy- subjectively benign
- Associated mild subjective benign/reactive hepatic lymphadenopathy
- Sonographically unremarkable gallbladder
- Mild heterogenous pancreas
- Mild possibly resolving gastroenterocolitis pattern

Secondary Findings

- Mild age-related kidneys
- Borderline prominent right adrenal gland- nonspecific, subjectively benign, likely incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening FNA cytology could be considered for further assessment. Vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy, or less likely occult infiltrative neoplasia are all possible. Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas +/- spec CPL could be considered to assess for evidence of low grade or chronic pancreatitis as a contributing factor to the patients gastrointestinal signs. If persistent or recurrent gastrointestinal signs, concurrent cobalamin and folate levels recommended. No evidence of intraabdominal neoplastic criteria or evidence of posthepatic obstruction.

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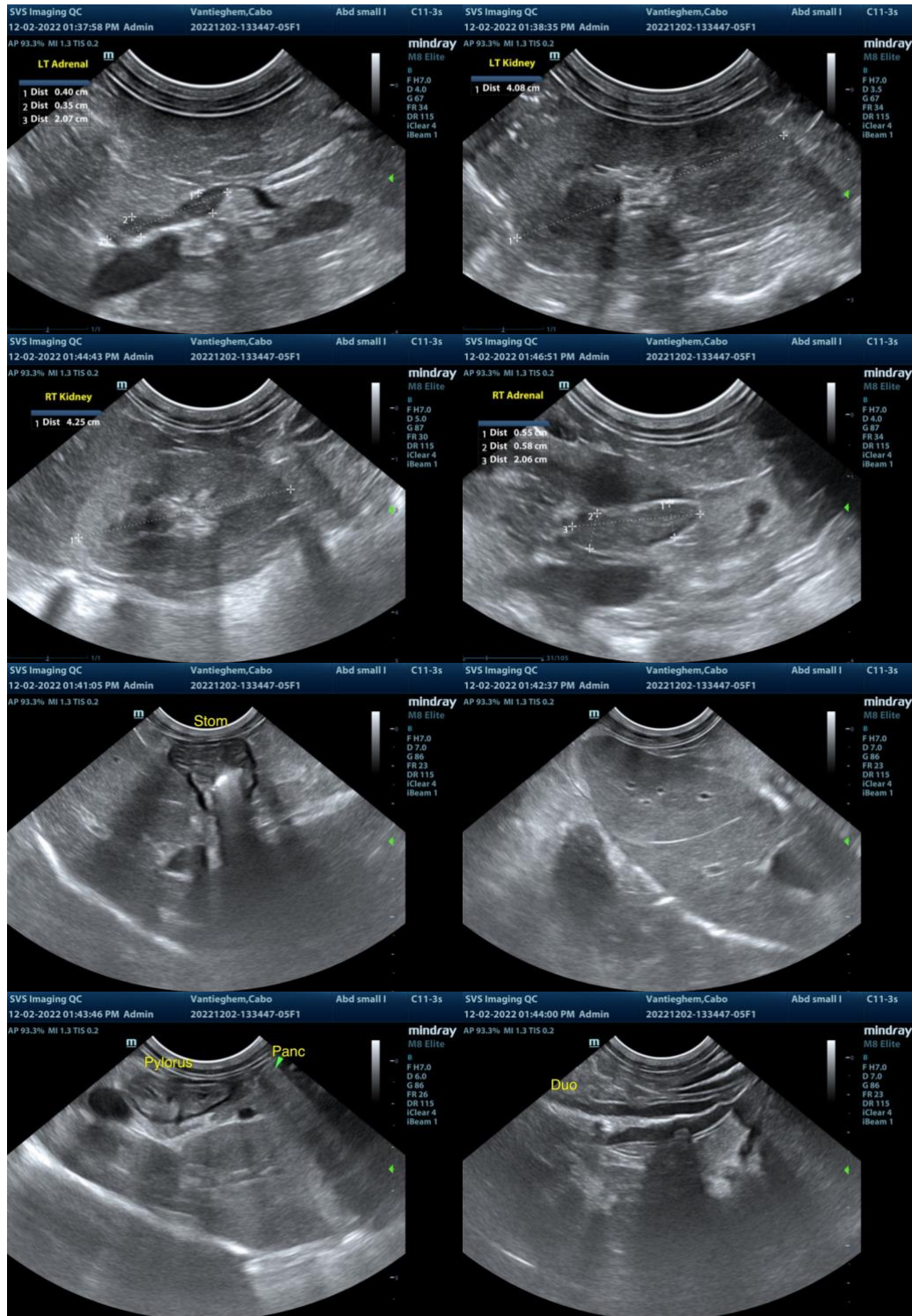
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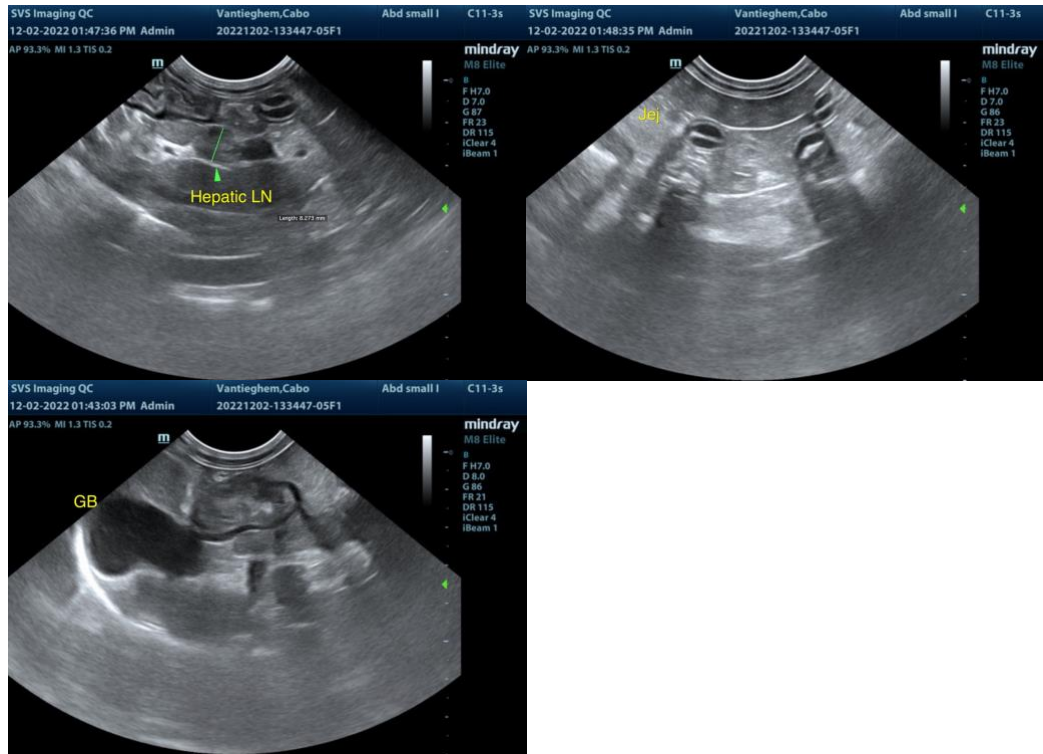
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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