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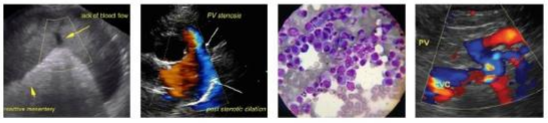

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Klinc Boegle

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

11 Years

WEIGHT

25.6 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr.Carroll

INVOICE

13712

DATE

2/1/22

PRESENTING CLINICAL SIGNS

History: Very painful and tense abdomen- gave butrophanol but did not receive level of sedation to do a thorough ultrasound examine without a few very loud cries (very painful in mid right quadrant) and continued to have a tense abdomen- Per owner waking up every hour and producing small amts of loose stool and strain with some blood. refusing to eat breakfast- diabetic- diarrhea-

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. Multiple small dependent calculi were present. 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Multifocal pinpoint hyperechoic cortical foci were present in both kidneys. No overt pyelectasia was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.42 cm width in the cranial pole and 0.55 cm width in the caudal pole. The right adrenal gland measured 1.1 cm width in the cranial pole and 0.74 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchymal heterogeneity. Indistinct hyperechoic non-expansive nodule was noted in the medial parenchyma adjacent to the hilus, suggestive of a benign myelolipoma or previous infarct. Pinpoint hyperechoic parenchyma foci noted intermittently throughout the spleen. Moderately size homogeneous splenic vein thrombus approaching the spleen, measuring approximately 3.0-3.5 cm in length x 1.2 cm in width. Normal subjective splenic blood flow.

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.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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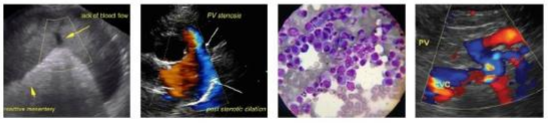

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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. No signs of active inflammation or neoplasia.

Free Abdomen

Aortic trifurcation was normal with solitary small medial iliac lymph node visualized. This medial iliac lymph node was not consistent with inflammatory or neoplastic criteria and incidental.

ULTRASONOGRAPHIC FINDINGS

- Multiple small cystic calculi
- Chronic renal changes with multifocal pinpoint hyperechoic cortical foci
- Age-related spleen with probable medial parenchymal myelolipoma or chronic infarct, multiple pinpoint hyperechoic parenchyma foci
- Moderately sized splenic vein thrombus
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract/colon
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample given the presence of calculi and history of diabetes recommended. The hyperechoic and renal cortical and splenic parenchyma foci, although nonspecific, may indicate pinpoint areas of microinfarction, fibrosis or mineralization.

Given the normal subjective splenic blood flow, the clinical significance of the splenic vein thrombus is unclear. This potential may develop into a clinical issue, resulting in additional splenic infarct or development of a hematoma. Potentially, the splenic thrombosis could result in pain or discomfort, although not definitive. An additional area of pain within the abdomen such as in the area of the pancreas was not definitively evident. The pancreas was not sonographically suggestive of active pancreatitis, although possible low-grade to chronic pancreatitis (which may present sonographically normal) may be possible. Correlation with a spec CPL could be considered.

Periodic rechecks of the splenic vein thrombus with palpation monitoring and sonographic reassessment (as necessary) is recommended, although potential for overt surgical intervention was not definitively present. A coagulation panel to assess for underlying coagulopathy given the history of diabetes could be considered. Continued gastrointestinal support and medical therapy for possible low-grade colitis is suggested.

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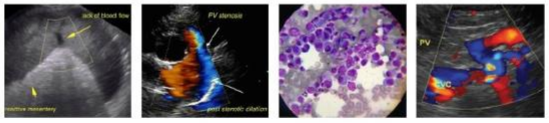

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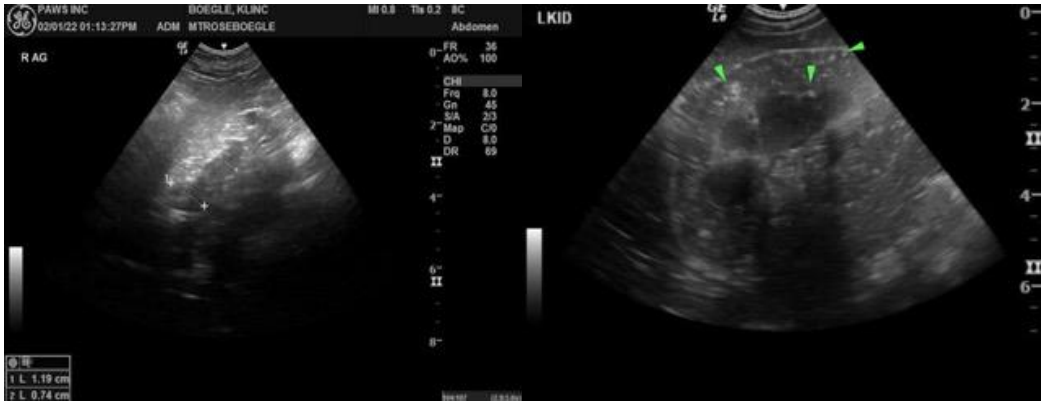

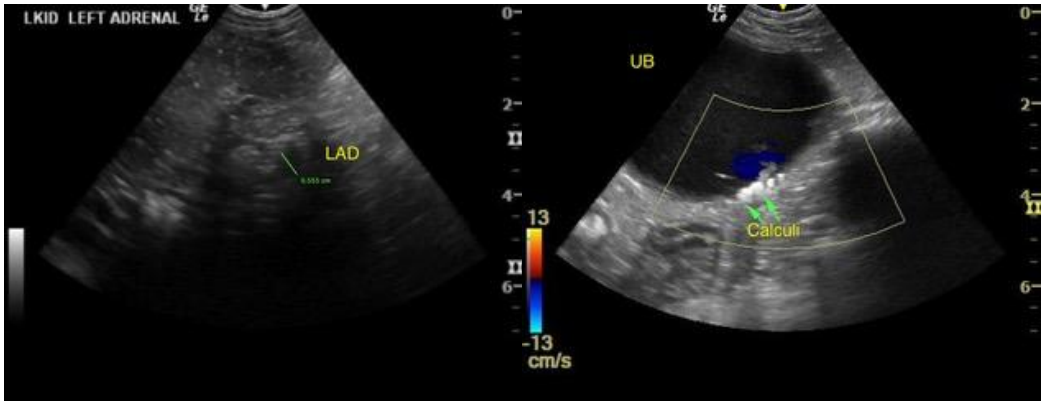

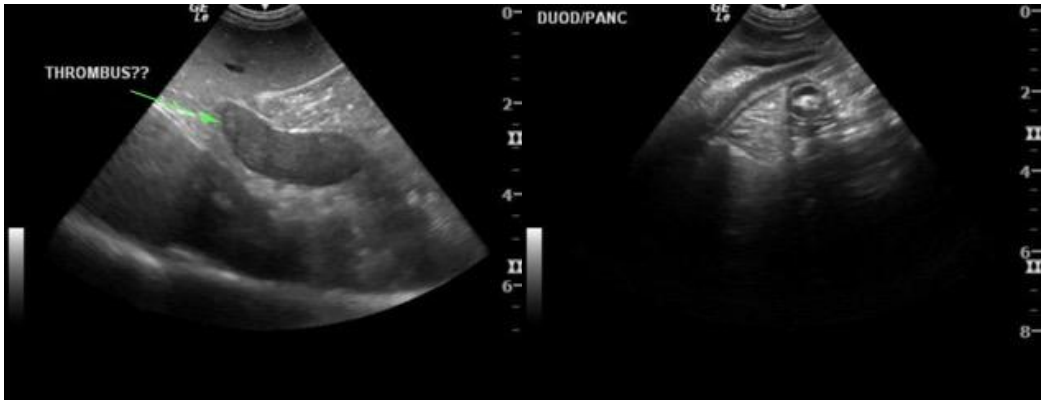

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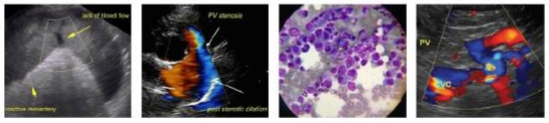

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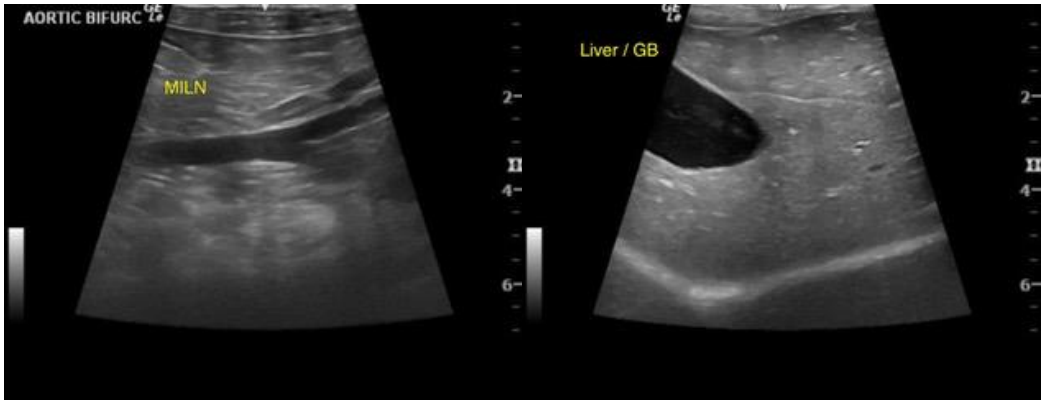

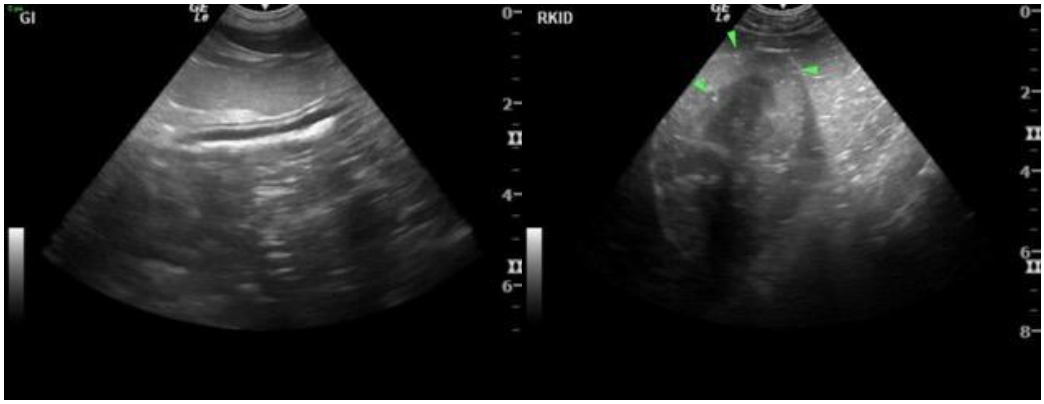

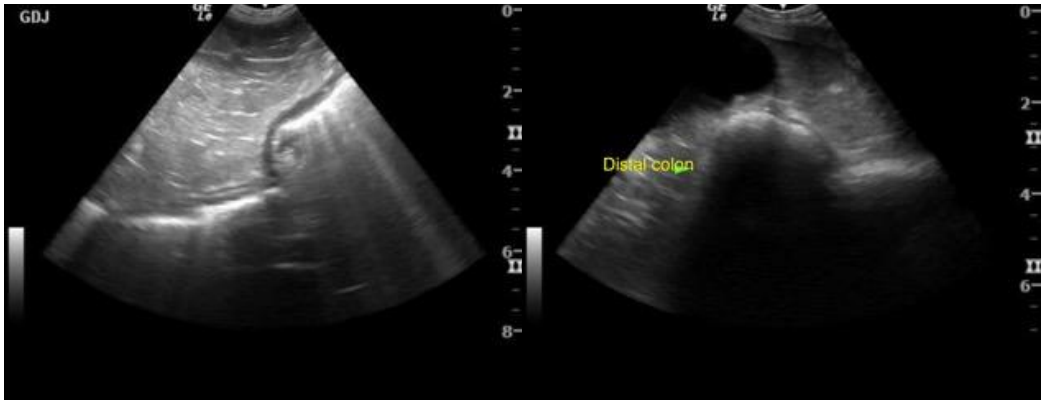

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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