



PATIENT

Tango Frederick

SPECIES

Canine

BREED

Minature Pinscher
Mix

SEX

MN

AGE

11

WEIGHT

22

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Charlie
Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Charlie
Rodriguez

INVOICE

13313

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Exam and bw were performed 2 weeks ago with an alp at 1500. Cushings has been worked up the last 2 years with no actual diagnosis. Since sedation and exam (he can be unruly) he has been a little lethargic, not eaten as well, and stares off into space. O says he also seems bloated.

Abnormal PE/Chem/CBC/UA Results: Obese, hx of ultrasound prior with vacuolar hepatopathy dx. Snap cpl is abnormal and currently just suspect pancreatitis. Hospitalize and treating supportively for today.

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 residual prostate was free of pathology.

The area of the aortic trifurcation was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited mild subjective prominent size, given the patient's breed, with maintained symmetrical capsule contour and homogeneous parenchyma. No evidence of neoplastic criteria. The left adrenal gland measured 0.82 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland measured 0.80 cm width at the caudal pole and 1.0 cm width at the cranial 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/ Gallbladder

The liver presented mild to moderate generalized 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 mild gallbladder debris. The gallbladder



PATIENT	was otherwise normal. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
Tango Frederick	
SPECIES	<i>Gastrointestinal</i>
Canine	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 width measured 0.30 cm.
BREED	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 with measured 0.52 cm. The jejunum wall width measured 0.46 cm.
Minature Pinscher Mix	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	
AGE	<i>Pancreas</i>
11	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	<i>Free Abdomen</i>
22	Subjective increased amount of omental fat was present. No intra-abdominal masses, lymphadenopathy, or peritoneal effusion was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild chronic renal changes • Vacuolar hepatopathy pattern, mild gallbladder debris (non-mucocele) • Subjective prominent bilateral adrenal glands - nonspecific, no adrenal neoplastic criteria • Pancreatic remodeling - likely low-grade to chronic pancreatitis • Overtly normal gastrointestinal tract
Dr. Charlie Rodriguez	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Bethany Family Pet Clinic	No overt sonographic evidence of active pancreatitis or pancreatic neoplastic criteria was evident. Subjectively, the appearance of the pancreas is most consistent with parenchymal remodeling owing to previous episode, age-related pancreatic changes, or given the abnormal Snap cPL, low-grade to chronic pancreatitis is likely.
REFERRING VET	Although hepatic functionality is likely normal assuming normal BUN, glucose, cholesterol, and albumin levels, bile acid testing could be considered for further assessment of hepatic functionality given the patient's vague clinical signs. No overt evidence of hepatic neoplastic criteria was noted, while the potential for inflammatory hepatic or hepatobiliary process such as cholangiohepatitis given the presence of gallbladder debris may be possible. Hepatosupportive medications Including Ursodiol may prove beneficial.
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A thorough neurological examination is recommended if not done. Empirically, continued supportive care for low-grade to chronic pancreatitis and as-needed gastrointestinal support are recommended.

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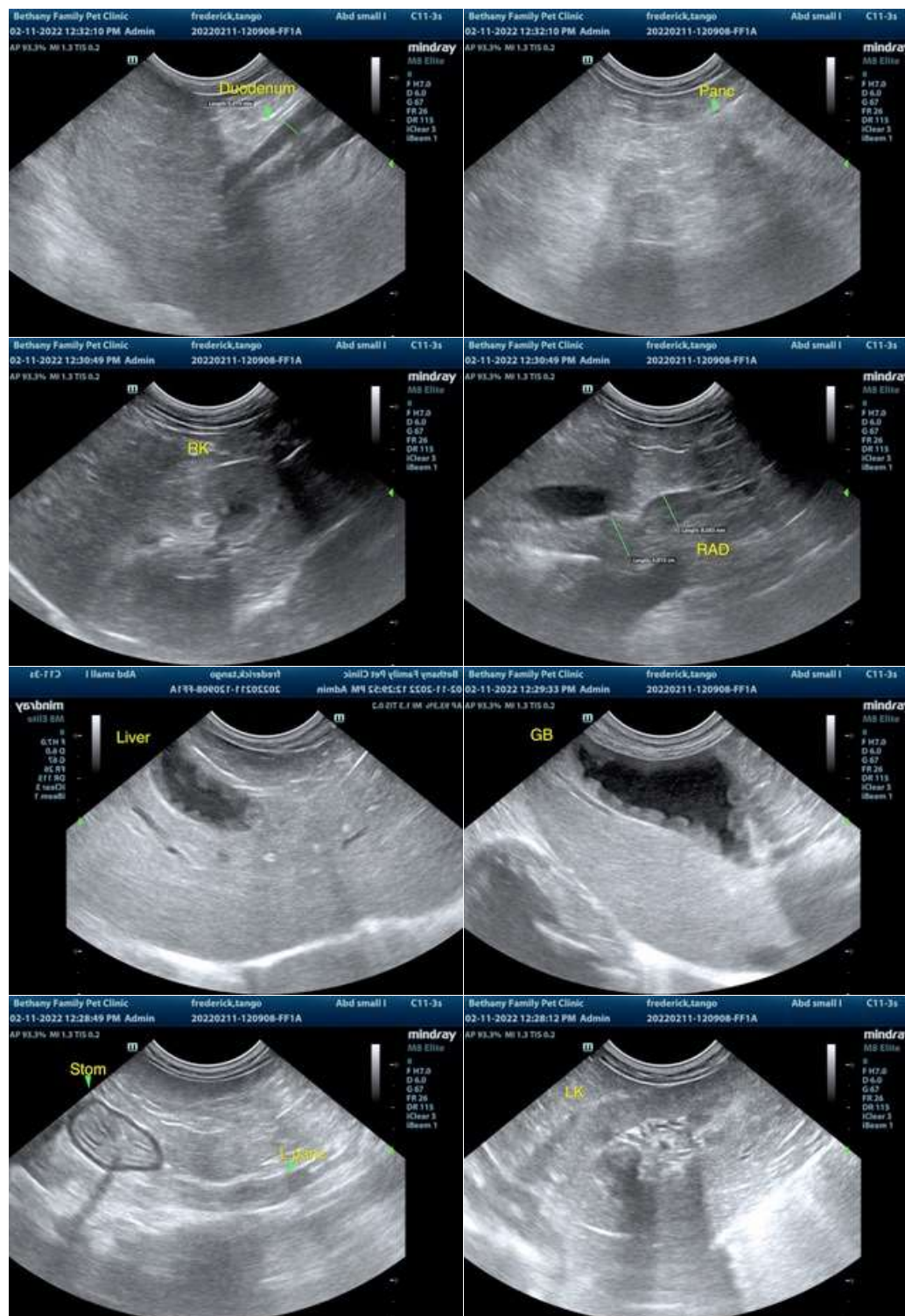
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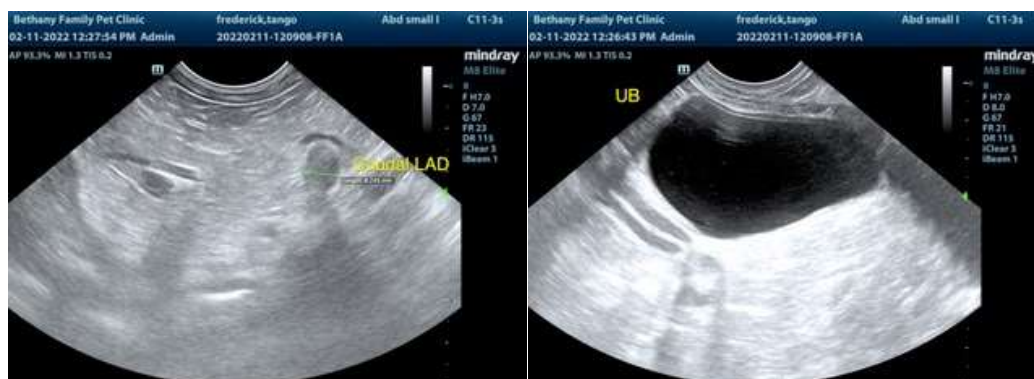
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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