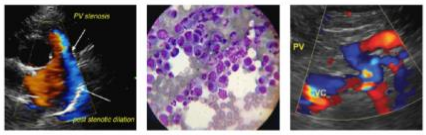
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kingsley Sterling
56676A

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

24.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Galvis

INVOICE

21141

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: Kingsley presented to the MVS Emergency Service on Feb 17, 2023, at (10:10am), for evaluation of possible seizures. Last night Kingsley had about 4 episodes that seemed like focal seizures. He was licking at the air a lot and his jaw chattering. This morning he had another episode like that. They called pcDVM and they advised to come here for possible seizure. He did vomit once last night but nothing today. They gave him a different kind of wet food last night, same brand but stew not pate. Otherwise, no other changes. No d/c/s. He has a history of MCT's removed twice in the past and chronic ear infections. He gets Benadryl as needed (recommended after removal of MCt) but hasn't gotten any for a couple weeks. No flea tick applied this month. Kinsley has a history of right fron limb lameness for several months, suspect due to arthritis. they have done pain medication trial and joint supplement but it has not helped much. During the last week he did not want to go for long walks.

Abnormal PE/Chem/CBC/UA Results: ALP 2044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.3 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 0.71 cm width at the caudal pole and 0.66 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.60 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with mild splenic parenchyma heterogeneity with intermittent discrete nondisruptive hypoechoic nodules. An example of splenic nodule measured 0.82 cm in diameter. The nodules did not distort the splenic capsule.

Liver

The liver was subjectively mildly enlarged. 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. Intermittent discrete hypoechoic hepatic intraparenchymal nodules. An example measured 1.2 cm in diameter. The hepatic nodules did not distort the hepatic capsule.

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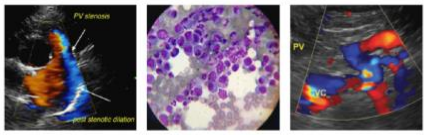

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting mild progressive distal acoustic shadowing.

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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

A solitary to intermittent, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of inflammatory, neoplastic or metastatic criteria and maintaining a normal width: length ratio (<0.5). A medial iliac lymph node measured 1.5 cm x 0.53 cm. No omental masses, omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern with suspect discrete hepatic hyperplasia, hematopoiesis or similar
- Normal splenic size/contour with mild parenchyma heterogeneity, intermittent discrete nondisruptive splenic nodules- nonspecific, suspect hyperplasia, hematopoiesis, possible incidental splenitis or similar. Potential for early neoplastic/metastatic criteria cannot be excluded.
- Minor incidental benign/reactive medial iliac lymphadenopathy
- Gastric ingesta, sonographically normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatosplenic parenchyma changes are suggestive of benign criteria, although given the patients history of mast cell tumors, the possibility of early hepatosplenic metastasis cannot be definitively excluded. Assuming normal clotting status, screening hepatosplenic FNA cytology, using a 25 gauge needle and assuming normal clotting status, is warranted for further clarification. Sonographic reassessment of the spleen and liver parenchyma to assess for progressive parenchymal changes with initial recheck in 3-4 weeks or based on oncology recommendations would be a more conservative approach.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without

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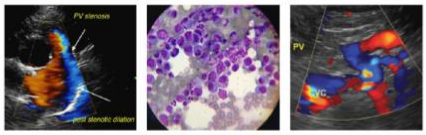

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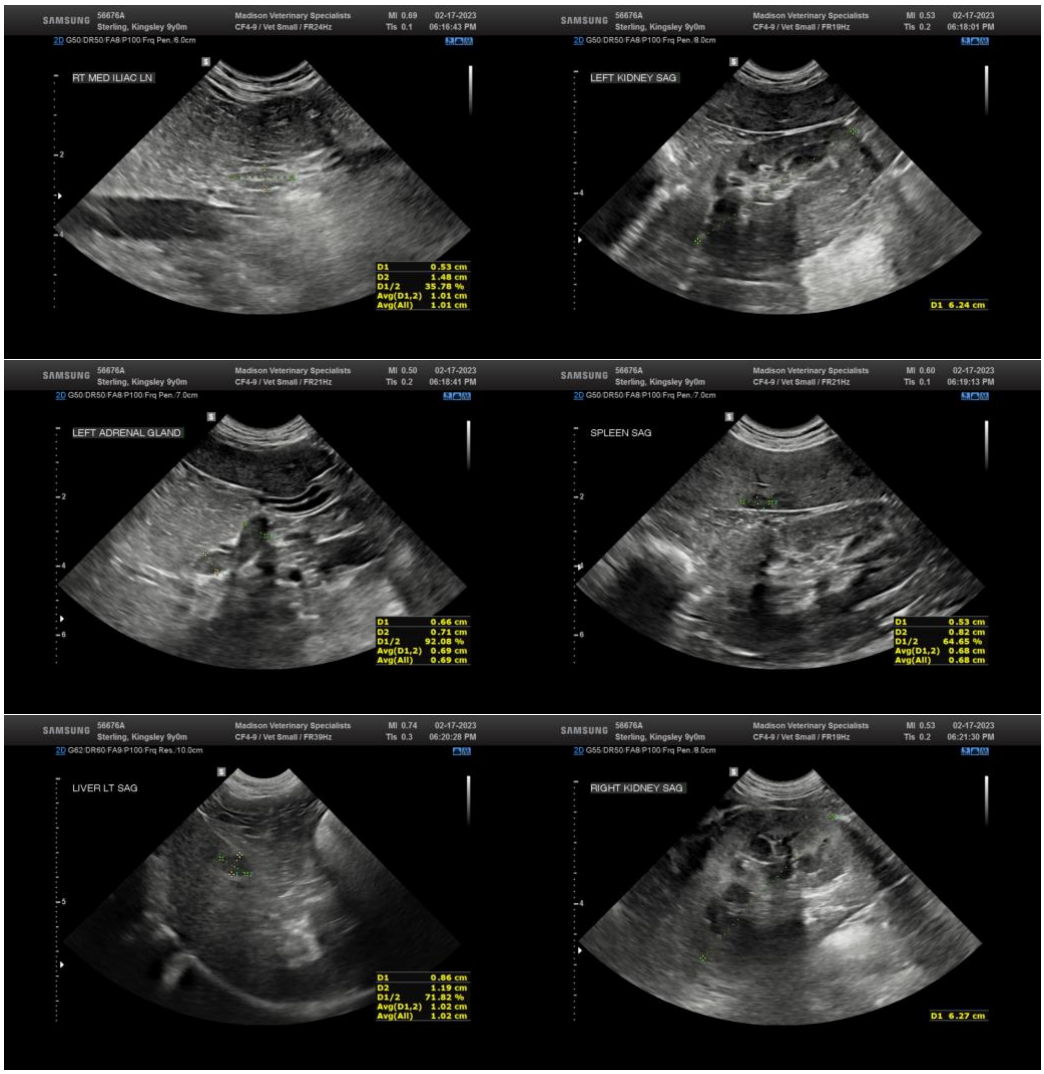
evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

A definitive cause of the patients potential seizure activity was not obvious.



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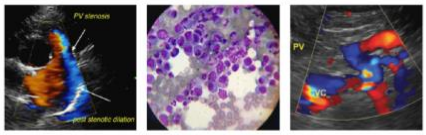

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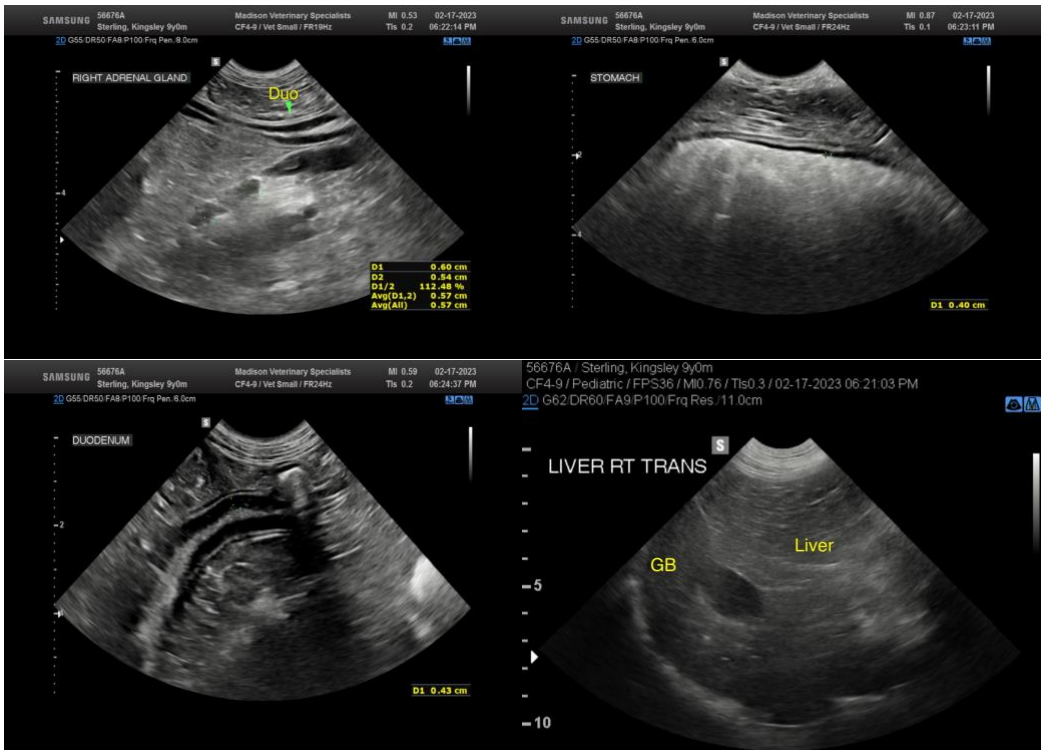

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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