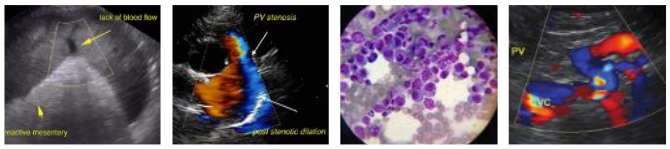
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Griffey Mance

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

12yr

WEIGHT

68lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

13052ag

DATE

02/21/2023

PRESENTING CLINICAL SIGNS

PU/PD. High BP. Urine culture WNL. Mild elevation in ALK.
Abnormal PE/Chem/CBC/UA Results: USG: 1.009

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was mild prominent and heterogenous measuring 1.0 cm width at the caudal pole and 3.3 cm length. A well-defined, hyperechoic nodule was present in the right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 3.4 cm x 1.6 cm. The overall right adrenal gland measured 1.6 cm width at the caudal pole and 3.6 cm length.

Spleen

The spleen exhibited mild to variable enlargement and capsule asymmetry. Multifocal hypoechoic to non-homogenous potentially coalescing nodular changes were present without evidence of capsular escape, an example of a nodule measured 2.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

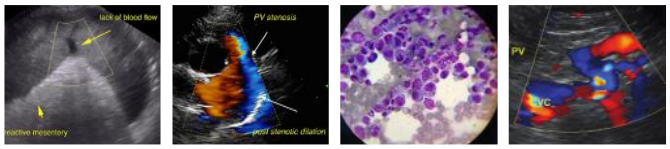
Liver/Gallbladder

The liver presented enlarged in size. 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. Focal to intermittent discrete hypoechoic nodules present. 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 and mild congealed echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 was empty with no signs of ileus, obstruction or foreign material.

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



PATIENT

Griffey Mance

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

12yr

WEIGHT

68lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

13052ag

DATE

02/21/2023

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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

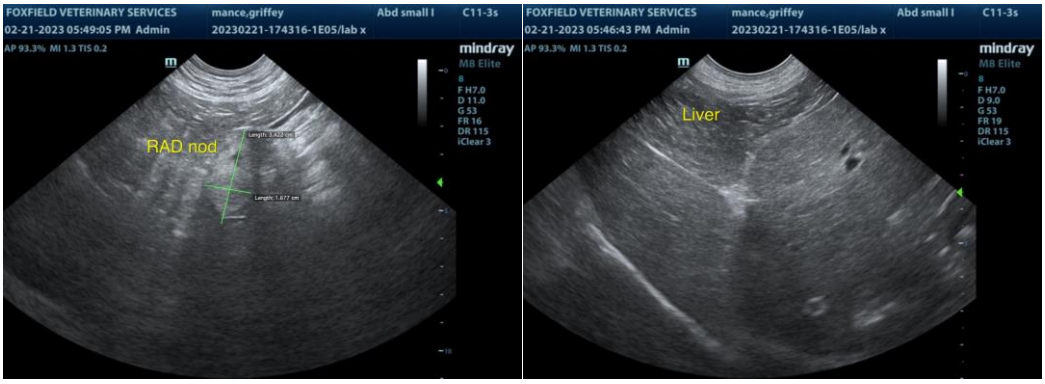
ULTRASONOGRAPHIC FINDINGS

- Subjective mild vacuolar hepatopathy pattern
- Multifocal to coalescing variably echogenic to expansive hypoechoic splenic nodular changes- infiltrative neoplasia, hyperplasia, hematopoiesis, splenic infarcts, infection/inflammation all potentials
- Bilateral prominent non-homogenous to nodular adrenal glands
- Bilateral chronic renal changes

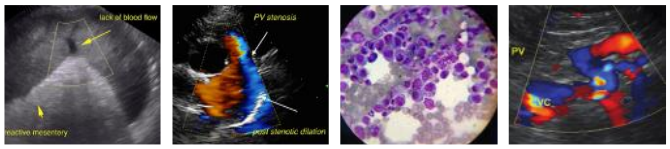
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using a 25g needle, and with potential Benadryl pretreatment, a splenic +/- hepatic FNA for screening cytology is warranted for further assessment. Given hypertension in this patient and if persistent concern for right adrenal/bilateral neoplastic criteria, urine catecholamine levels are recommended. An adrenal work up may also be indicated if strong clinical concern for Cushing's syndrome.

A very guarded prognosis is indicated.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Griffey Mance

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

12yr

WEIGHT

68lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

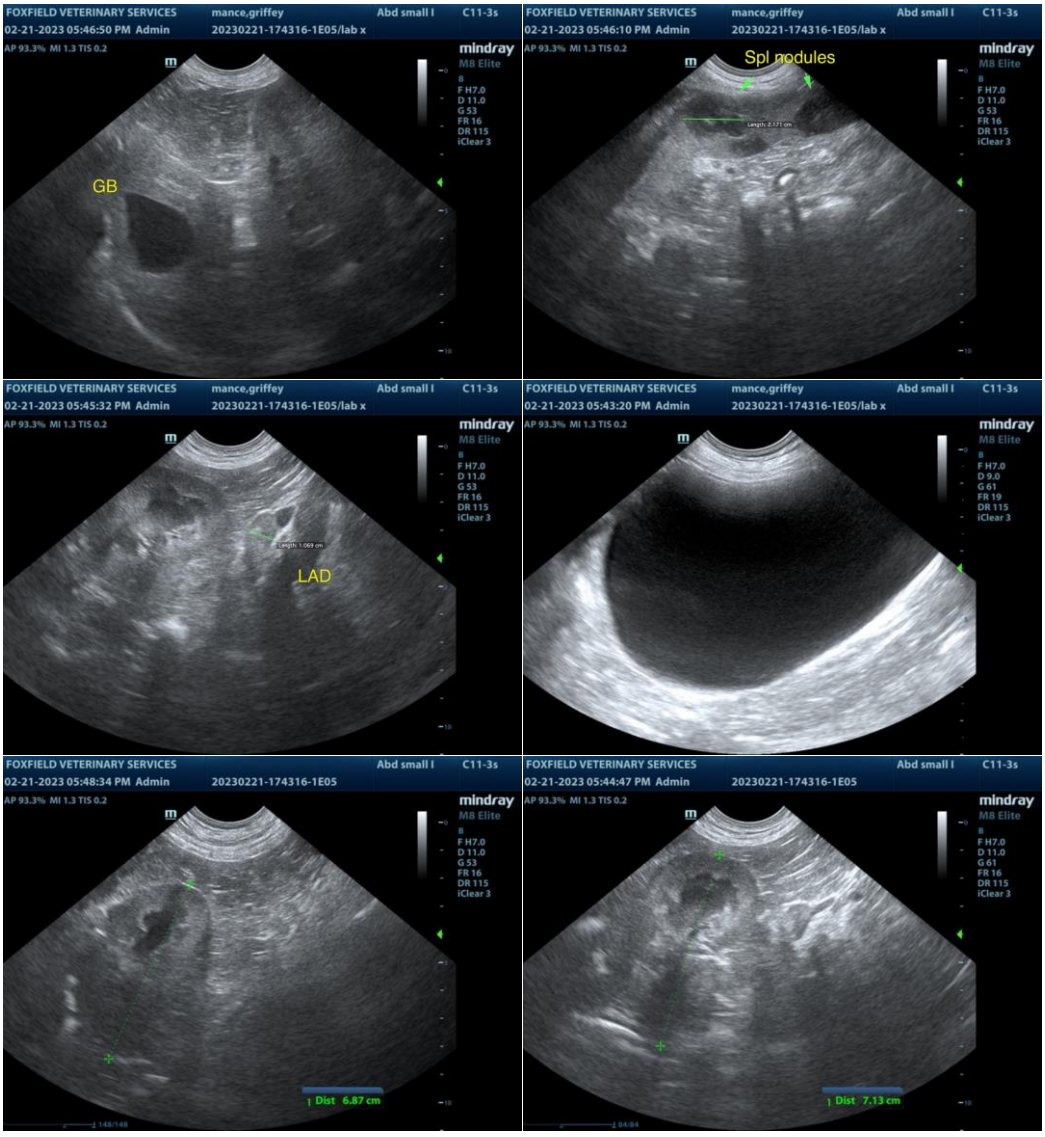
Dr. Rodriguez

INVOICE

13052ag

DATE

02/21/2023



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)
mac.daniel@sonopath.com