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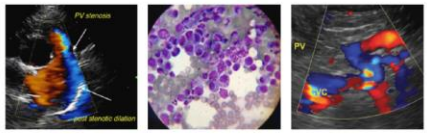

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PATIENT
Bruce Gehrig
251206

SPECIES
Canine

BREED
Mixed Breed

SEX
Neuered Male

AGE
14 years 7 months

WEIGHT
6.6 kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imagin CT

REFERRING VET
WVRC - Dr. Gregg

INVOICE
13553

DATE
3/25/22

PRESENTING CLINICAL SIGNS

Week long history of hyporexia, lethargy, vomiting. Did not improve with outpatient treatment. Abnormal PE/Chem/CBC/UA Results: 3/23: CBC: Lym 788 (L), Eos 0 (L), Plt 520 (H) - Chem: Glu 116 (H), K 3.6 (L), Cl 105 (L), Glob 4.1 (H), ALT 192 (H), ALP 166 (H), Chol 418 (H), BUN 28 (N), Crea 1.5 (high N), - T4: 1.4 (N) - Xray (dog-o-gram): NSF (when viewing them, stomach mildly dilated with gas more than would be expected in vomiting dog, area just caudal to abdomen on right lateral mildly brighter than remainder of abdomen) 3/24: EPOC: pH 7.554 (H), BE 10.6 (H), pCO2 37.3 (N), K 2.9 (L), Cl 103 (L), Ca 1.08 (L), BUN 41 (H), Crea 2.23 (H), Glu 150 (H) --> azotemia - r/o renal, pre renal, post renal --> electrolyte changes consistent with GI losses - UA SG: 1.014

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

A solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.38 cm in diameter. The lymph node was not consistent with inflammatory or neoplastic criteria and likely incidental.

Normal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. mild pyelectasia present. Focal areas of medullary mineral were present in both kidneys. The left kidney was mildly subnormal in size compared to the right, measuring 3.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

A subtle, non-expansive, mildly nonhomogeneous to nonmineralized nodule was present in the cranial pole of the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.85 cm x 0.57 cm. The overall left adrenal gland measured 0.77 cm width at the cranial pole and 0.62 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the cranial pole and 0.70 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

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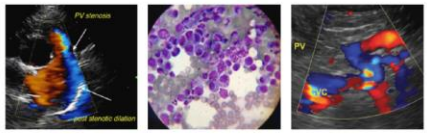

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splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Discrete area of hypoechoic parenchyma was noted in the mid liver, as well as non-disruptive, mildly hyperechoic, irregular nodule in the ventral liver. The hyperechoic nodule measured 1.7 cm in diameter. The area of discrete hypoechoic liver parenchyma measured 2.0 cm in diameter in the mid liver.

The gallbladder was non-distended in size with mixed echogenic to mildly congealed gallbladder debris primarily in the caudal lumen and gallbladder neck. The gallbladder was otherwise normal. 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 mild, retained ingesta / chyme, as well as luminal gas. The stomach was otherwise normal.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent duodenojejunal mucosa. The duodenum wall width measured 0.45 cm. The jejunum wall width measured 0.36 cm.

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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific moderate chronic renal changes with mild pyelectasia
- Low-grade hepatopathy exhibiting parenchymal remodeling including variably echogenic nodules - although nonspecific, the nodules are suggestive of probable lipogranulomas, nodular to regenerative hyperplasia, or hematopoiesis with neoplastic criteria considered less likely
- Left adrenal nodule - suspect adenoma, potential emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other possible

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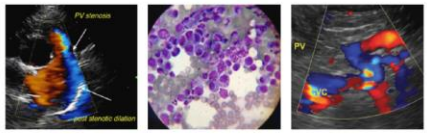

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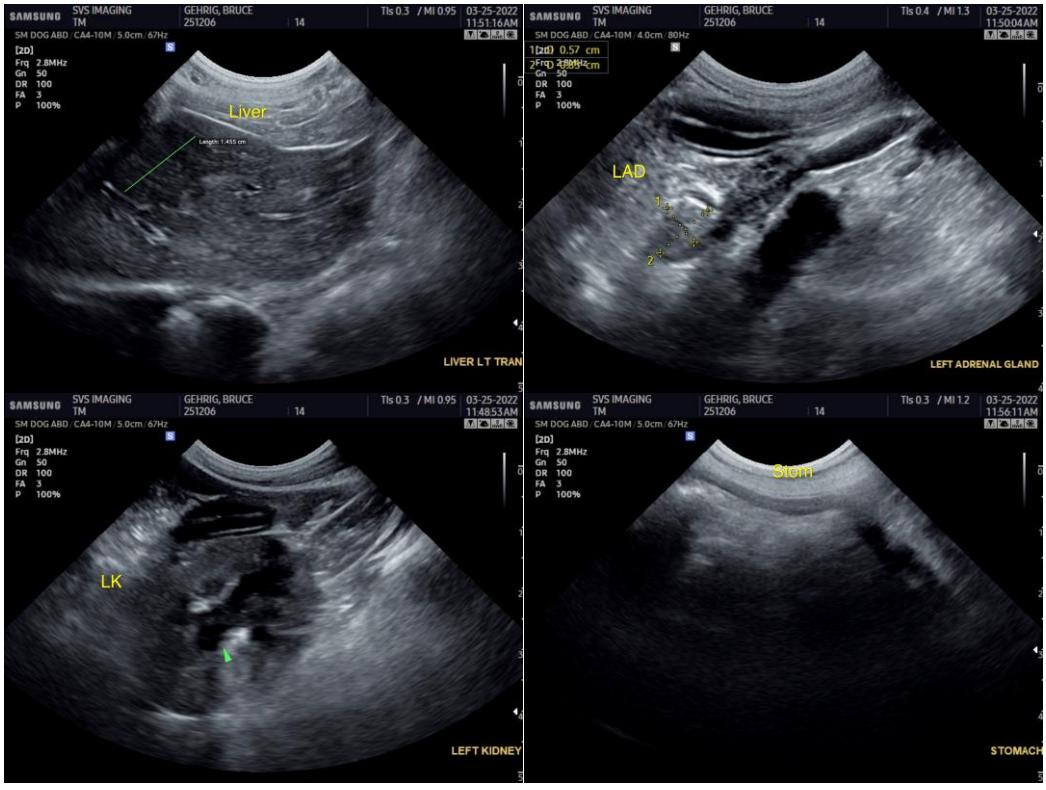
- Mild pancreatic parenchymal remodeling, potential for low-grade to chronic pancreatitis which may present sonographically normal cannot be excluded
- Subjective mild gastroenteritis pattern with mild retained gastric ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia In both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. The sonographic presentation of the bilateral kidneys is most consistent with chronic potentially progressive renal disease as opposed to acute kidney injury or insult.

Screening blood pressure is advised to assess for evidence of secondary hypertension owing to kidney disease or which may potentially allude to emerging left adrenal pheochromocytoma. Sonographic monitoring of the left adrenal nodule for evidence of progression would be ideal.

If persistent gastrointestinal signs are noted, consideration for more chronic inflammatory gastroenteropathy with potential for concurrent mild gastric hypomotility or low-grade to chronic pancreatitis may be Indicated. Empirically, hospitalization with IV fluid and gastrointestinal supportive protocol with an assessment of renal and clinical response would be reasonable.



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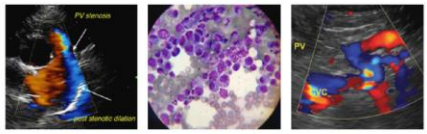

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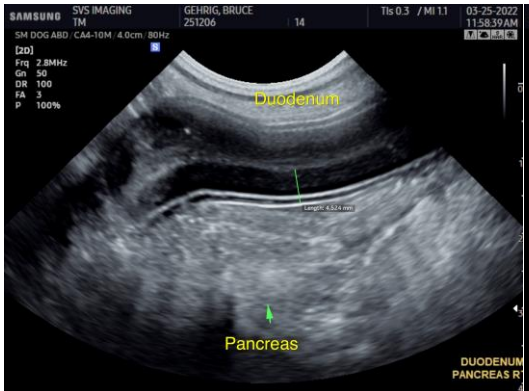

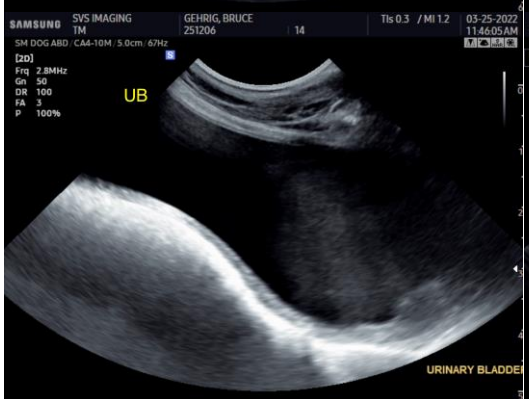

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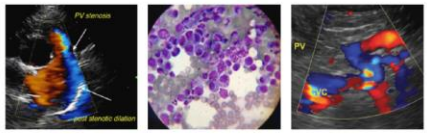

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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