



PATIENT PRESENTING CLINICAL SIGNS

Soco Conti VOMITING, DIARRHEA, LETHARGY, PROGRESSIVE HIND END WEAKNESS, PALE MM SQF, PEPCID, CERENIA, CARAFATE

SPECIES Nonregenerative anemia, elevated BUN, ALP 216

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Lab X The urinary bladder presented mildly prominent yet uniform apical urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical urinary bladder wall thickness measured 0.56 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. MN The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited overtly normal structure and tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

AGE 2010 The residual prostate was mildly prominent in size exhibiting nonhomogeneous parenchyma measuring approximately 3.0 cm x 2.0 cm.

WEIGHT No evidence of pathology in the area of the aortic trifurcation.

64 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. Multiple small cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.0 cm in length.

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Adrenal Glands

The left adrenal gland exhibited mid to caudal pole mildly expansive enlargement with nonhomogeneous to focally hyperechoic parenchyma and evidence of regional periadrenal inflammation. The left adrenal gland measured 3.7 cm length x 2.2 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 2.9 cm length x 0.71 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 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

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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size. The gallbladder walls were sonographically normal. The gallbladder contained primarily anechoic content with mild inspissated nonmineralized luminal debris. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive to strong distal acoustic shadowing. The gastric body wall width measured 0.35 cm.

BREED

Lab X

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 jejunum wall width measured 0.36 cm.

SEX

MN

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty.

AGE

2010

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 were evident.

WEIGHT

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- left adrenal mass with peripheral inflammation
- Bilateral chronic renal changes with multiple small cortical cysts
- Hepatic parenchymal remodeling - subjectively benign
- Mild inspissated gallbladder debris (non-mucocele)
- Mild gastroenterocolitis pattern with shadowing gastric ingesta - subjectively mild

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Secondary Findings

- Mildly prominent to heterogeneous residual prostate - nonspecific, suspect age-related / patient variant, no overt evidence of neoplastic criteria
- Possible mild cystitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

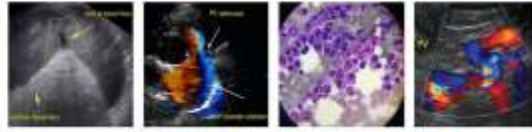
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Considerations for the left adrenal mass may include functional vs. nonfunctional adenomatous change, hyperplasia, while neoplasia such as pheochromocytoma, adenocarcinoma, or other is favored. Screening blood pressure is recommended. If evidence of hypertension or if clinical concern for pheochromocytoma, urine catecholamine levels could be considered. CT assessment of the left adrenal gland for further clarification and potential surgical planning. If surgical options are a



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possibility in this case is likely Ideal. Sonographic monitoring of the left adrenal gland, as well as the residual prostate for evidence of progressive changes, would be a more conservative approach.

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The presence of gastric ingesta may Indicate recent meal ingestion. However, given the patient's history of vomiting, some degree of gastric stasis may be present. The possibility of possible foreign material within the stomach cannot technically be excluded. Monitoring for evidence of gastric emptying and correlation with most recent meal ingestion is suggested. Supportive therapy for mild gastroenteritis would be reasonable.

BREED

Lab X

SEX

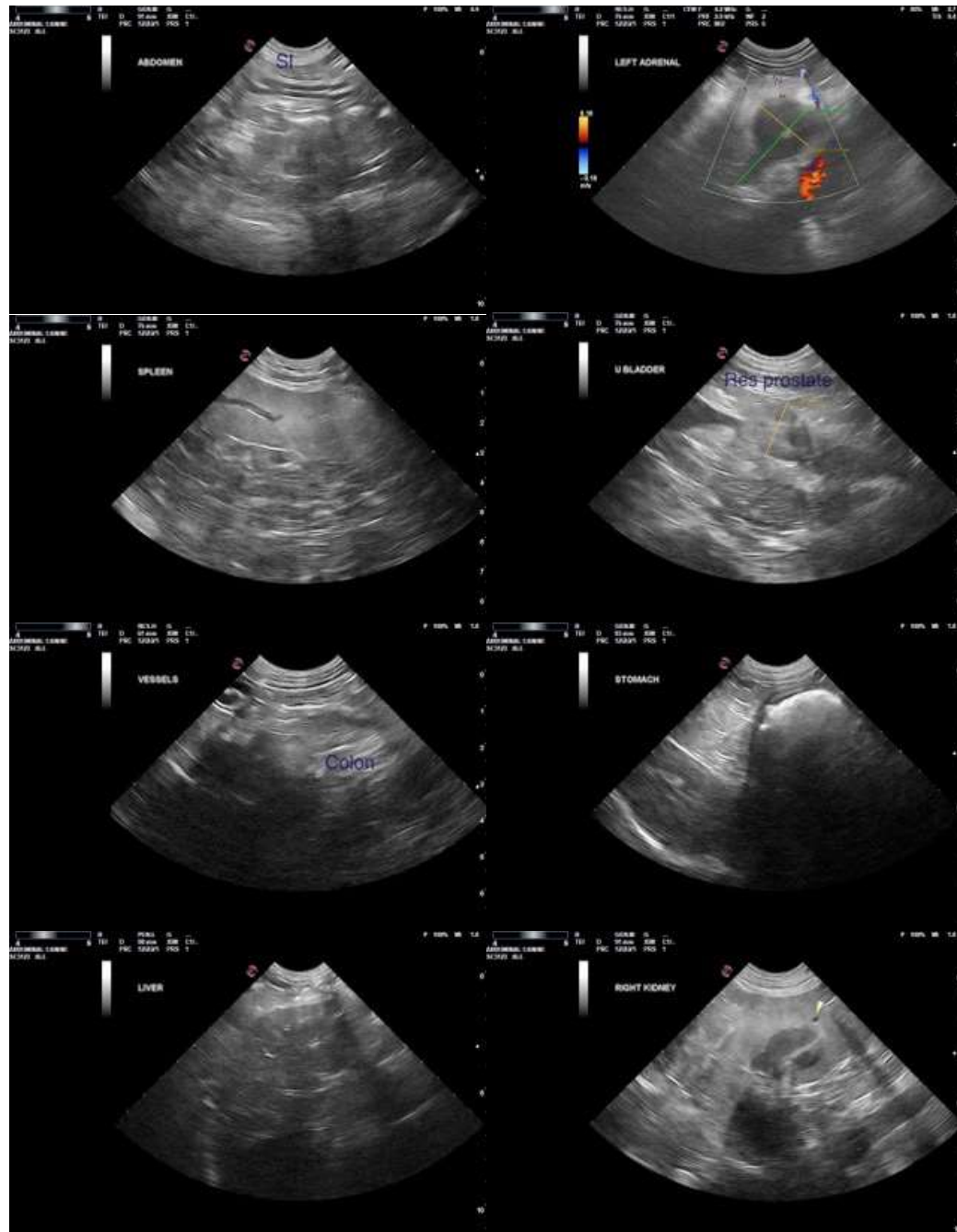
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AGE

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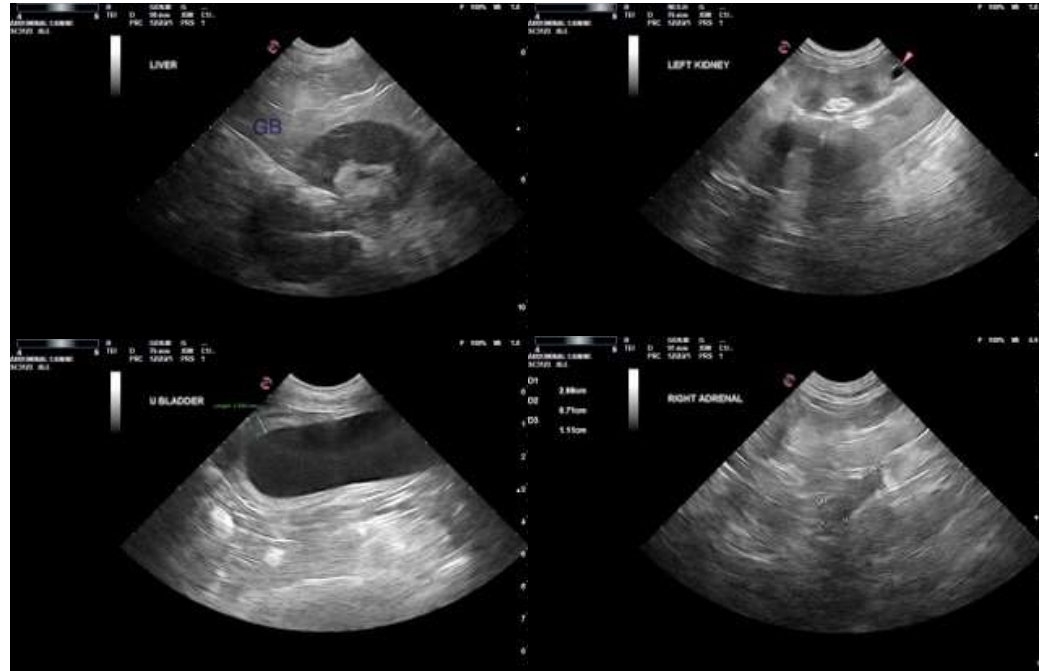
Lab X

SEX

MN

AGE

2010



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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.

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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.

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