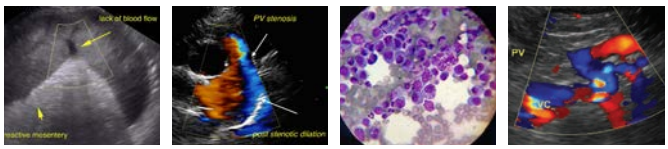
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sal Bedford

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered Male

AGE
12 Years 2 Months

WEIGHT
13.1 Pounds

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC Vet Hospital

REFERRING VET
Dr. Duke

INVOICE
35927

DATE
2/27/22

PRESENTING CLINICAL SIGNS

Rechecking: Follow up to perform recc diagnostics and recheck ear infection History: 12y 2m old MN Chihuahua presents for diagnostics as recc by Dr White (AUS, bloodwork).
Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR, nervous EENT: No nasal discharge; clear no discharge OU, small 3mm raised upper eyelid growth present OD; clean no exudate AU; Oral Cavity: grade 2 dental tartar present on canines and mandibular teeth, missing majority of maxillary teeth Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Thinning hair coat along dorsum, no signs of ectoparasites. No lesions noted. Prominent salivary glands. CV/Respiratory: Suspected Grade II/VI left systolic murmur (Difficult due to tremoring), no arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, suspected hepatomegaly, pendulous abdomen Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. Adequate musculature. BCS 5/9 Neurological: Appropriate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. A small, dependent calculus was noted measuring approximately 0.5 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present. The left kidney measured 5.0 cm. The right kidney measured 5.5 cm.

Adrenal Glands

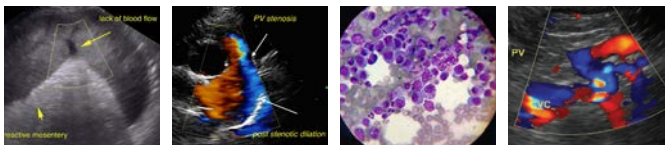
The left adrenal gland was indistinctly visualized, yet subjectively normal in size, position and shape, exhibiting subtle non-homogeneous, non-mineralized parenchyma measuring 0.56 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland was enlarged in size with intact yet mildly asymmetrical capsule contour exhibiting homogeneous parenchyma without evidence of parenchymal mineralization. The right adrenal gland measured 3.0 cm x 2.2 cm.

Spleen

The spleen revealed an expansive, non-homogeneous, pinpoint hyperechoic nodule in the caudomedial spleen measuring 2.0 cm in diameter.

Liver

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. A solitary, non-specific, hypoechoic intraparenchymal nodule was present in the deep mid to right liver, measuring 1.9 cm in diameter. 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 with moderate non-dependent yet non-organized,



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non-mineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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 pancreas was normal in size and contour with heterogeneous to non-uniformly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder calculus
- Expansive non-specific splenic nodule – hyperplasia, hematopoiesis, granuloma, hematoma, primary versus metastatic neoplasia possible.
- Hepatomegaly exhibiting focal non-specific parenchymal nodule – Vacuolar hepatopathy, inflammatory/immune mediated disease, focal hematopoiesis, nodular to regenerative hyperplasia, nodular to generalized neoplasia cannot be excluded.
- Moderate gallbladder debris (non-mucocele)
- Right adrenomegaly – hyperplasia, functional/non-functional adenoma, neoplasia such as pheochromocytoma, adenocarcinoma, cortisol-secreting tumor, or other possible.
- Remodeled to non-uniformly echogenic pancreas – patient/age related variant, remodeling owing to previous inflammation, chronic pancreatitis possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup (if not done) including urine culture and sensitivity is recommended. Full adrenal workup recommended if clinical signs consistent with hyperadrenocorticism are present. Screening blood pressure advised to assess for evidence of hypertension. If elevated liver enzymes, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Pending additional diagnostics, sonographic monitoring of the hepatosplenic nodules and right adrenal gland for evidence of progression with initial recheck in 4 weeks would be reasonable. Abdominal CT for further assessment of the right adrenal gland, liver nodules and splenic nodule with potential for splenectomy, right adrenalectomy and liver biopsy would be a more aggressive approach.

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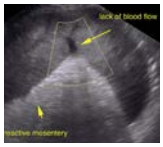
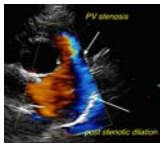
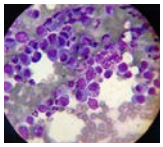
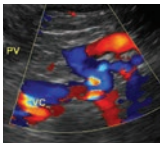

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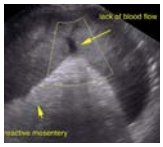
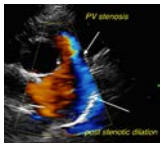
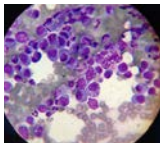
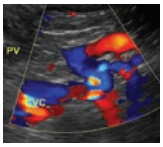

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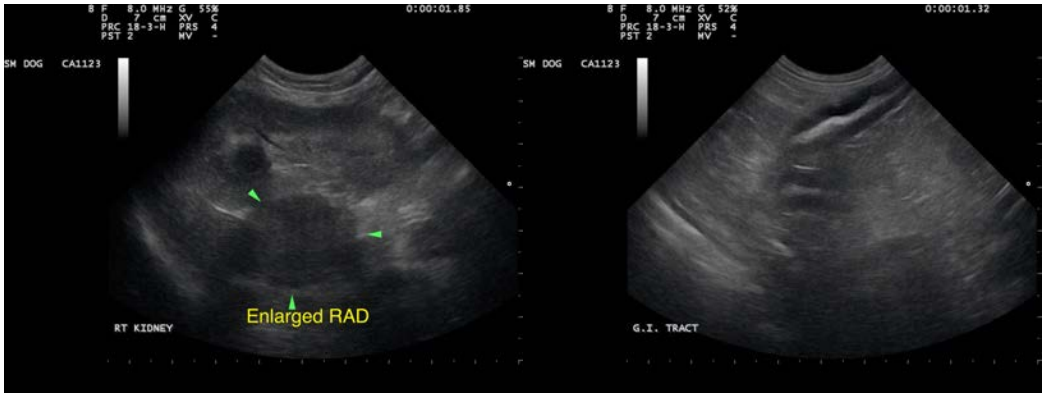

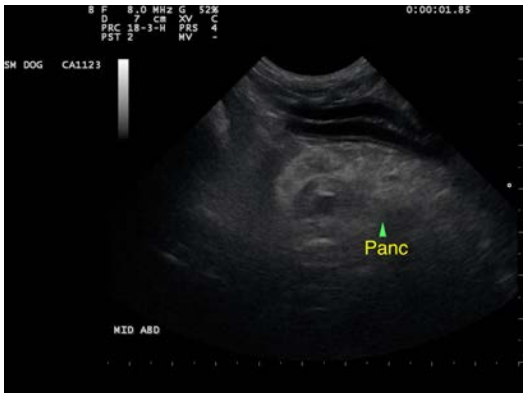

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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