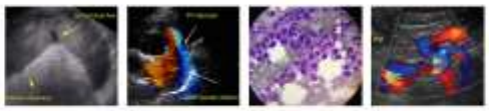
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Bruno Gerhardt

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

MN

AGE

11 years

WEIGHT

44.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Katherine Pietsch, DVM

INVOICE

13152

DATE

2/3/22

PRESENTING CLINICAL SIGNS

Possible pulmonary mass nodule noted incidentally on chest radiographs prior to a dental since there is a grade I/VI systolic murmur. Presented in December with severe URI and pneumonia. The pulmonary nodule is large in size - no other nodules noted. Full recovery from the pneumonia. AUS to look for evidence of neoplasia in abdomen. Sedated with trazadone/torbugisic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 visualized medial iliac lymph nodes adjacent to the iliac trifurcation were sonographically unremarkable. An example measured 0.38 cm diameter.

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. Scant pyelectasia was present in the right kidney. The left kidney measured 6.8 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

A non-expansive, mildly nonhomogeneously echogenic yet nonmineralized nodule was present in the caudal pole of the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.41 cm in diameter. The overall left adrenal gland measured 0.57 cm width at the cranial pole and 0.74 cm width at the caudal pole.

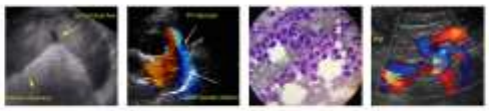
The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.87 cm width in the cranial pole and 0.63 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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



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without signs of congestion. The gallbladder was non-distended in size with thin walls and 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 echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.32 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum wall width measured 0.43 cm. The jejunum wall width measured 0.38 cm.

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 were evident.

Free Abdomen

No evidence of omental lymphadenopathy, omental masses, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related kidneys with scant right kidney pyelectasia
- Nonspecific left adrenal nodule - suspect adenoma
- Minor hepatic parenchymal remodeling - subjectively benign
- Gastric ingesta with mild duodenal chyme - probable recent meal ingestion
- Normal splenic size with mild parenchyma heterogeneity - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology or evidence of primary intrabdominal neoplasia.

Sonographic monitoring of the left adrenal nodule for evidence of progression is recommended.

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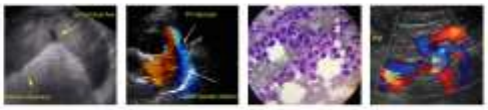

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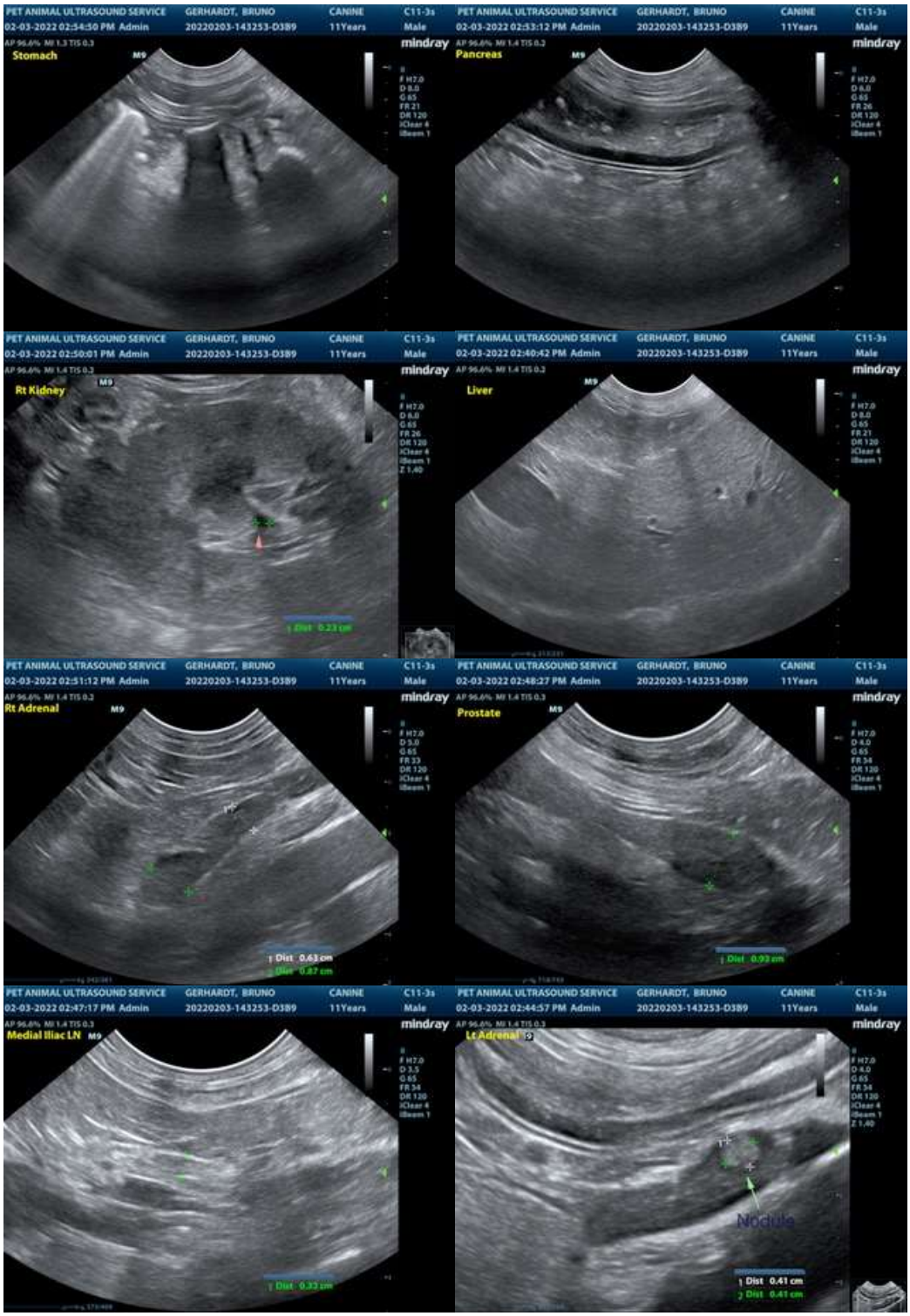

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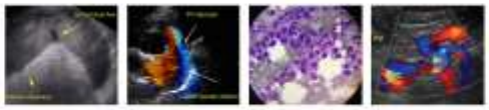

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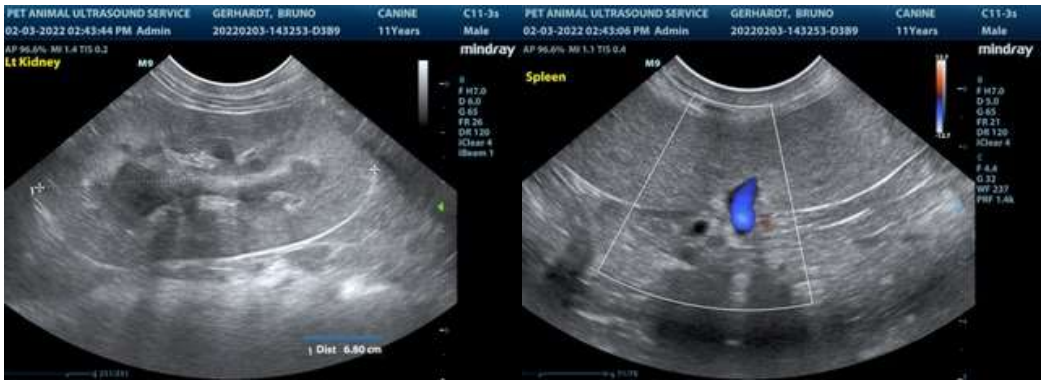

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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