

PATIENT

Rex Agresta

PRESENTING CLINICAL SIGNS

Waxing and waning diarrhea past few months, painful abdomen when examined. Bloods pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

BREED

Weimeraner

The residual prostate was normal in size and contour primarily uniform parenchyma with focal indistinct mildly hyperechoic nodule with evidence of focal mineralization. The nodule measured approximately 0.5 cm in diameter. The residual prostate measured 1.4 cm in width.

SEX

MN

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

AGE

7 Years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.2 cm in length. The right kidney measured 8.9 cm in length.

WEIGHT

89.4 lbs

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen presented normal in size and contour with a primarily finely textured and homogenous parenchyma. Multiple well demarcated subtly expansive uniform hypoechoic parenchymal nodules were present. An example of a splenic nodule measured 1.2 cm diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Kelly Vazquez

Liver / Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance 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.

HOSPITAL NAME

Englewood Vet Center

REFERRING VET

Dr. Ezik

Gastrointestinal

The visible gastric walls were sonographically normal. The stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing and without overt evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.43 cm width.

INVOICE

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The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent mucosa and intermittent mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.48 cm.

DATE

2-4-22



PATIENT

The colon exhibited intact yet subjective mild prominent wall layering with semi-formed to soft feces present in the colon lumen. The colon wall measured 0.42 cm width.

Rex Agresta

Pancreas

SPECIES

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.

Canine

Free Abdomen

BREED

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.71 cm diameter.

Weimeraner

SEX

No overt peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

- Nonspecific hyperechoic residual prostatic nodule exhibiting evidence of minor mineralization.
- Gastric ingesta.
- Enterocolitis pattern.
- Associated mild to intermittent subjectively benign mesenteric lymph nodes.
- Nonspecific splenic nodules.

7 Years

WEIGHT

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INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The prostatic nodule is nonspecific. This nodule could potentially be a focal area of chronic fibrosis if the patient was neutered later in life or if previous history of prostatitis. Sonographic monitoring of this nodule for evidence of progression or additional areas of progressive prostatic mineralization recommended with initial recheck in 3-4 months.

IMAGING PERFORMED BY

Kelly Vazquez

Potential etiologies for the splenic nodules may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodules for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

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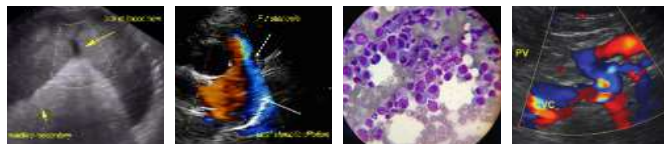
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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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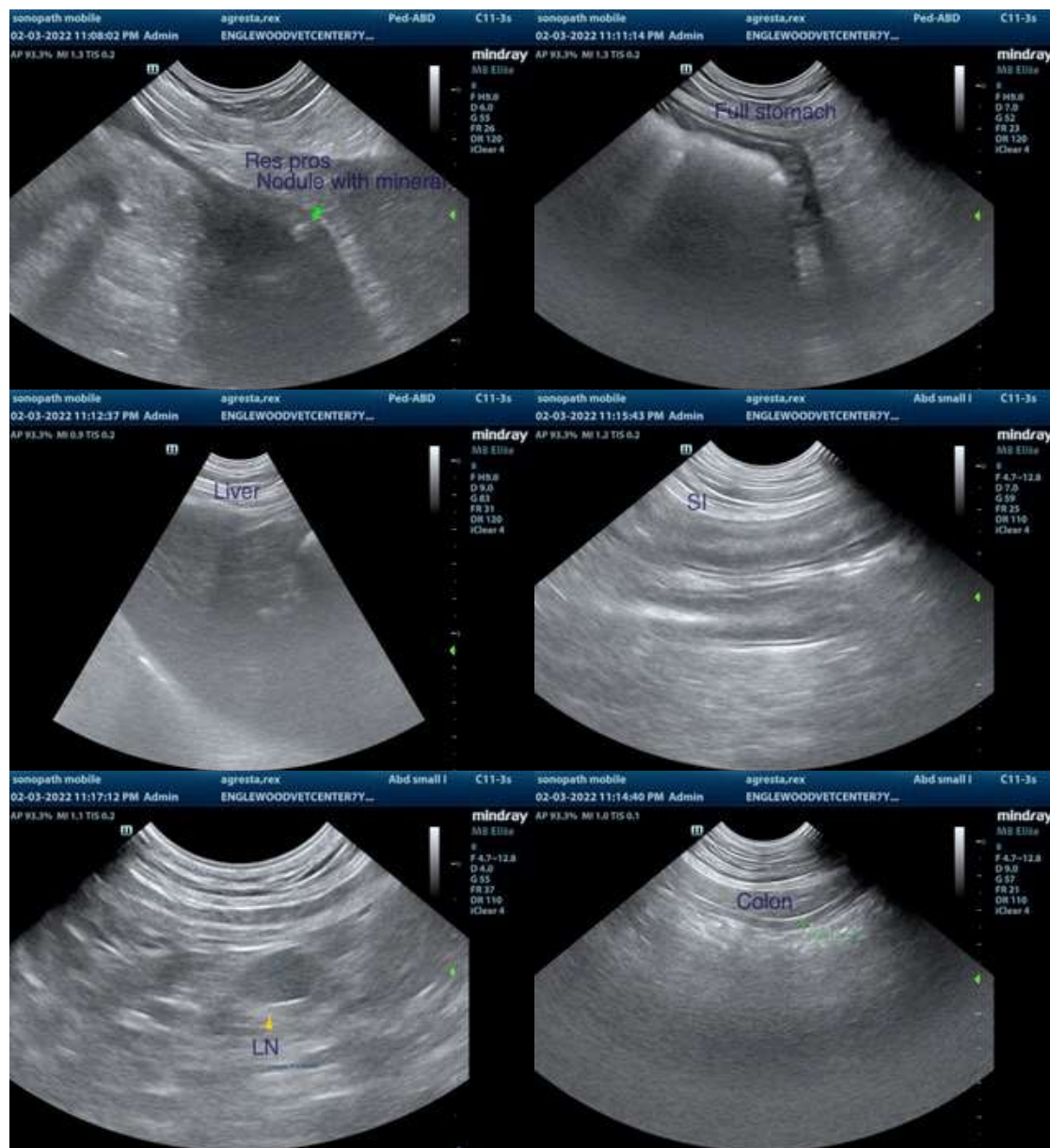
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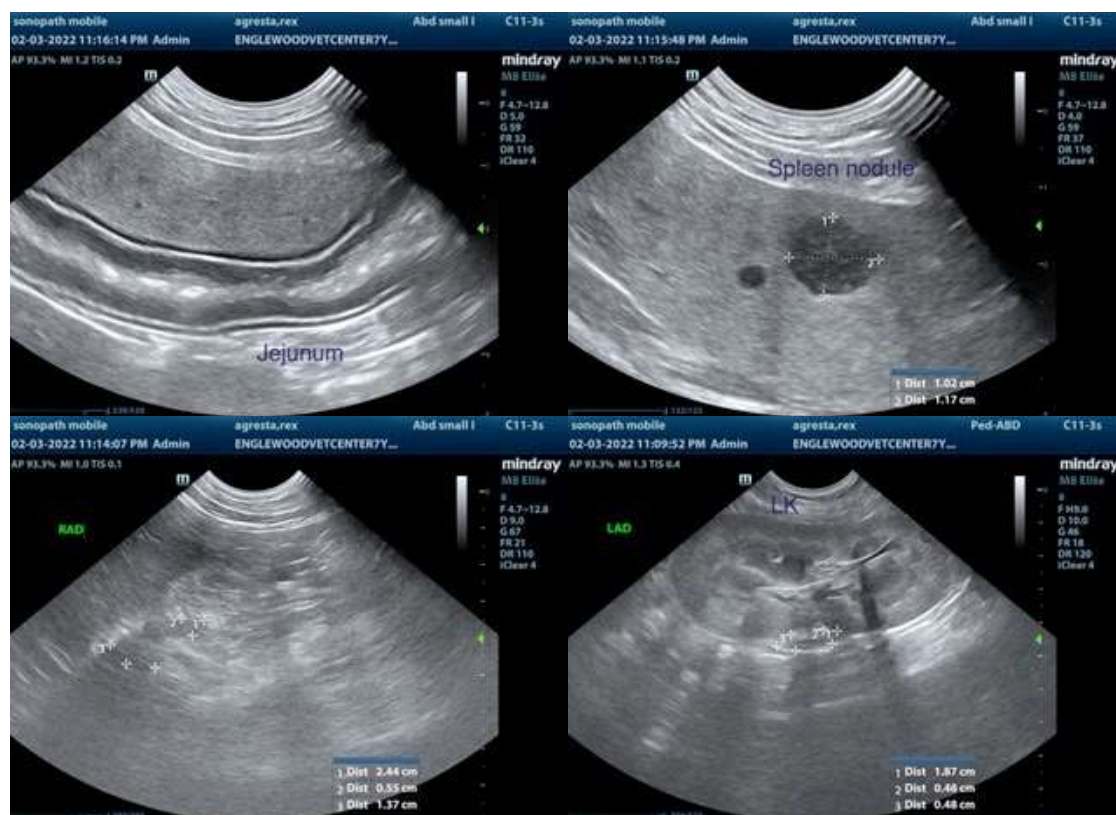
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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