

PATIENT PRESENTING CLINICAL SIGNS

Bailey Tury History: Lethargic, not eating well, elevated Ca, renal values
 Medication: Pepcid, Cerenia, SQF

SPECIES WBC 4.9, platelets 104, HCT 51.1, BUN 83, Crea 5.3, Phos 6.3, Calcium 14.1, Sodium/Potassium ratio 40, snasp cPL normal.
 Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Akita Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.

SEX

Neutered Male

The area of the residual prostate was free of pathology.

AGE

4 years

The area of the aortic trifurcation was free of pathology without evidence of sublumbar medial iliac lymphadenopathy.

Normal size and margination were present in the kidneys. Both kidneys exhibited mild uniformly hyperechoic cortical hypertrophy. No evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. The right kidney measured 6.9 cm. The left kidney measured 7.3 cm.

WEIGHT

73 Pounds

INTERPRETED BY

Adrenal Glands

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

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm at the caudal pole. The right adrenal gland measured 0.69 cm at the caudal pole.

IMAGING PERFORMED BY

Spleen

Rebekah Jakum, CVT
 ARDMS/RVT

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity with indistinct to discrete areas of hypoechoic parenchymal echogenicity to subtle hypoechoic nodules.

HOSPITAL NAME

Liver

Maple Hills VH

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.

REFERRING VET

Dr. Banzhof

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. Gastric body wall measured 0.42 cm.

INVOICE

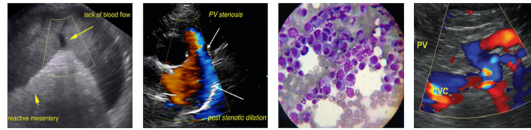
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.40 cm.

DATE

2.9.2022

Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT *Pancreas*

Bailey Tury 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.

SPECIES *Free Abdomen*

Canine A solitary enlarged mid abdominal mesenteric lymph node was present measuring 2.5 cm x 1.0 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

BREED

Akita Mix No effusion.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Mild to moderate chronic renal changes exhibiting non-specific medullary rim sign
- Non-homogeneous to discretely nodular spleen – lymphoid hyperplasia, hematopoiesis, incidental splenitis, potential neoplasia possible.
- Sonographically unremarkable gastrointestinal tract
- Focal non-specific, mildly enlarged mid abdominal mesenteric lymph node – not overtly consistent with neoplastic criteria at this time, lymphoid hyperplasia or minor reactive lymphadenitis suspected.

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WEIGHT

73 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rectal palpation, 3-view chest radiographs to assess for thoracic pathology as well as hypercalcemia panel for further assessment of the hypercalcemia (ionized calcium levels, PTH levels, PTHrP).

INTERPRETED BY

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Assuming normal clotting status, ultrasound guided FNA of the spleen using 25-gauge needle could be considered for screening cytology, primarily to see if benign changes are present and rule out potential for neoplasia, given the elevated calcium levels.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Sonographic monitoring of the spleen as well as the focal, mildly enlarged mesenteric lymph node for evidence of progression recommended.

HOSPITAL NAME

Maple Hills VH

Continued as needed gastrointestinal support suggested.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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Dr. Banzhof

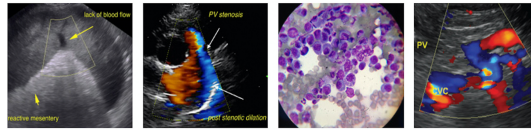
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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HOSPITAL NAME

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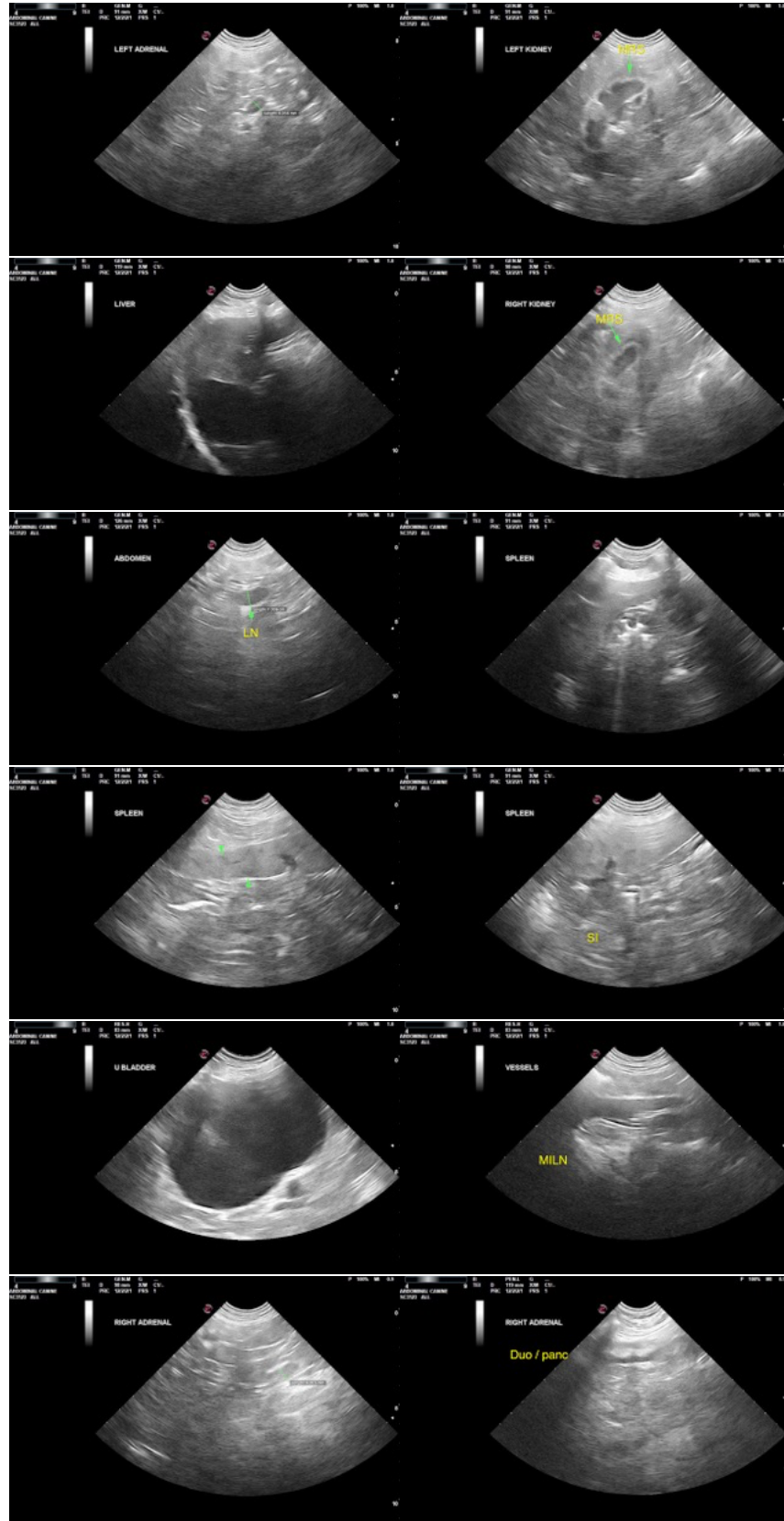
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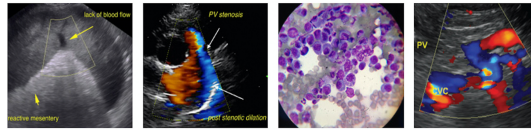
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PATIENT

Bailey Tury

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.

SPECIES

Canine

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

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