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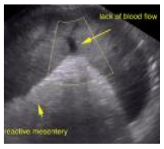
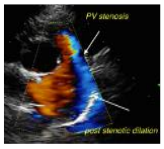
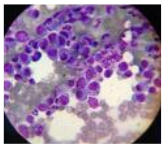
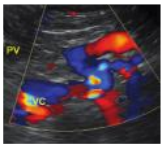
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Riley King

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

13

WEIGHT

36

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

21357

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: anorexia for one week, vomited once had been on cefpodoxime and lost his appetite (due to pyoderma)\ Has a grade 3/6 systolic murmur, no heart meds, has not had an echo
Abnormal PE/Chem/CBC/UA Results: alp mild increase pending cPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the residual prostate appeared normal and free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.47 cm width at the caudal pole. A subtle to mildly expansive nonhomogenous mildly hyperechoic nodule was present in the cranial pole of the left adrenal gland with no evidence of mineralization, capsular escape or vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The left adrenal nodule measured 0.87 cm x 0.47 cm.

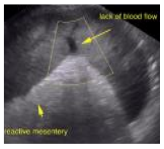
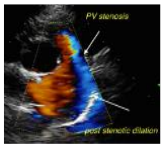
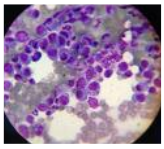
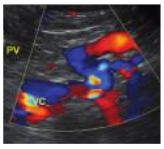
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.7 cm width at the caudal pole. A subtle to mildly expansive nonhomogenous mildly hyperechoic nodule was present in the cranial pole of the right adrenal gland with no evidence of mineralization, capsular escape or vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The right adrenal nodule measured 1.2 cm x 1.0 cm.

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

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. The capsule of the liver was symmetrically rounded to mildly swollen in

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal in size with anechoic content, without evidence of overt inflammatory criteria. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact generalized prominent wall layering owing to generalized propensity for prominent mucosa. Duodenojejunal hyperechoic mucosal speckling to mildly hyperechoic segmental jejunal mucosal fogging was noted. Thickened ileum walls were noted, extending into the level of the ileocolic junction, exhibiting subjective intact yet indistinct wall layer detail. The duodenum wall measured 0.56 cm. The jejunum wall measured 0.40 cm. The ileal wall measured up to 0.82 cm.

The colon exhibited sonographically normal wall layering and non-formed fecal matter was present in the proximal colon.

Pancreas

The pancreas base and right pancreatic limb were normal in size and contour with heterogeneous mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

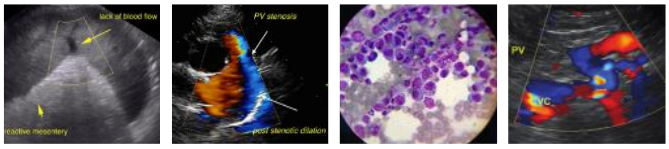
No overt lymphadenopathy or evidence of peritoneal free fluid was present. Subtle hyperechoic omentum was noted, primarily around the ileum.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Bilateral mild nodular adrenal glands- suspect adenomas
- Benign hepatopathy- sonographically suggestive of vacuolar hepatic changes
- Heterogenous, mildly echogenic pancreas- patient/age-related variant, remodeling owing to previous. Inflammation, mild chronic pancreatitis are all potentials
- Enteropathy, exhibiting duodenojejunal mucosal speckling/fogging- inflammatory bowel, emerging PLE, potential infiltrative neoplasia are possible
- Moderate ileitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of cobalamin and folate levels with correlation with pending CPL, given the evidence of distal small intestinal disease, is suggested, especially if evidence of weight loss. Intestinal biopsies are required for definitive diagnosis. Empirically, as needed gastrointestinal support and therapy for inflammatory enteropathy and possible mild chronic pancreatitis with monitoring of clinical response in albumin levels going forward would be reasonable. Technically, the possibility of emerging left, right



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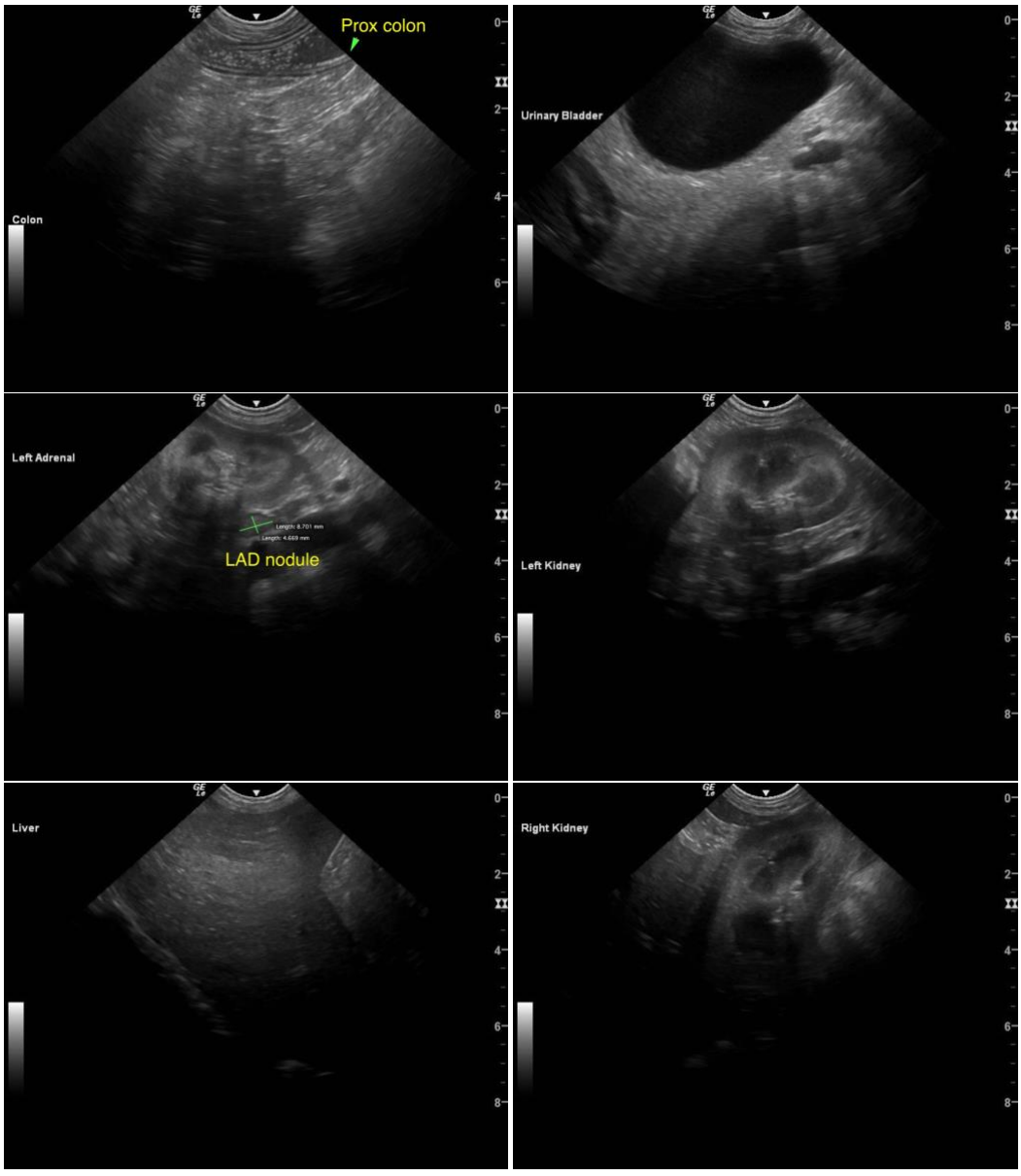
or bilateral neoplasia, i.e., pheochromocytoma, cannot be excluded. Assessment of systemic BP for evidence of hypertension is recommended. Sonographic monitoring of the bilateral adrenal glands, as well as the gastrointestinal tract for evidence of progressive pathology is likely ideal.



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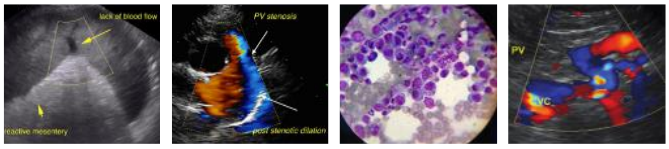

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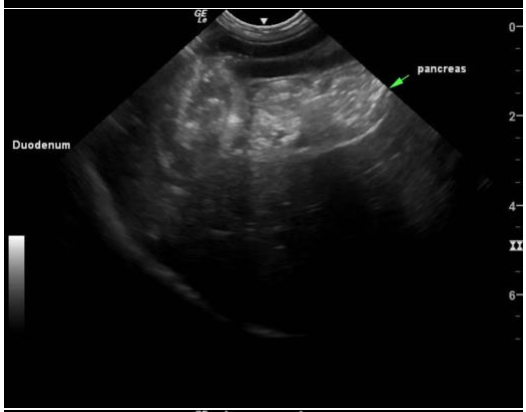

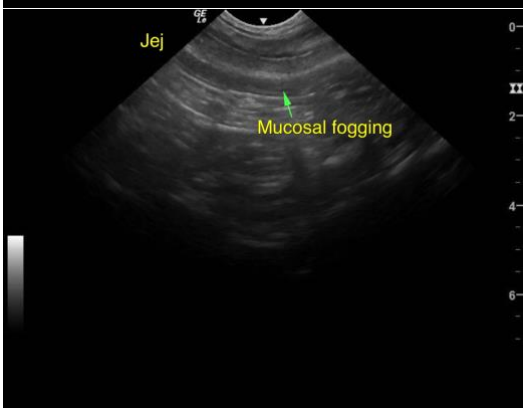

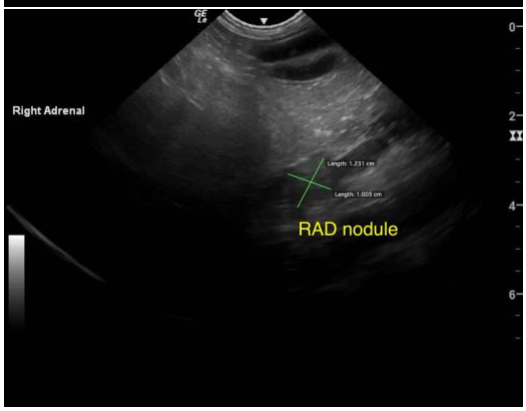

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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