**PATIENT**

Rocco McDonald

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

9 Years

WEIGHT

15.2 Pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

36153

DATE

3/14/22

PRESENTING CLINICAL SIGNS

History of diabetes diagnosed Oct 2021. Friday night no interest in dinner, ate very little. Eating very little Sat/Sun as well. Owner has been giving half dose Vetsulin (3units BID). More lethargic, coughing more. No vomiting. PU/PD. Weight loss. History of heart disease currently on pimobendan, lasix, and enalapril. Currently on Entyce daily and eats Glycobalance.

Abnormal PE/Chem/CBC/UA Results: See attached BW from 3/8/22. Mild discomfort on abdominal palpation today. Unremarkable CBC. ALP 220, ALT 49, GGT and total bilirubin not read. Amylase 369, Lipase 122.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.9 cm in width.

Normal size and margination were 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 5.1 cm. The right kidney measured 5.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of hyperplasia or tumors. The left adrenal gland measured 0.50 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 0.73 cm at the cranial pole and 0.71 cm at the caudal pole.

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

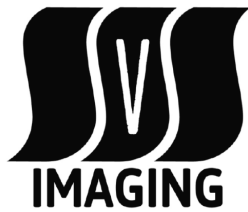
The liver exhibited generalized enlargement with mildly non-uniform increased hepatic parenchyma echogenicity. A non-expansive, indistinct to mildly non-homogeneous macro nodule was present in the left liver measuring 4-5 cm in diameter. Intermittent concurrent uniformly hyperechoic nodules were noted in the mid liver. The gallbladder was non distended in size with mild, non-dependent yet non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation. 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 luminal gas. No signs of ileus, obstruction or foreign material. Gastric body wall measured 0.33 cm.

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The small intestine presented intact wall layering with subjective propensity for generalized mild prominent mucosal layer. Minor upper to mid duodenal ileus was present. Duodenum wall measured 0.40 cm.

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Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

Pancreas

The pancreas base and proximal right pancreatic limb exhibited subtle prominent size with symmetrical contour and mild hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum. Concurrent mildly hyperechoic parenchyma noted in the right pancreas with maintained normal capsule contour.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic to chronic active pancreatitis pattern
- Probable mild gastroduodenitis
- Hepatomegaly exhibiting generalized mild increased parenchyma echogenicity, indistinct to mildly non-homogeneous macro nodule in left liver with intermittent non-expansive hyperechoic mid intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect areas of chronic active pancreatitis, which may correlate with mild abdominal discomfort or pain on palpation in area of subxiphoid/cranial abdomen. Concurrent mild upper gastrointestinal inflammation is likely, although this finding is non-specific given lack of reported vomiting. Correlation with a spec cPL or ideally GI panel to include cobalamin and folate levels to rule out occult pathology, which may be contributing factors to the patient's weight loss.

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Amy Mayhew, LVT

Urine culture and sensitivity on sterile urine sample recommended assuming evidence of glucosuria. Although non-specific, the liver is suggestive of reactive/vacuolar/metabolic hepatopathy (diabetic hepatopathy) with suspected areas of nodular hyperplasia, hematopoiesis, potential fibrosis, with neoplasia considered a less likely differential diagnosis.

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Assuming normal clotting status, ultrasound guided FNA in the area of the indistinct to non-homogeneous macro nodule could be considered for screening cytology. Sonographic monitoring of the liver would be a more conservative approach. Empirically, medical therapy for chronic to chronic active pancreatitis with as-needed gastrointestinal support would be reasonable.

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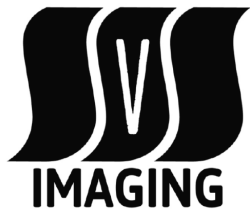
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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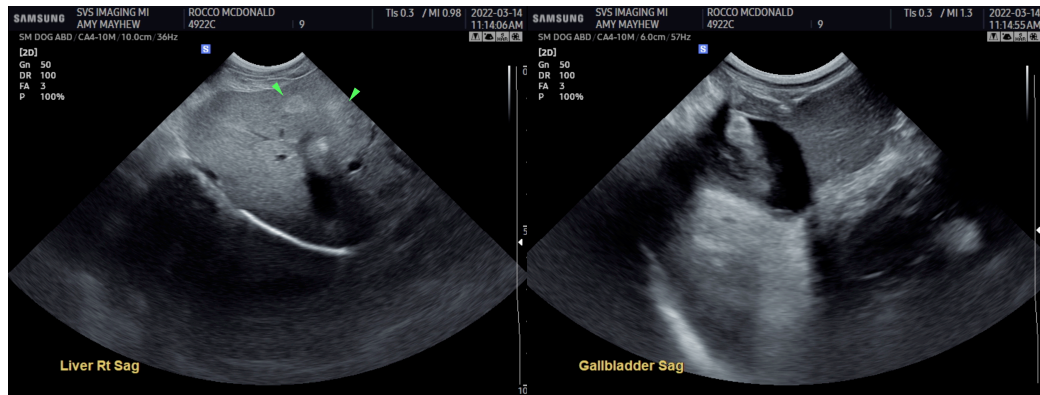
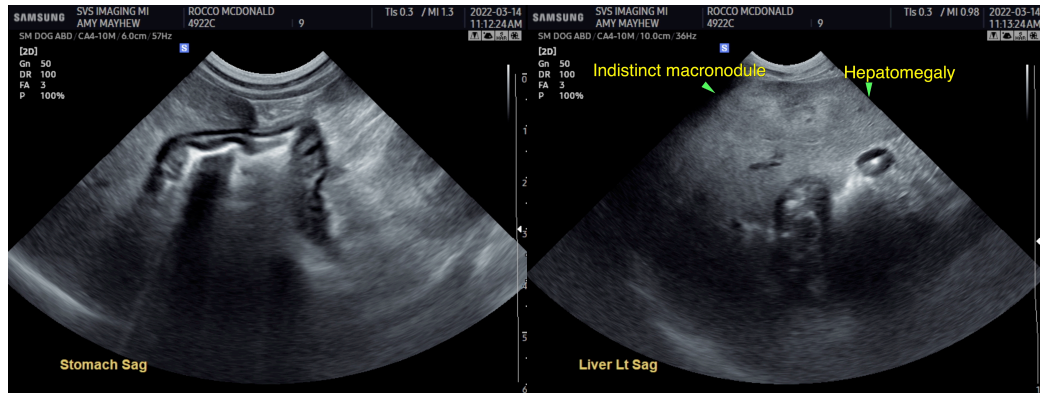
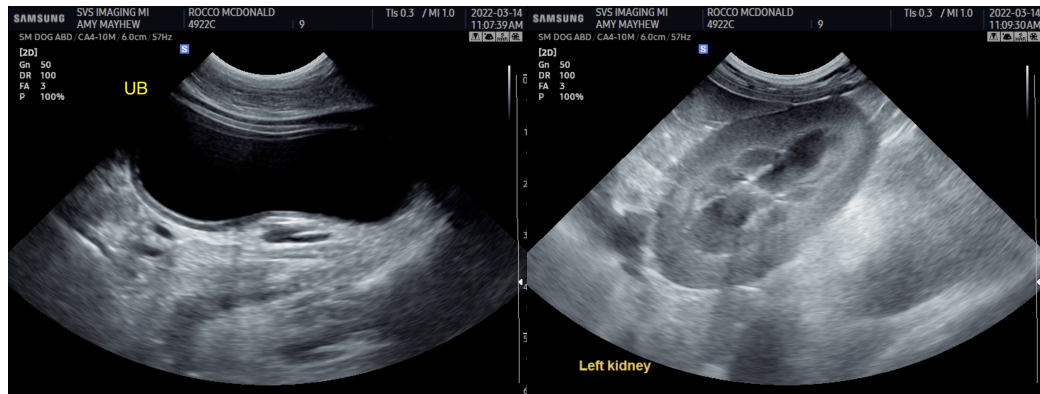
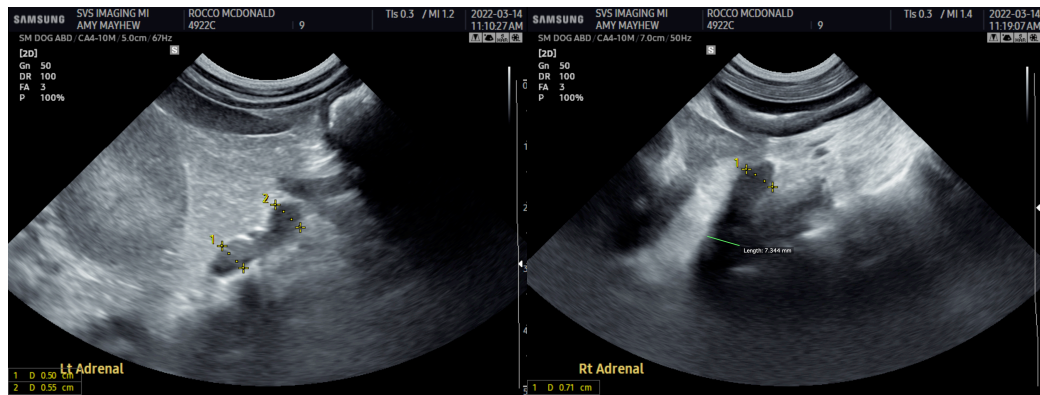
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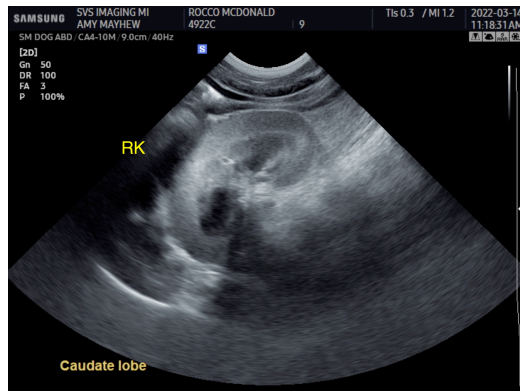
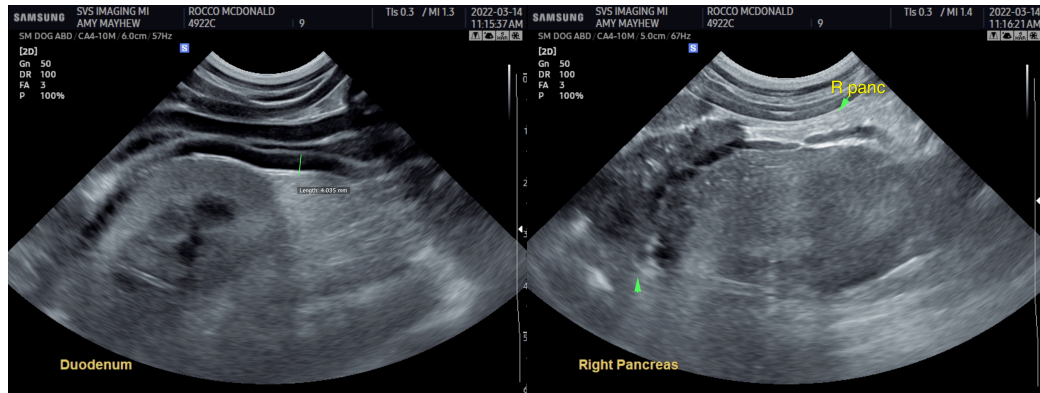
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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