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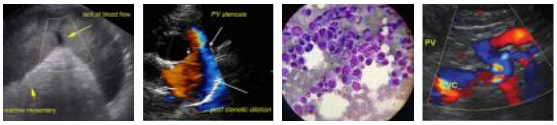


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Gretzky Kern

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

8 years

WEIGHT

33.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Banfield of South Eugene

REFERRING VET

Dr. Wright

INVOICE

14335

DATE

3/16/22

PRESENTING CLINICAL SIGNS

no clinical signs per O WT: 33.60 lbs / 15.24 kgs BCS: 5/9 BAR, PR - wnl; CRT < 2 sec/pink, moist MM. COAT/INTEG: no lesions nor ectoparasites appreciated. 1cm semi soft movable SQ swelling on left caudal scapular region. 1.3cm soft movable SQ swelling cranial and to the right of prepuce 8mm pink round raised cyst like swelling on haired pinna near base of AS EYES/EARS: OU WNL. AU clear. N/T: No nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: healthy dentition. mild tartar HEART/LUNGS: no murmurs nor arrhythmias, synchronous pulses, Lungs clear, No coughing. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: soft nonpainful abdomen on palpation. external genitalia is normal in appearance. M/S: no lameness nor abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, nor spinal pain. Current Medications glandex nightly Abnormal PE/Chem/CBC/UA Results: chronic progressively elevated ALKP - most recently 466 U/L (23-212) HIGH. bile acids in oct 2021 were mildly elevated - pre sample 18.5 (0-14.9), post-sample 24 (0-29.9).

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 was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

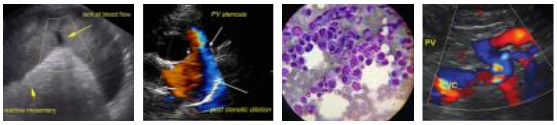
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The overall left adrenal gland measured 1.9 cm in length x 0.61 cm width at the caudal pole. A uniform, mildly hyperechoic non-shadowing nodule was present in the caudal of the left adrenal gland, non-expansive. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.68 cm x 0.57 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm in length x 0.72 cm width at the caudal pole.

Spleen



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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/ Gallbladder

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

The gallbladder was non distended in size with mild primarily dependent hyperechoic yet non-shadowing gallbladder debris. The gallbladder walls were otherwise normal without evidence of inflammatory criteria, as well as no evidence of 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. Mild non-shadowing ingesta/chyme was present in the stomach.

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.

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

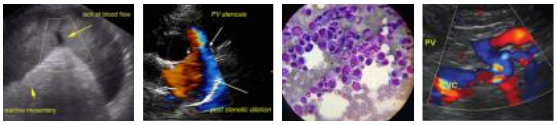
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small left adrenal nodule- suspect adenoma
- Vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver is consistent with benign hepatopathy and suggestive of idiopathic vacuolar hepatopathy. Potential for inflammatory hepatic parenchymal or hepatobiliary process is considered a less likely differential diagnosis, given the presence of gallbladder debris, which may also suggest some degree of nonclinical cholestasis. No evidence of neoplastic criteria noted.



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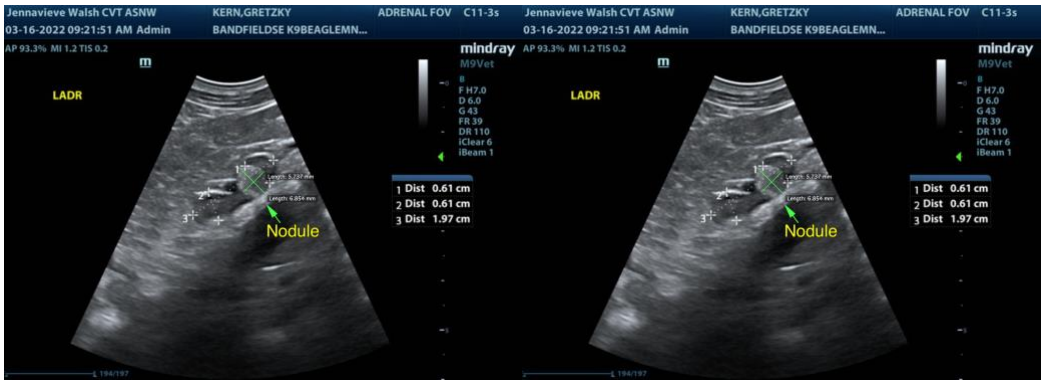
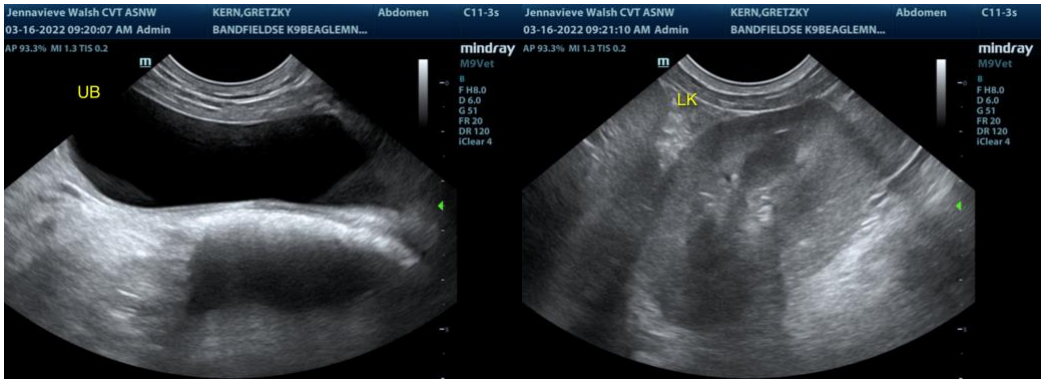
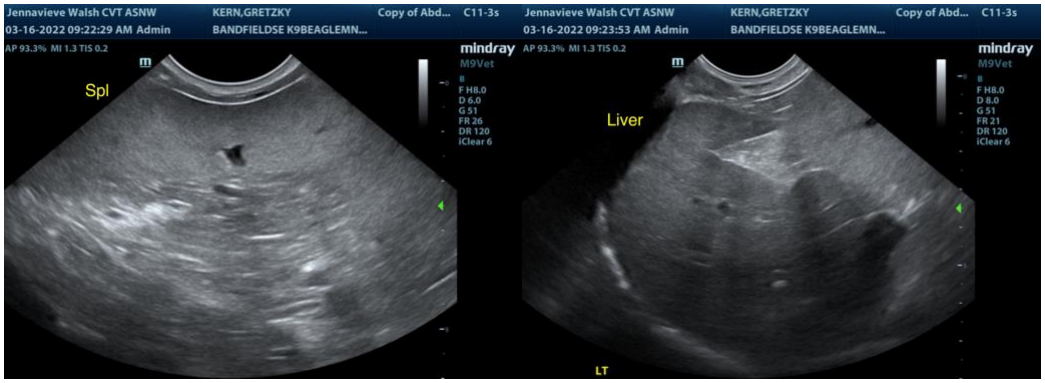
Hepatosupportive medications, including Denamarin and ursodiol, may prove beneficial. Hepatofunctionality is assumed to be normal, if normal BUN, cholesterol, albumin and glucose levels. Serial monitoring of hepatic enzymes for evidence of improvement or progression with potential for hepatic sampling maybe considered going forward.

The left adrenal nodule is suggestive of an adenoma and likely incidental, however, the possibility of emerging pathology, such as neoplasia (i.e., pheochromocytoma or adenocarcinoma) cannot be excluded. Screening blood pressure recommended to assess for evidence of hypertension. Ideally, sonographic reassessment of the left adrenal nodule in 4-6 weeks, to assess for evidence of progression is recommended.







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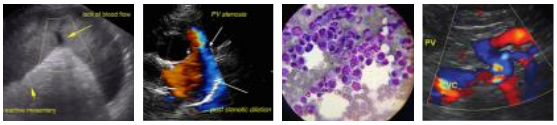

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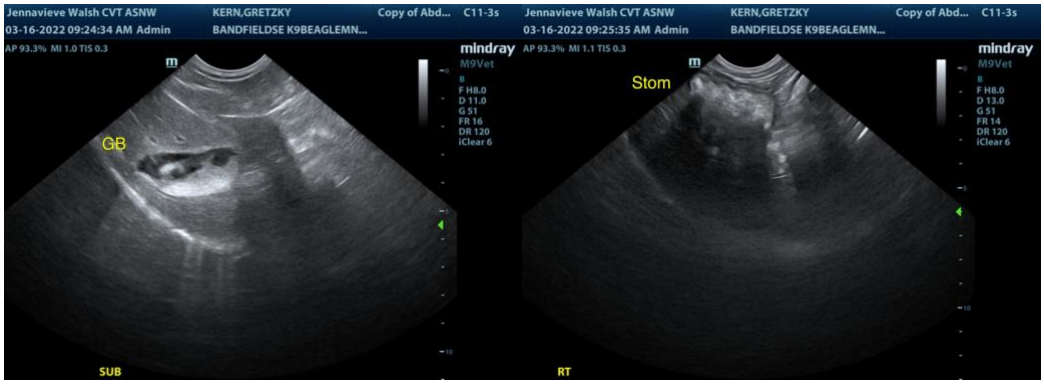

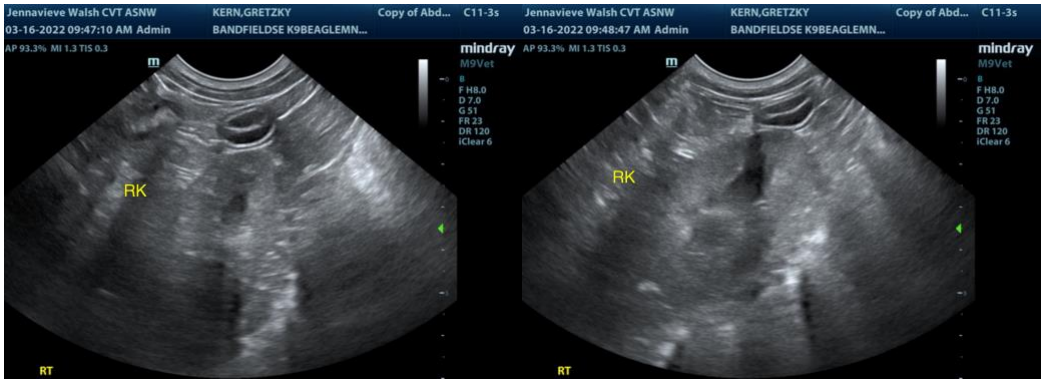

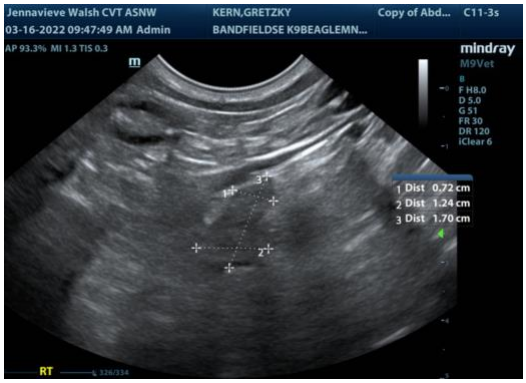

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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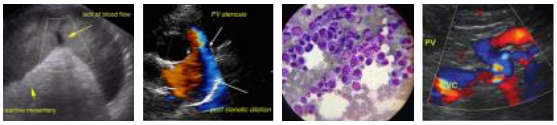

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