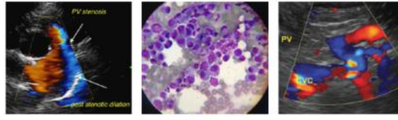


PATIENT

Penny Brimeyer

SPECIES

Canine

BREED

Cocker Spaniel

SEX

SF

AGE

14 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olson

INVOICE

13546

DATE

3/24/22

PRESENTING CLINICAL SIGNS

on & off diarrhea, persistent elevated triglycerides and Spec cPL. Medications: Ketorolac sol 0.5%, Tacrolimus sol 0.03%, Apoquel 16mg 1/4 tab SID, cerenia 24mg 1 tab 3 times per week, prednisolone 5mg 2 tabs per week, proviable sid, Amlodipine 2.5mg 1/2 bid, Chitosan 500mg bid, Denamarine sid
Abnormal PE/Chem/CBC/UA Results: Spec cPL 598, Triglycerides 176

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The apical bladder wall thickness measured 0.64 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild dystrophic medullary mineralization was present In both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.7 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 2.1 cm length x 0.47 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.54 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, non-expansive, symmetrical, echogenic nodules were present primarily in the medial parenchyma. The capsule was smooth and regular without apparent expansion. A solitary, hypoechoic to mildly nonhomogeneous, nondisruptive nodule was noted in the cranial medial spleen measuring 0.79 cm. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was moderately enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic,

PATIENT

Penny Brimeyer

SPECIES

Canine

BREED

Cocker Spaniel

SEX

SF

AGE

14 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olson

INVOICE

13546

DATE

3/24/22

nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. The gallbladder walls were overtly normal without evidence of inflammatory criteria. No evidence of peripheral inflammation. 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 stomach wall width measured 0.40 cm.

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. The duodenum wall width measured 0.41 cm. The jejunum wall width measured 0.40 cm.

Normal visible colon wall layers were present with containing semi-formed to soft feces in lumen. The descending colon wall width measured 0.23 cm.

Pancreas

The pancreas exhibited mild prominent size with regions of mild pancreatic capsule asymmetry, and mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Homogeneous to isoechoic subjective mass consistent with fat echogenicity was present in the caudal abdomen, measuring 6.4 cm in diameter. No overt lymphadenopathy or effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate chronic renal changes with dystrophic medullary mineralization
- Hepatomegaly exhibiting parenchymal remodeling - subjectively benign
- Early gallbladder mucocele - noninflamed
- Chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract and colon
- Variably echogenic splenic nodules - hyperechoic nodules consistent with probable benign myelolipomas

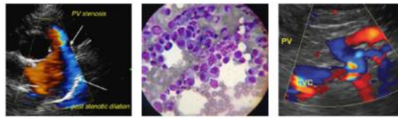
Secondary Findings

- Possible mild cystitis
- Probable caudal intra-abdominal lipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic to nonhomogeneous nodule may indicate focal area of hyperplasia, hematopoiesis, splenitis, small hematoma, while the possibility of emerging neoplastic nodule cannot be excluded.

IMAGING PERFORMED BY
svsmobileimaging.com 309 - 737 - 3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Penny Brimeyer

SPECIES

Canine

BREED

Cocker Spaniel

SEX

SF

AGE

14 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olson

INVOICE

13546

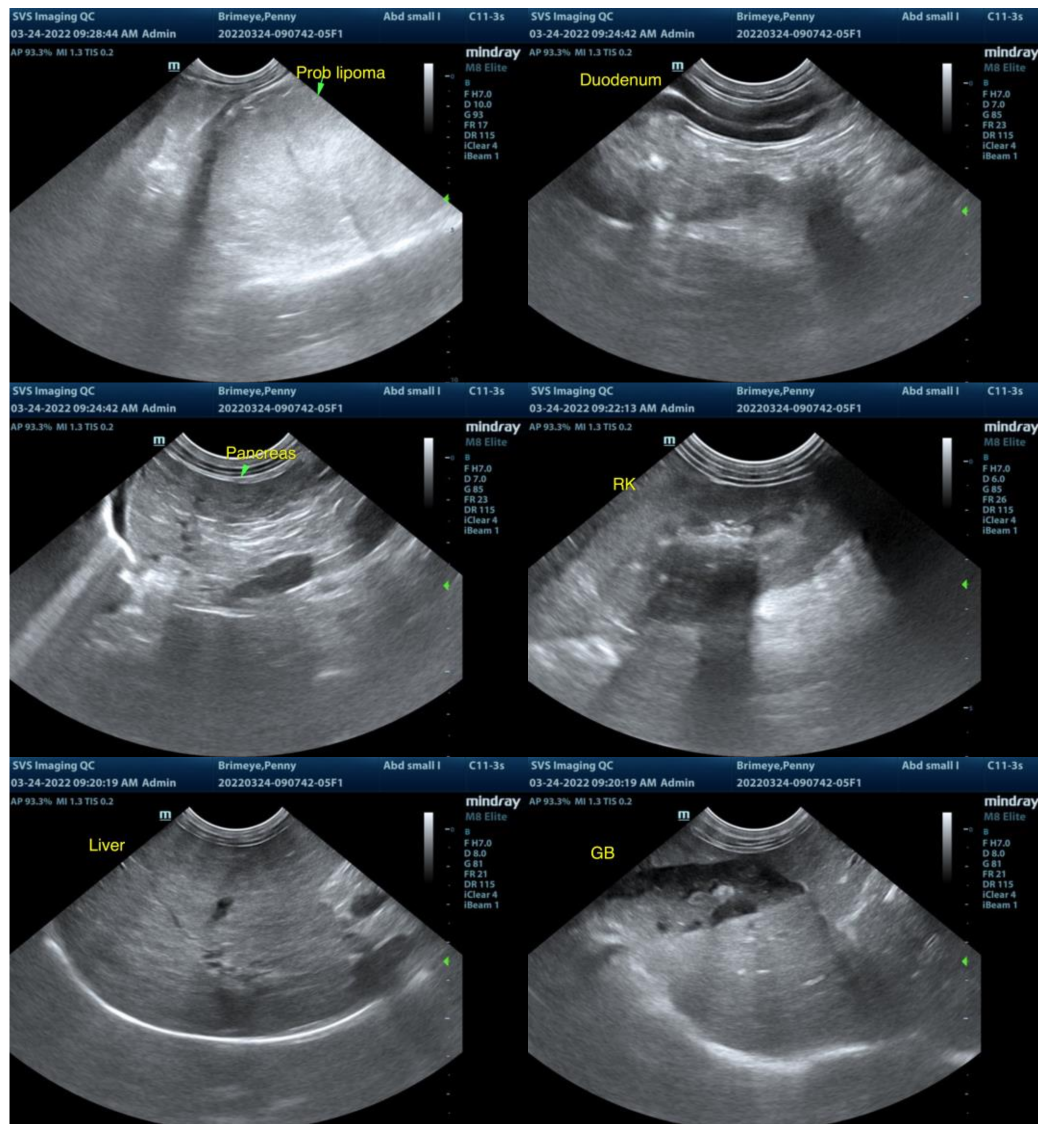
DATE

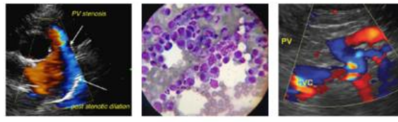
3/24/22

Sonographic monitoring of specifically the hypoechoic to nonhomogeneous nodule for evidence of progression is recommended.

In patients with recurrent or intermittent gastrointestinal signs, low-grade to chronic active pancreatitis (likely in this case), dietary Intolerance / food hypersensitivity, structurally insignificant inflammatory bowel (which may present as sonographically normal), could be considered. Potentially, the use of Prednisolone may be somewhat masking gastrointestinal mural changes.

Empirically, low-fat novel protein or hydrolyzed diet with continued high colony count probiotic would be reasonable. The addition of Ursodiol to current hepatosupportive medications and monitoring for evidence of increasing cholestasis or cranial abdominal / subxiphoid pain in the area of the gallbladder and pancreas is recommended.





PATIENT

Penny Brimeyer

SPECIES

Canine

BREED

Cocker Spaniel

SEX

SF

AGE

14 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olson

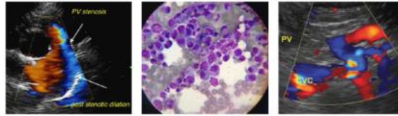
INVOICE

13546

DATE

3/24/22

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.



PATIENT

Penny Brimeyer

SPECIES

Canine

BREED

Cocker Spaniel

SEX

SF

AGE

14 years

WEIGHT

21 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Phil Olson

INVOICE

13546

DATE

3/24/22

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