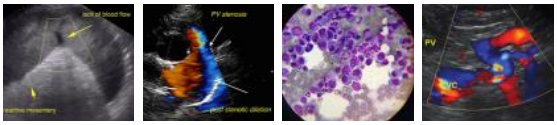
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Cash Brown

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

6 years

WEIGHT

68.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Linn Veterinary Hospital

REFERRING VET

Dr. Braat

INVOICE

10243ag

DATE

03/29/2022

PRESENTING CLINICAL SIGNS

History: PU/PD and vomiting since late February/early March with progressive inappetence and weight loss since Current Medications mirtazepine 15 mg SID

Abnormal PE/Chem/CBC/UA Results: hypercalcemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Dependent to mildly nondependent hyperechoic sediment was present with potential for crystalline debris or emerging sand given the hypercalcemia. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited pinpoint medullary mineral. No evidence of pelvic dilation was present. The left kidney measured 7.3 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.64 cm width at the caudal pole and 2.7 cm length. The right adrenal gland exhibited mild enlargement with irregular yet intact capsule contour and nonhomogeneous to mildly hypoechoic parenchyma exhibiting pinpoint hyperechoic foci suggestive of right adrenal mineralization. The right adrenal gland measured 0.69 cm width at the caudal pole and 1.4 cm width at the cranial pole and 2.5 cm in length.

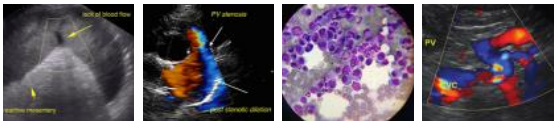
Spleen

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 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 with mild nondependent hyperechoic debris to potential emerging mineral. The cystic and common bile ducts were normal.

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



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

PATIENT

Cash Brown

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

6 years

WEIGHT

68.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Linn Veterinary Hospital

REFERRING VET

Dr. Braat

INVOICE

10243ag

DATE

03/29/2022

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 gastric body wall measured 0.42 cm in width.

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 measured 0.5 cm in width.

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

Pancreas

The area of the right pancreatic limb exhibited increased size with areas of capsule asymmetry, hypoechoic to nonhomogeneous parenchyma and evidence of suspected peripancreatic reactive mesentery.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment to emerging mineralized sand.
- Nonspecific bilateral mild chronic renal changes exhibiting pinpoint medullary mineral.
- No overt evidence of splenic or hepatic neoplastic criteria.
- Irregular right adrenal gland exhibiting suspected pinpoint parenchymal mineral.
- Prominent hypoechoic to nonhomogeneous area of right pancreas with evidence of regional reactive mesentery.

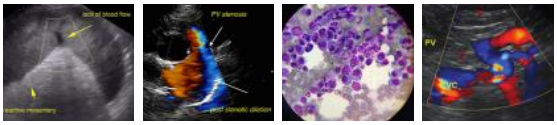
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for emerging right adrenal neoplastic criteria i.e. adenocarcinoma is possible. Overall, the hepatic presentation is not consistent with vacuolar hepatic changes and is without evidence of enlargement secondary to adrenal hyperfunction. However, full adrenal testing including screening BP to assess for evidence of hypertension which may allude to possible pheochromocytoma is recommended.

The area of the right pancreatic limb may suggest active to chronic active inflammation although unspecified emerging neoplastic disease in the right pancreas cannot be excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the right pancreatic presentation as well as rule out occult gastrointestinal disease. Three view chest radiographs, rectal palpation if not done and hypercalcemia panel to include iCa, PTH and PTHrP levels is recommended.

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

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



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

PATIENT

Cash Brown

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

6 years

WEIGHT

68.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Linn Veterinary Hospital

REFERRING VET

Dr. Braat

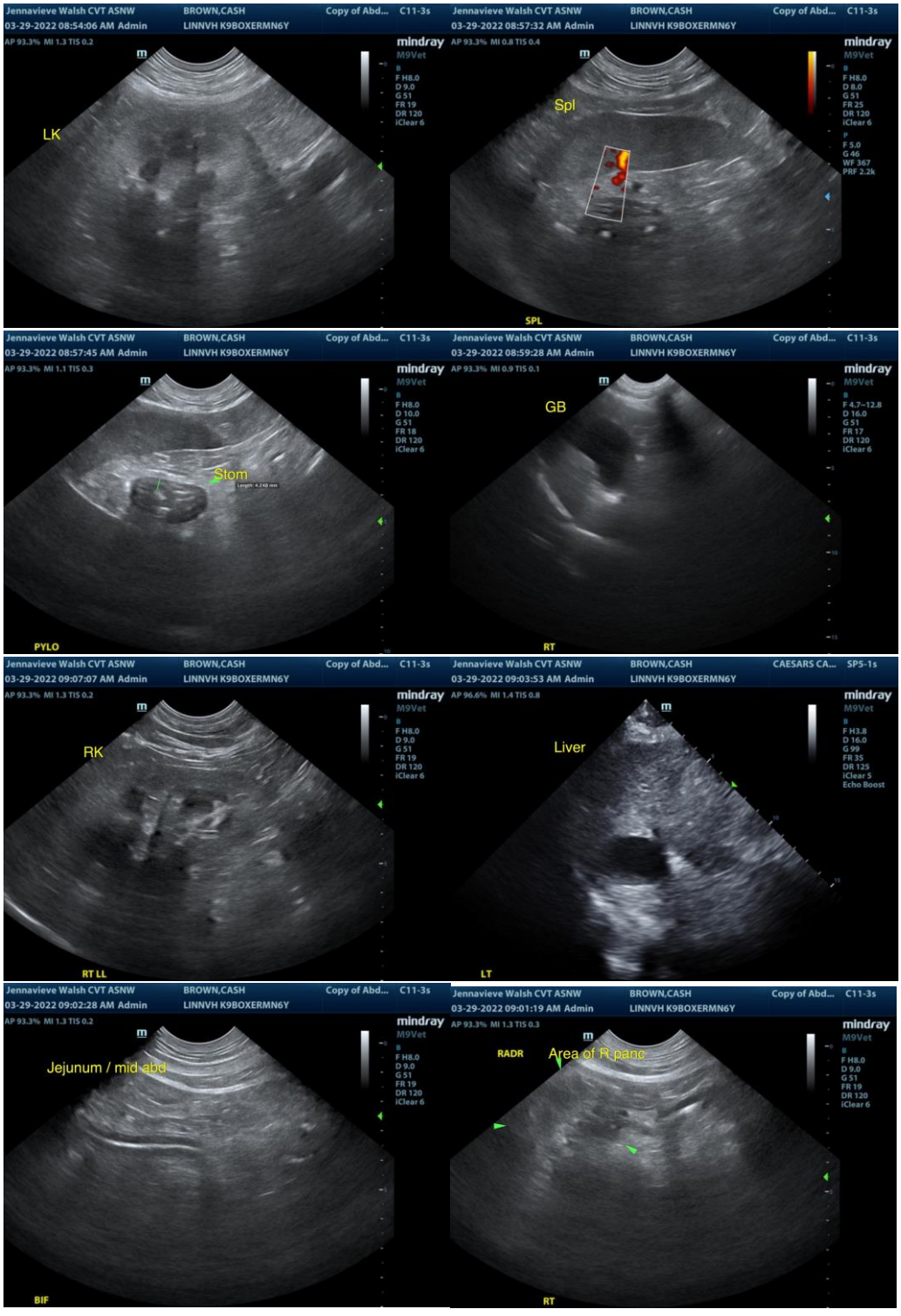
INVOICE

10243ag

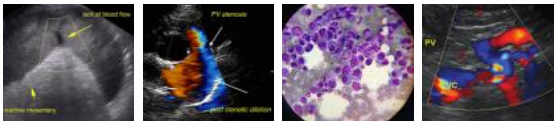
DATE

03/29/2022

Pending additional diagnostic abdominal CT may be indicated for further assessment of the right adrenal gland and area of the right pancreas.



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



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

PATIENT

Cash Brown

SPECIES

Canine

BREED

Boxer

SEX

Neutered male

AGE

6 years

WEIGHT

68.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Linn Veterinary Hospital

REFERRING VET

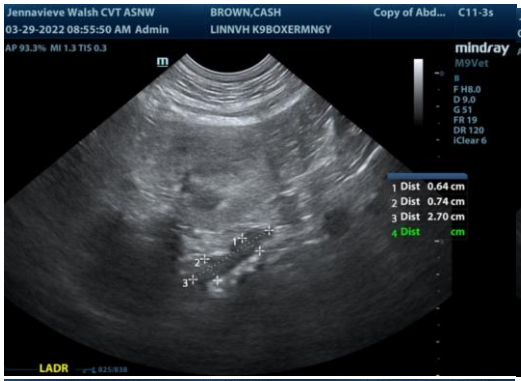
Dr. Braat

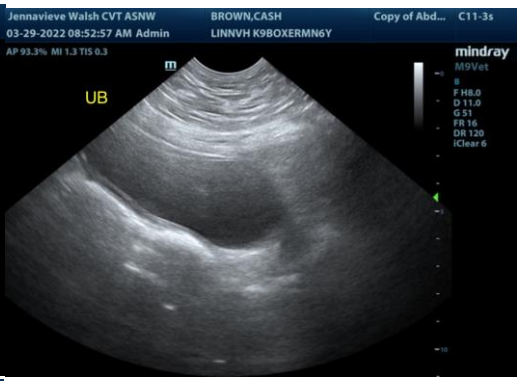
INVOICE

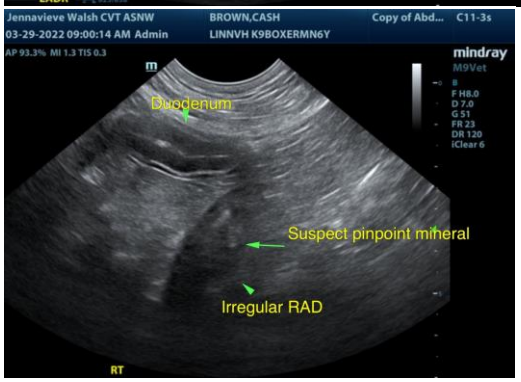
10243ag

DATE

03/29/2022







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)

info@SonoPath.com