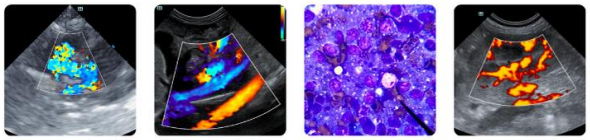


PATIENT

Bert Mitchell

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

13Y

WEIGHT

55lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams

INVOICE

74037

DATE

3-3-26

PRESENTING CLINICAL SIGNS

- He was diagnosed with Cushing's in 2023 and has been stable on 25 mg BID.
- He presented yesterday for acute inappetence and vomiting. PE showed 8 lbs weight loss, dehydration, and icterus. In house labs consistent with cholestasis
- Abdominal ultrasound to assess for underlying condition(s)

Abnormal PE/Chem/CBC/UA Results: mild neutrophilia and monocytosis GGT 27, bilirubin 2.4, CHOL 381 PT/PTT WNL

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. Mild particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size with nonhomogeneous hyperechoic parenchyma with potential for parenchymal mineralization measuring approximately 2.1 cm width.

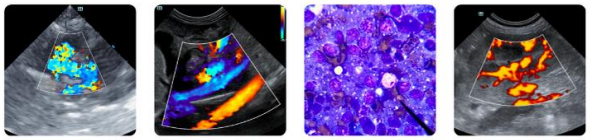
The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent perihilar to medial parenchymal well-defined, symmetrical, hyperechoic nodules were present. Example of a nodule measured 1.8 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

Generalized hepatomegaly was present. The liver parenchyma was mild to moderately nonuniform and hypoechoic to the spleen with a mild to moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete hyperechoic hepatic intraparenchymal nodules were seen. Example of a nodule measured 2.2 cm diameter.



PATIENT

Bert Mitchell

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

13Y

WEIGHT

55lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams

INVOICE

74037

DATE

3-3-26

The gallbladder was non-distended in size with non-adenomatous walls and gallbladder lumen mineral and mild nondependent nonorganized particulate to hyperechoic debris. Mild evidence of pericholecystic inflammation. No obvious effusion. The common bile ducts was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained gastric fluid.

The small intestine presented intact wall layering with maintained wall layering ratio. Subjective mild decreased duodenal mural echogenicity with maintained intact wall layering and mild duodenal corrugation / nonobstructive ileus. The visualized jejunum lumen was empty without evidence of mechanical / metabolic ileus to the level of the colon.

Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static hepatopathy exhibiting discrete mildly hyperechoic intraparenchymal nodules – similar presentation compared to previous study.
- Nondistended gallbladder with mineralized to nondependent nonorganized gallbladder debris, evidence of mild pericholecystic inflammation.
- Static benign splenic myelolipomas
- Static chronic renal changes exhibiting mild medullary mineral.
- Left adrenomegaly exhibiting focal parenchymal mineralization – consistent with left adrenal tumor, given patient's history.
- Subjective gastroduodenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

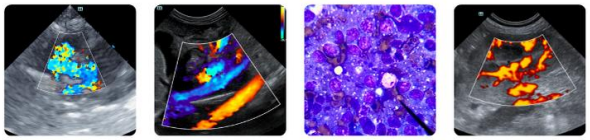
Although classic sonographic mucocele criteria was not met, primary concern for atypical mucocele given evidence of pericholecystic inflammation, gallbladder lumen mineral, and mild nondependent yet suspended gallbladder debris is warranted.

Three-view chest radiographs and consideration for GI panel to include PLI/TLI/Cobalamin/Folate given weight loss are recommended. Empirical therapy for gallbladder inflammation with gastrointestinal support with close clinical and serial sonographic monitoring would be appropriate. Abdominal CT for further clarification and evaluation of the left adrenal gland for evidence of vascular invasion would be ideal.

Assuming normal clotting status and no pathology on thoracic radiographs, cholecystectomy with concurrent left adrenomegaly +/- hepatic and gastroduodenal biopsies should be strongly considered.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Bert Mitchell

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

13Y

WEIGHT

55lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

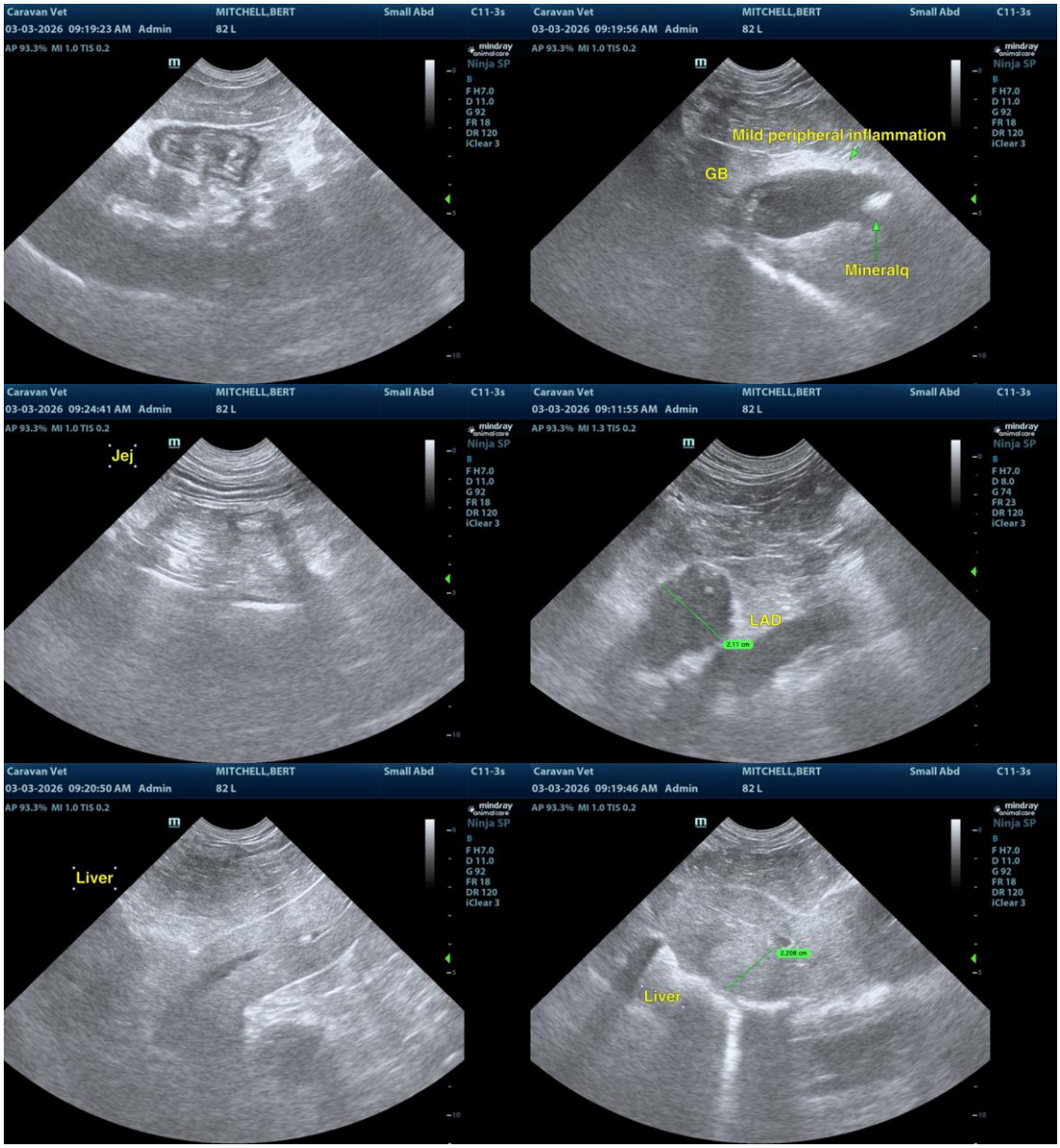
Dr. Christa Williams

INVOICE

74037

DATE

3-3-26



PATIENT

Bert Mitchell

SPECIES

Canine

BREED

German Shepherd Mix

SEX

MN

AGE

13Y

WEIGHT

55lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

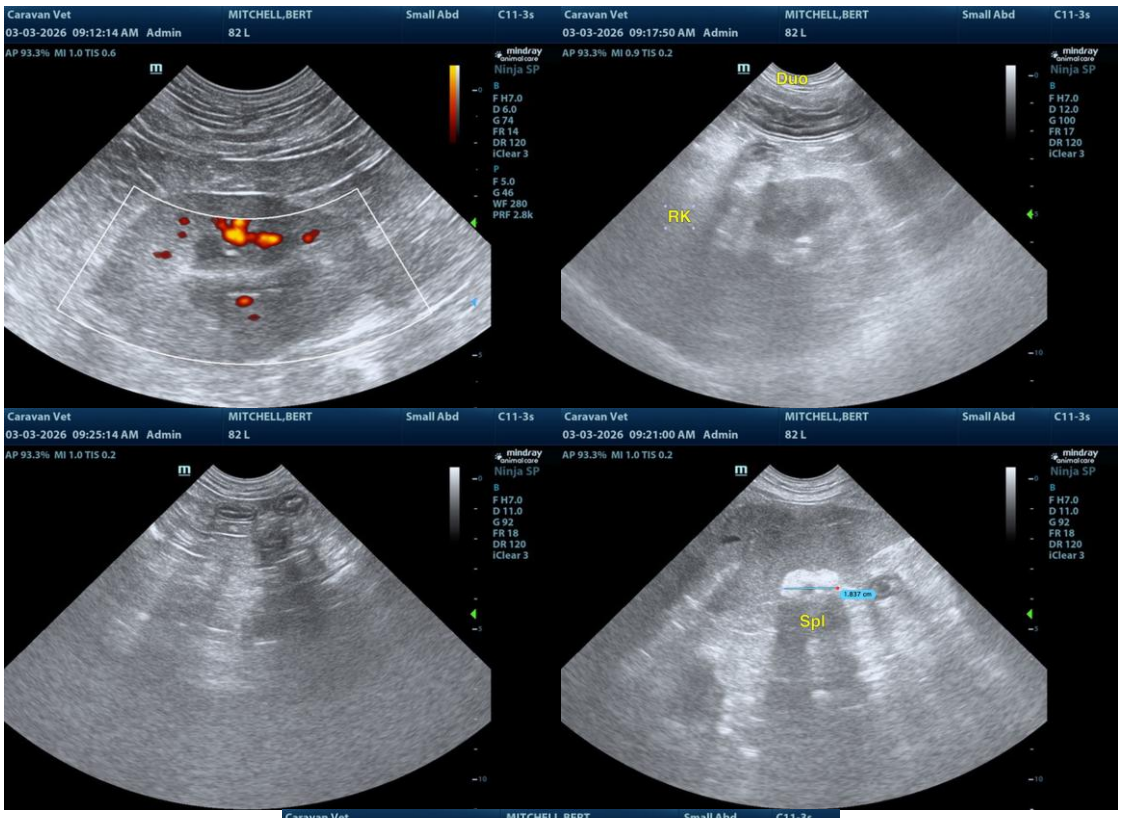
Dr. Christa Williams

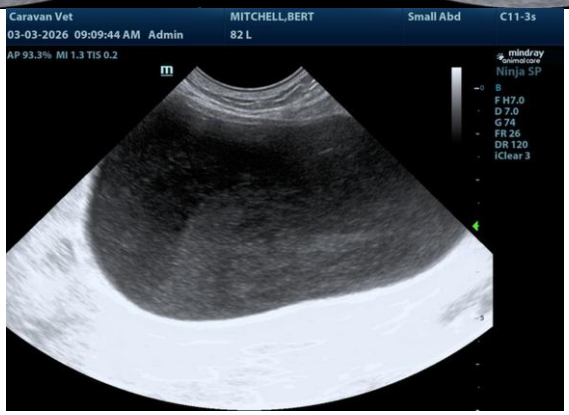
INVOICE

74037

DATE

3-3-26





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