



PATIENT

Max Helsom

SPECIES

Canine

BREED

German Shepherd
Mix

SEX

MN

AGE

13 years

WEIGHT

73 lbs.

PRESENTING CLINICAL SIGNS

Presents for recheck AUS and chest rads prior to eyelid mass removal. History includes splenectomy (complex hyperplastic nodule with infarcted hematoma 4/27/21), liver biopsies at that time revealed portal and random nonspecific reactive hepatitis with diffuse hepatocellular swelling. Head tilt and decreased CPs in the rear.

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC / Chemistry panel

Precision PSL 213

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with mild primarily dependent to focally nondependent sand / mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate, although not definitively visualized.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pyelectasia was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.3 cm in length.

IMAGING PERFORMED BY

Amy Mayhew LVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

HOSPITAL NAME

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Michigan

Spleen

The spleen was not visualized owing to previous splenectomy. No evidence of pathology was noted in the area of the previous spleen.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic compared to the falciform fat 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 thin walls and mild gallbladder debris. The gallbladder was otherwise normal without evidence of inflammatory criteria and no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate luminal gas. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder mineral / sand
- Mild chronic renal changes with pinpoint medullary mineral
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas with mild parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen was noted without evidence of significant visceral pathology, given the patient's history.

Full urinary workup including urinalysis +/- urine culture and sensitivity, if clinically indicated, is recommended given the presence of urinary bladder mineral / sand. This patient may be passing small amounts of mineral from the kidneys into the urinary bladder.

No evidence of active pancreatitis was noted with suspected age-related pancreatic changes considered likely. Potential for low-grade or chronic pancreatitis, which may present as essentially sonographically normal, cannot be definitively excluded. If previous or current clinical signs suggestive of pancreatitis are present.

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

No intra-abdominal anesthetic contraindications are noted.



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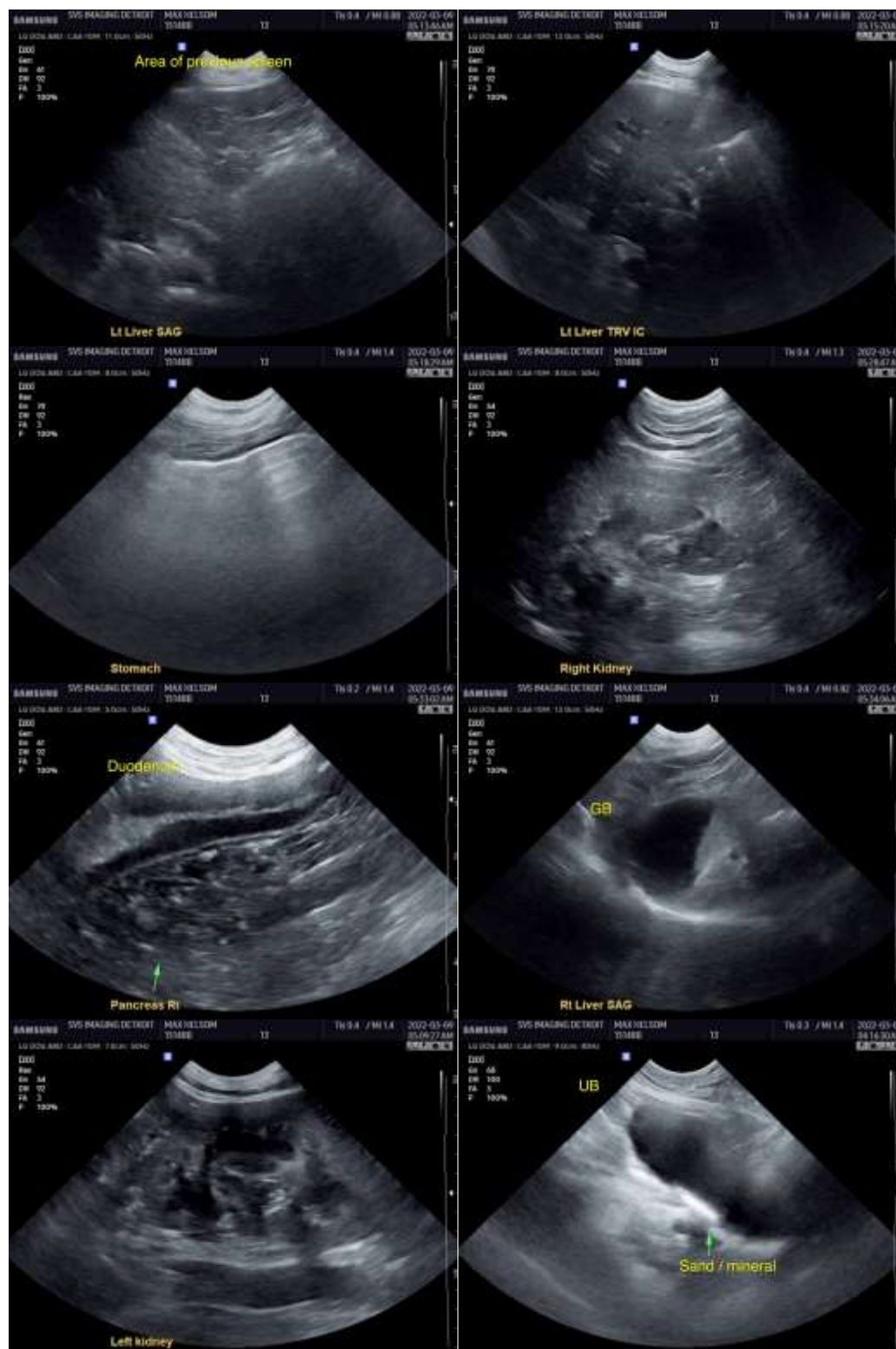
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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