



PATIENT PRESENTING CLINICAL SIGNS

Sonny Hinchliff
SPECIES
 Canine
BREED
 Golden Retriever

Abnormal PE/Chem/CBC/UA Results: PE: weight loss, prescap LN more prominent than "normal", rest of peripheral LN wnl, rectal exam normal prostate for intact dog, no perianal/AG masses appreciated Chemistry Creatinine 3.8 (0.5-1.5) BUN 68 (9-31) Ca 14.4 (8.4-11.8) CK 206 (10-200) SDMA 41 (0-14) T4 1.4 (1-4) CBC WBC 2.5 (4.9-17.6) Platelet 131 (143-448) Neutrophils 1538 (2940-12670) Lymphocyte 750 (1060-4950) eosinophils 10 (70-1490) UA USG 1.012 pH 6.5 glucose, bilirubin, ketones, blood, protein, bacteria, crystals negative cpl 219 (0-200) UPC/UC/ica-PTH-rPTH/Lepto PCR testing all pending today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX
 Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

AGE
 5 years

Normal to possible mild enlarged size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Both kidneys exhibited uniform cortical hypertrophy and mild loss of corticomedullary border demarcation with potential mild reduced medullary volume. Pinpoint medullary mineral was noted, no evidence of pyelectasia was noted. The left kidney measured 8.0 cm in length. The right kidney measured 8.5 cm in length.

WEIGHT
 67 pounds

The area of the aortic trifurcation was free of pathology.

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

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured 4.3 cm in diameter.

Adrenal Glands

IMAGING PERFORMED BY
 Christina Sitton

The left adrenal gland was indistinctly visualized but exhibited potential for mild subnormal size. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.3 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

HOSPITAL NAME
 Sherwood Family Pet Clinic

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

REFERRING VET
 Christina Sitton

The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited mild reduced parenchyma echogenicity with increased prominence of portal vascular borders. No evidence of hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE
 10403ag

DATE Gastrointestinal

04/16/2022



PATIENT

Sonny Hinchliff

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental nonshadowing chyme with no signs of ileus, obstruction or foreign material.

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

BREED

Golder Retriever

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 was evident.

SEX

Male

Free Abdomen

Focal, mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.2 cm x 0.47 cm.

AGE

5 years

Multiple enlarged, hypoechoic mid abdominal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the mesenteric root lymph nodes measured 2.6 cm length and 1.4 cm width.

WEIGHT

67 pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Benign prostatic hyperplasia
- Nonspecific nephropathy.
- Subjective mild hypoechoic liver-potential for emerging acute hepatopathy possible.
- Overtly normal GI tract with gastric and minor SI chyme.
- Multifocal hypoechoic to swollen mesenteric lymphadenopathy with perilymphatic reactive mesentery-inflammatory or neoplastic criteria possible.
- Subjective subnormal left adrenal gland.

IMAGING PERFORMED BY

Christina Sitton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Sherwood Family Pet
Clinic

Given the hypercalcemia, ultrasound guided FNA of mesenteric lymph nodes +/- liver for screening cytology and or C/S if clinically indicated is recommended.

The bilateral kidneys did not appear to be end stage and without overt evidence of neoplastic criteria, consideration for potential acute on chronic renal insult is possible. Further assessment with pending Lepto testing as well as urine C/S and pending UPC is warranted.

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Christina Sitton

Assessment for possible salmon poison disease exposure may be considered if clinically applicable and pending LN cytology. Hospitalization with IVFs, GI support, +/- coverage for salmon poisoning disease if indicated would be reasonable pending diagnostics.

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Although considered less likely, adrenal screening with resting cortisol to rule out occult Addison's disease may be considered.

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A guarded prognosis is indicated.



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HOSPITAL NAME

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Clinic

REFERRING VET

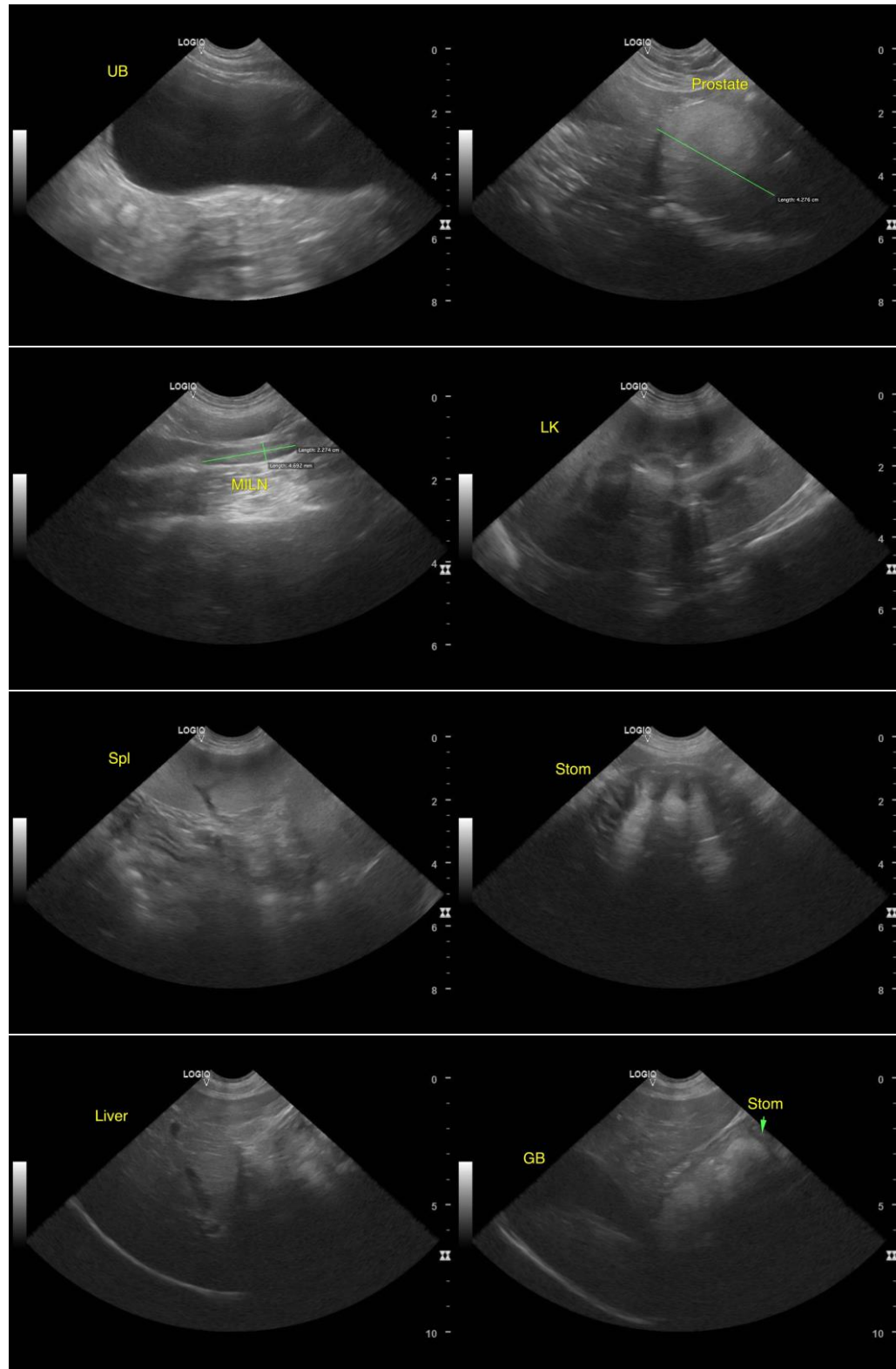
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SEX

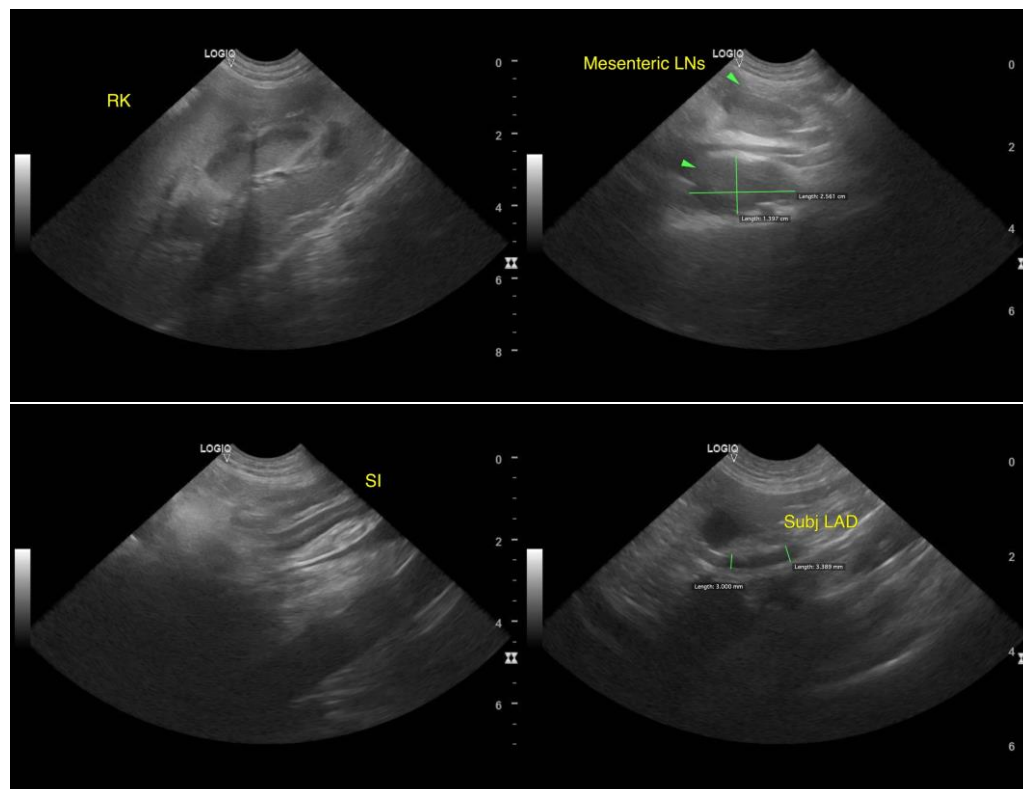
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Christina Sitton

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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Sherwood Family Pet
Clinic

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