

**PATIENT**

Cozmo Coake

SPECIES

Canine

BREED

Bichon

SEX

Neutered male

AGE

16 years

WEIGHT

16 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Abby Bowers

INVOICE

10422ag

DATE

04/18/2022

PRESENTING CLINICAL SIGNS

History: P has had vomiting and diarrhea since Friday. O did give a Cerenia on Sunday and it seems to have stopped the vomiting but P still has diarrhea. P has history of pancreatitis as well as chronic, recurrent cholangiohepatitis. P is currently on Ursodiol (100 mg SID). He was also seen a few weeks ago for abnormal tissue around his anus. It appears that the mucosal surface just inside the anus is very bumpy/proliferative and it slightly prolapses at times.

Abnormal PE/Chem/CBC/UA Results: Snap cPL was abnormal today, CBC and serum chemistry were unremarkable except for elevated amylase and lipase and a mild elevation of BUN at 31. P did have an abdominal ultrasound performed with SVS on June 18, 2020: Small cystic calculus • Hepatomegaly with intermittent, mildly echogenic nodules • Non-inflamed gallbladder mucocele with non-obstructive common bile duct dilation • Bilateral chronic renal changes with cortical cyst • Heterogeneous pancreas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 minor nondependent particulate sediment along with dependent nonobstructive calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild cortical hypertrophy present in both kidneys with multiple cortical cysts and minor pyelectasia. The left kidney measured 5.2 cm in length. The right kidney measured 6.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was of normal size and contour exhibiting homogeneous parenchyma and pinpoint nonobstructive proximal urethral mineral. The residual prostate measured 0.75 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the cranial pole and 2.2 cm length. The right adrenal gland measured 0.39 cm width in the cranial pole and 1.4 cm length.

Spleen

The spleen was normal in size and contour exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary subtly expansive mildly hypoechoic mid splenic nodule was present measuring 1.2 cm in diameter.

Liver

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

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mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with mildly prominent to echogenic walls and primarily anechoic luminal content with nondependent to organized striated luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal**BREED**

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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 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.

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

Pancreas**AGE**

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The pancreas exhibited generalized enlargement with capsule asymmetry, hypoechoic to non-homogeneous parenchyma and mild regional peripancreatic reactive mesentery.

Free Abdomen**WEIGHT**

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A solitary medial iliac lymph node was present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 2 cm x 0.86 cm.

Multiple mildly nonhomogeneous to focally cystic mesenteric lymph nodes, an example of a LN adjacent to the left kidney measured 2 cm x 1.5 cm.

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No peritoneal effusion was present.

Other

Brief assessment of the rectal area including bilateral anal sacs revealed subjectively normal left and right anal sac size containing fluid with potential for mild inflammatory criteria. Overt evidence of neoplasia was not noted yet cannot be excluded. Both left and right anal sacs measured 1.5 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

- Small nonobstructive cystic and prostatic urethral mineral/calculi.
- Static chronic renal changes exhibiting multiple cortical cysts and mild pyelectasia.
- Nonspecific splenic nodule-hyperplasia, hematopoiesis, small hematoma, infarct or emerging neoplasia possible.
- Chronic hepatopathy.
- Static gallbladder mucocele.
- Active to chronic active pancreatitis with regional peripancreatic reactive mesentery.
- Multiple nonspecific hypoechoic nonhomogeneous to focally cystic mesenteric and medial ileac lymph nodes.

REFERRING VET

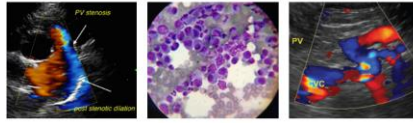
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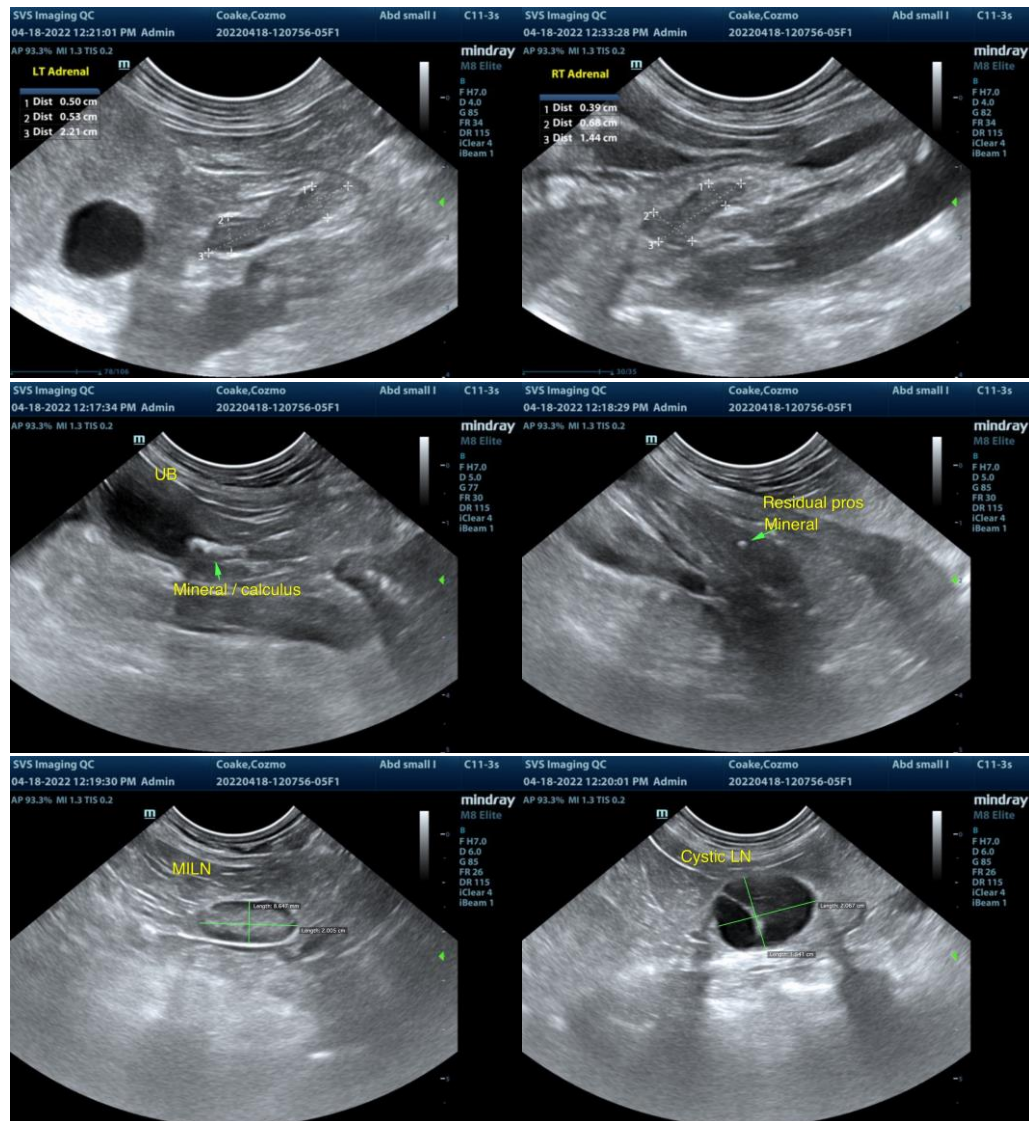
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Assuming normal clotting status and using a 25g needle, a splenic nodule +/- hepatic FNA could be considered for screening cytology. A medial iliac LN FNA if accessible could also be considered. Pending further assessment of the abnormal rectal tissue and/or bilateral anal sacs, sonographic monitoring of the medial ileac LN would be reasonable.

Empirical therapy for active to chronic active pancreatitis with as needed GI support is recommended. A hydrolyzed diet trial, high colony count probiotics, +/- empirical antibiotic such as metronidazole may prove beneficial.



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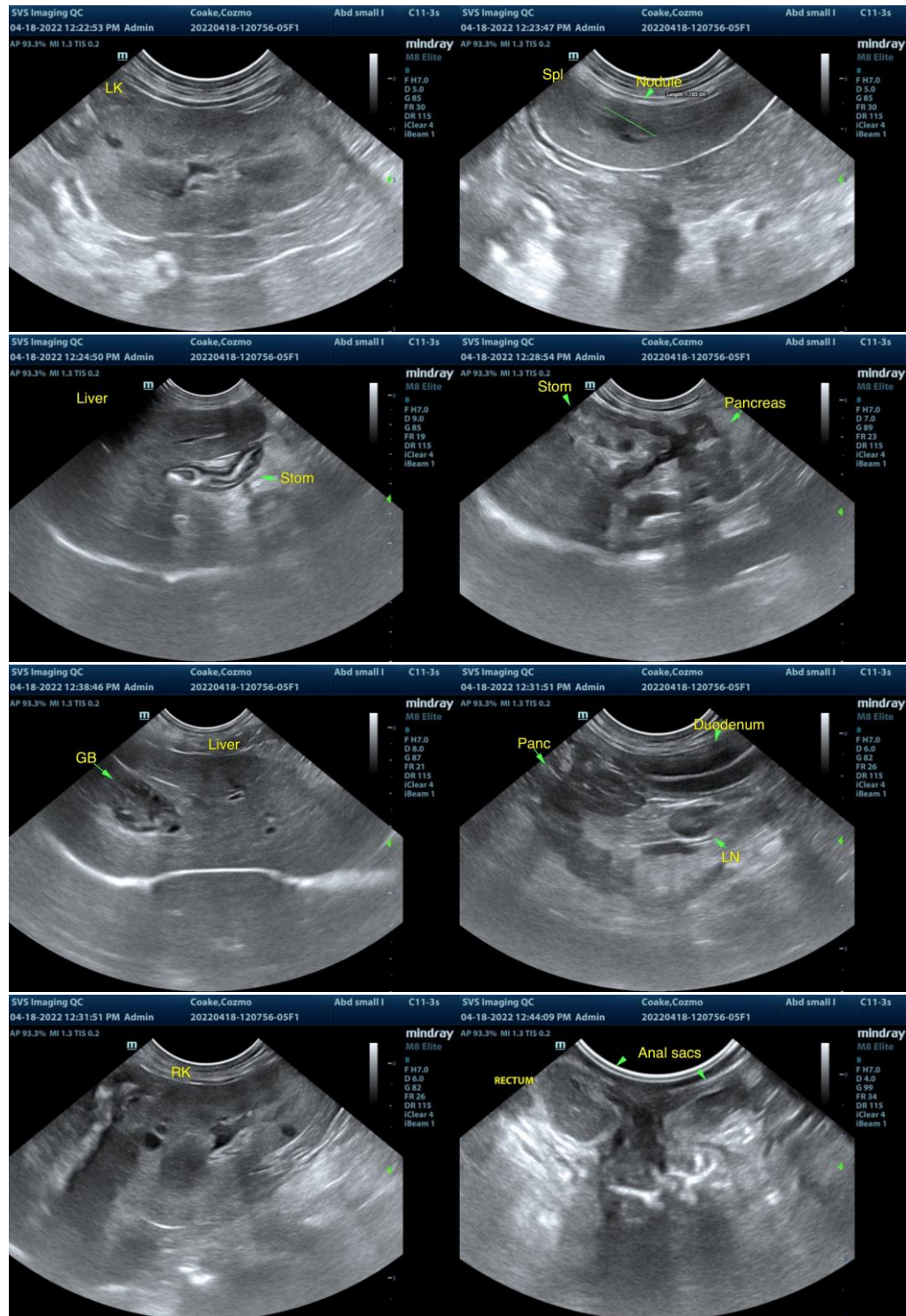
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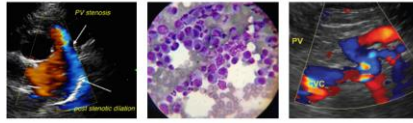
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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