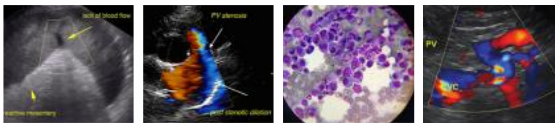

PATIENT

Mogul Decalesta

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

10 y

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

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Dr. Larsen

INVOICE

16638

DATE

4/19/23

PRESENTING CLINICAL SIGNS

thinning of the skin on the pinnae ABD palpation spongy feel but no masses noted muscle atrophy - generalized Primary Question/Differential to Be Answered in This Exam Cushings (concern would be adrenal mass), DM, renal failure, neoplasia, open

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate 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. No evidence of mineral or calculi was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

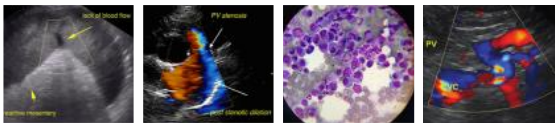
The bilateral adrenal glands were mildly prominent in size yet maintained capsule integrity with subtle, nonhomogeneous yet nonmineralized parenchyma. No evidence of adrenal neoplastic criteria was noted. The left adrenal gland measured 0.85 cm width at the caudal pole and 0.83 cm width at the cranial pole. The right adrenal gland measured 0.78 cm width at the caudal pole and 1.2 cm width at the cranial pole.

Spleen

The spleen was normal in size and maintained a symmetrical capsule contour with nonhomogeneous parenchyma exhibiting diffuse pinpoint hyperechoic parenchyma foci along with mild nonhomogeneous hyperechoic splenic nodules primarily medial parenchyma and adjacent to the hilus. No splenic masses were noted.

Liver/ Gallbladder

The liver was moderately enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size containing anechoic content with mild variably hyperechoic gallbladder debris primarily along the inner luminal wall. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing echogenic ingesta and fluid without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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 exhibited generalized variably prominent size with capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

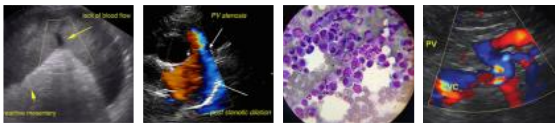
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic renal changes
- Bilateral adrenomegaly
- Benign hyperechoic splenic nodules with diffuse pinpoint hyperechoic splenic foci - benign myelolipomas, pinpoint areas of splenic microinfarction, fibrosis, or micro to macro mineralization sometimes seen with underlying endocrine disease
- Hepatomegaly exhibiting parenchyma hyperechogenicity
- Gallbladder debris - not consistent with mucocele criteria
- Moderate gastric ingesta / fluid
- Enlarged, irregular, nonhomogeneous pancreas - benign remodeling owing to previous inflammation, potential for low-grade chronic to chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, a full CBC/Chemistry panel and Urinalysis with C/S are suggested if evidence of inflammatory urinary bladder sediment. Full adrenal workup with LDDST is suggested if strong clinical suspicion for hyperadrenocorticism i.e., PU/PD, Polyphagia, etc. Screening hepatic FNA cytology



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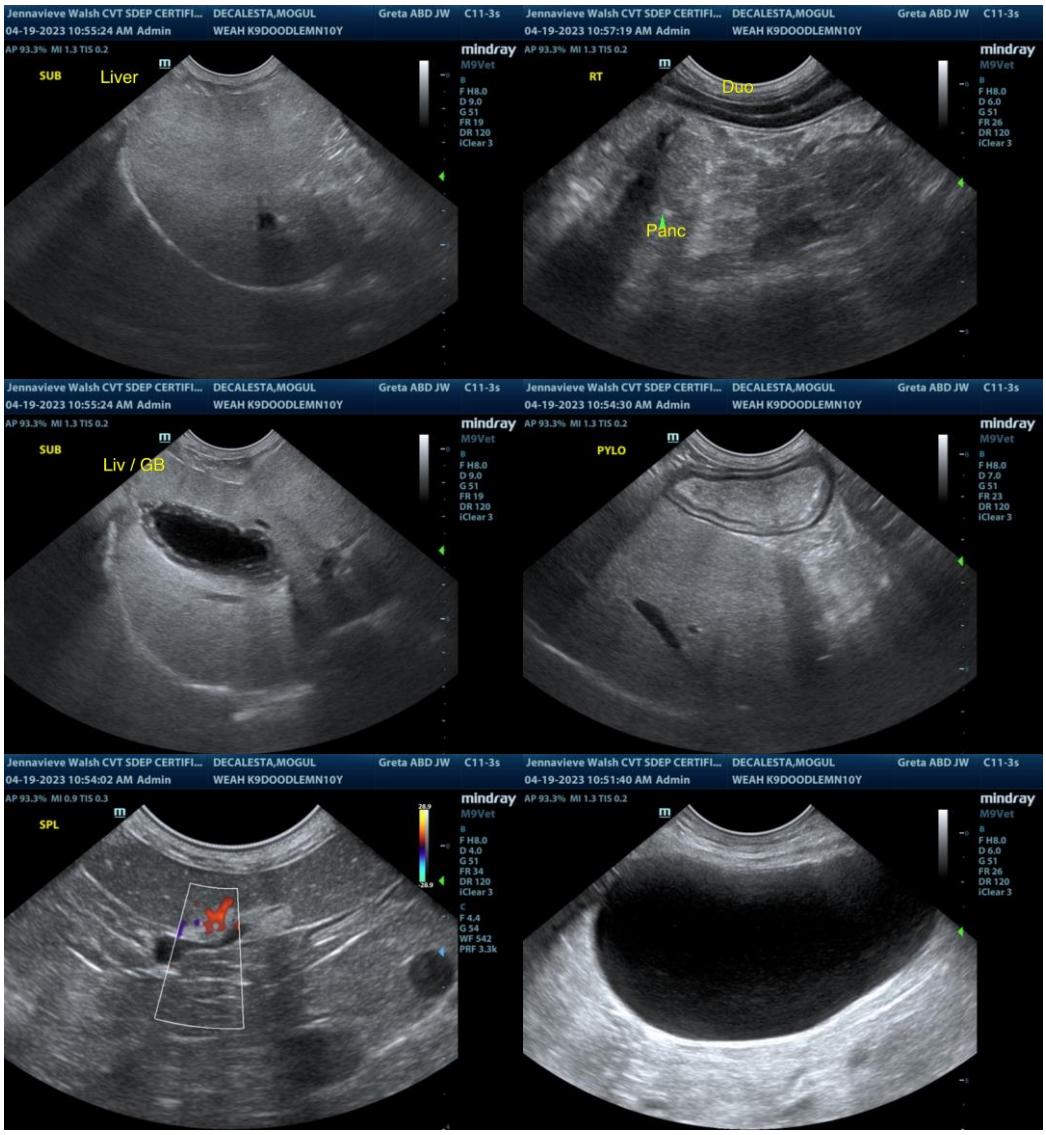
could be considered assuming normal clotting status and if clinically indicated. Hepatosupportive medications including Denamarin and Ursodiol are recommended if evidence of cholestasis. No overt evidence of intraabdominal neoplastic criteria with occult infiltrative hepatic neoplasia thought less likely.



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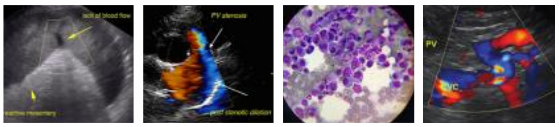

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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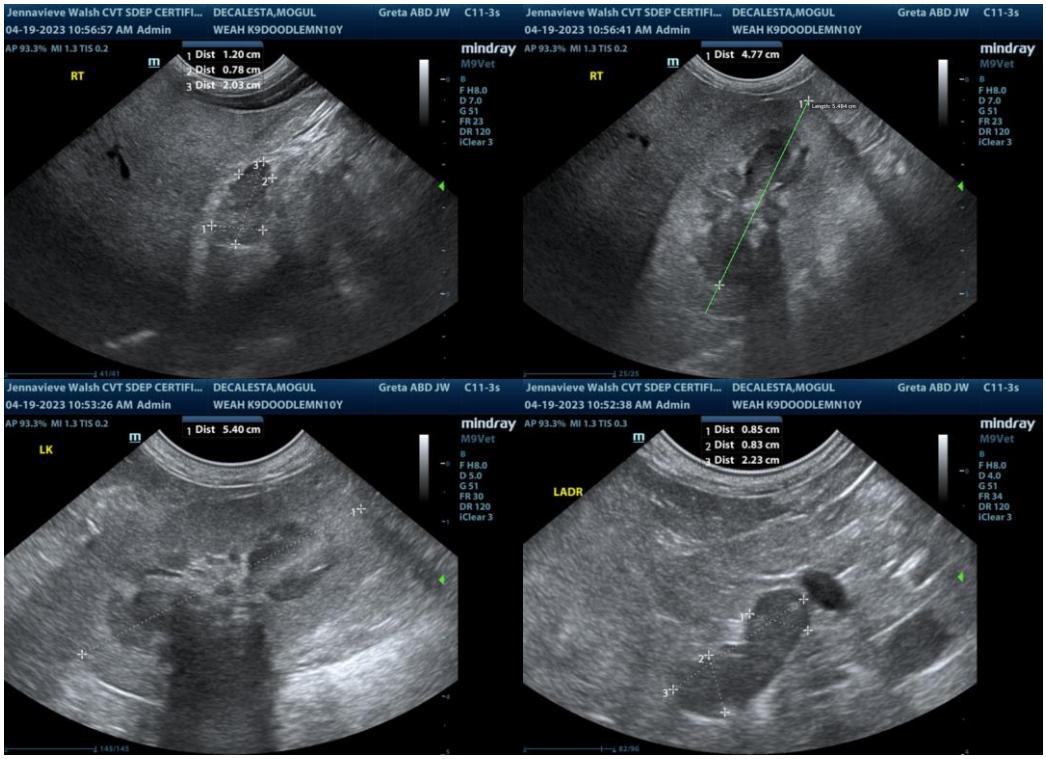

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com