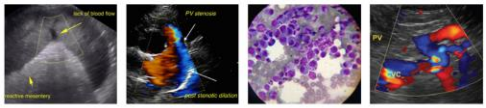


PATIENT

Samson Zabriskie

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

8yr

WEIGHT

12.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Dr. Schuelke

INVOICE

13375ag

DATE

04/03/2023

PRESENTING CLINICAL SIGNS

History: Presenting for chronic cough and slightly enlarged VHS 11. No murmur. New elevation of ALT 143, ALP 183. Dog is clinically normal otherwise. *Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent mildly congealed yet mobile particulate sediment. 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 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. Bilateral non-obstructive medullary nephroliths were present in the lateral diverticuli. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The bilateral adrenal glands exhibited borderline to mild prominent size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm length and 0.57 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length and 0.62 cm width in the caudal pole.

Spleen

The spleen exhibited mild generalized enlargement with subtle parenchyma heterogeneity. A solitary discrete isoechoic non-homogenous nodule was present in the craniomedial spleen measuring 0.8 cm in 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. No splenic masses.

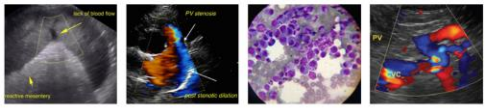
Liver/Gallbladder

The liver exhibited mild to moderate enlargement, symmetrical contour and generalized mild non-homogenous parenchyma with mild to moderate coarse echotexture. No masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 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

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Chronic renal changes with non-obstructive medullary nephrolithiasis.
- Bilateral mild prominent non-homogenous adrenal glands.
- Hepatomegaly-subjectively benign.
- Gallbladder debris-not consistent with mucocele criteria.
- Solitary discrete splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including UA, C/S and baseline UPC level if no evidence of inflammatory sediment or proteinuria is suggested.

No overt suspicion for a portosystemic shunt. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

The bilateral adrenal glands are of unclear significance given the lack of reported clinical signs suggestive of Cushing's syndrome. A full adrenal work up and assessment of systemic BP is suggested if clinical signs suggestive of adrenal hyperfunction arise.

The non-disruptive splenic nodules tend to trend benign with considerations including hyperplasia, hematopoiesis or similar. Emerging nodular splenic neoplasia is considered less likely. Sonographic monitoring of the splenic nodule for evidence of progression or nodular changes would be reasonable.

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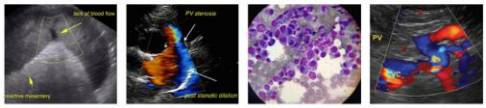

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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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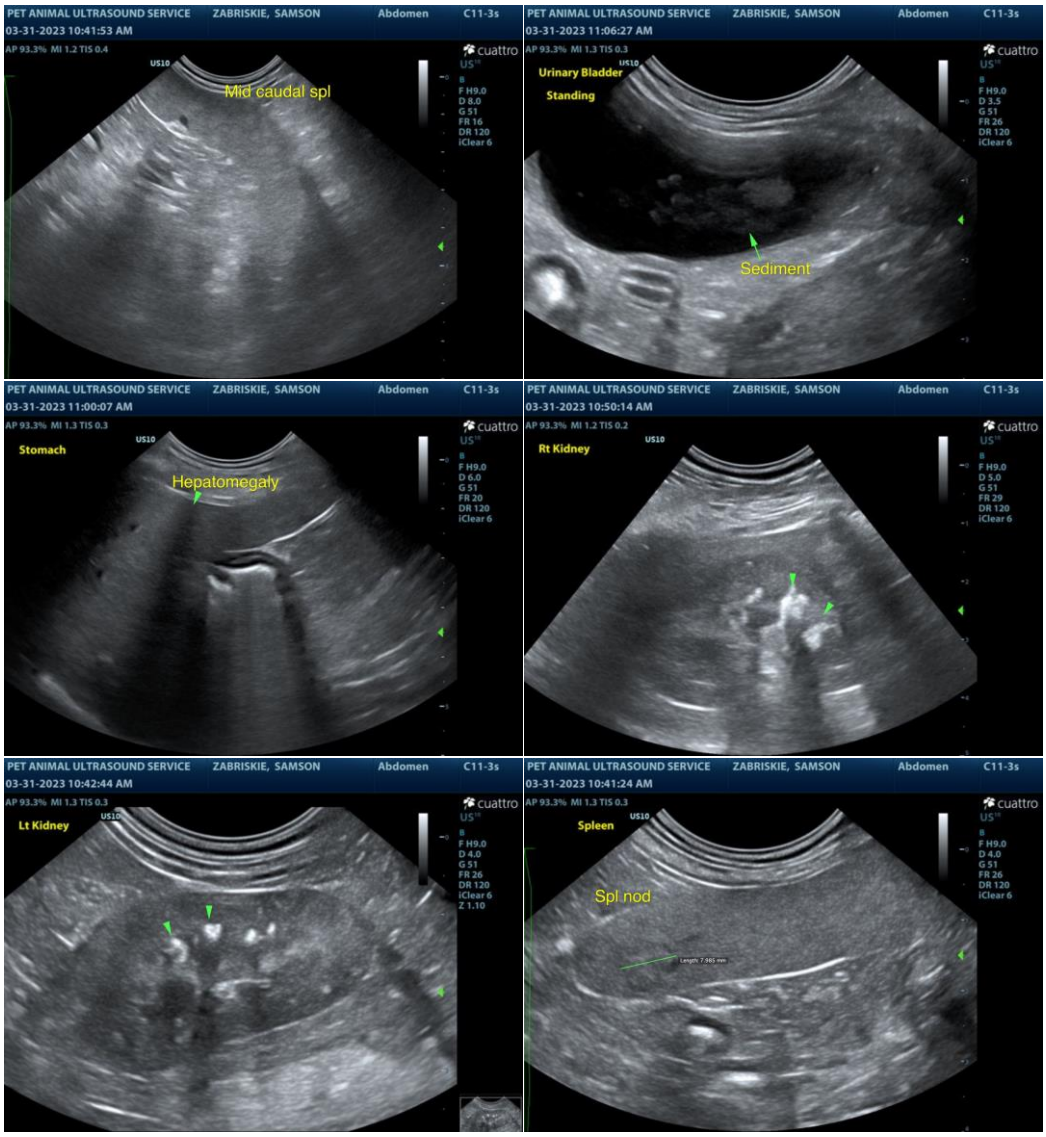

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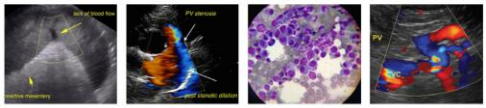

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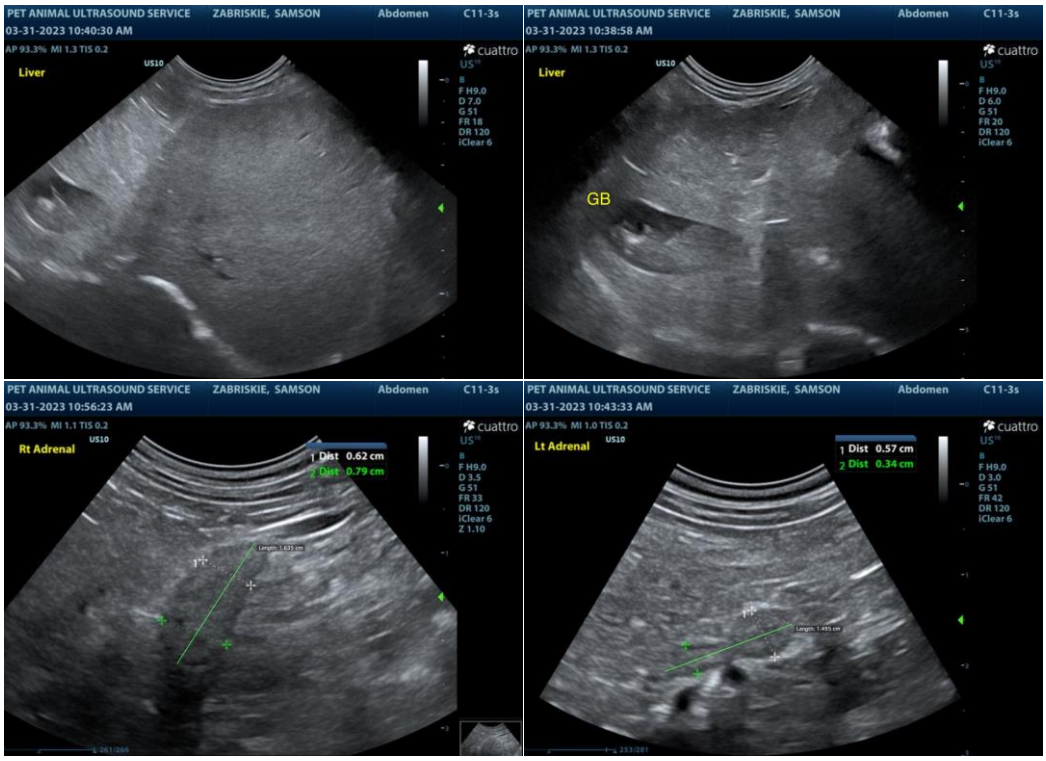

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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