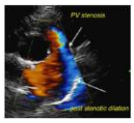
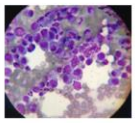
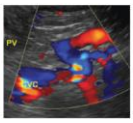

PATIENT

Oliver Clark

SPECIES

Canine

BREED

Beagle

SEX

NM

AGE

12 years

WEIGHT

76 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

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INVOICE

13626

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4/6/22

PRESENTING CLINICAL SIGNS

Patient presented for routine examination as the owner believes that his appetite is decreased. PE WNL, rectal examination WNL, peripheral Lnn normal. Patient is gaining weight despite a decreased appetite.
Abnormal PE/Chem/CBC/UA Results: Hypercalcemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

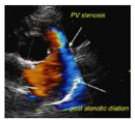
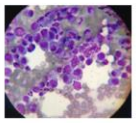
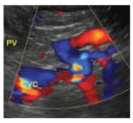
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.7 cm length x 0.49 cm width at the caudal pole.

Spleen

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/ Gallbladder

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of

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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact wall layering with regional propensity for subtly prominent gastric antrum and pylorus mucosa. No evidence of retained ingesta, fluid, foreign material, or loss of gastric wall layer detail 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. The duodenum wall width measured 0.43 cm. The jejunum wall width measured 0.42 cm.

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

Pancreas

The right pancreatic limb exhibited subtle prominent size and minor capsule asymmetry. Mildly nonuniform echogenic hyperechoic right pancreatic parenchyma with intermittent discrete hypoechoic nodules were present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. An increased amount of intra-abdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly - subjectively benign
- Nonuniformly hyperechoic to nodular right pancreas - potential for chronic pancreatitis / fibrosis and suspected areas of nodular hyperplasia
- Possible minor gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for minor gastritis could be present in this patient yet without reported evidence of vomiting with only decreased appetite, this finding is nonspecific. Gastroprotectant protocol +/- canned hydrolyzed diet trial may prove beneficial. Likewise, potential for chronic pancreatitis in the area of the right pancreatic limb would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL is recommended.

The liver may suggest minor vacuolar hepatic changes or lipidosis, given the patient's body condition. Overall, no overt evidence of intra-abdominal neoplastic criteria as a contributing factor to the hypercalcemia. Correlation with hepatic enzyme levels, if not done, is suggested. A hypercalcemia panel could also be considered if not done.

Three view chest radiographs and rectal palpation are suggested.

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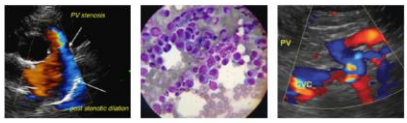

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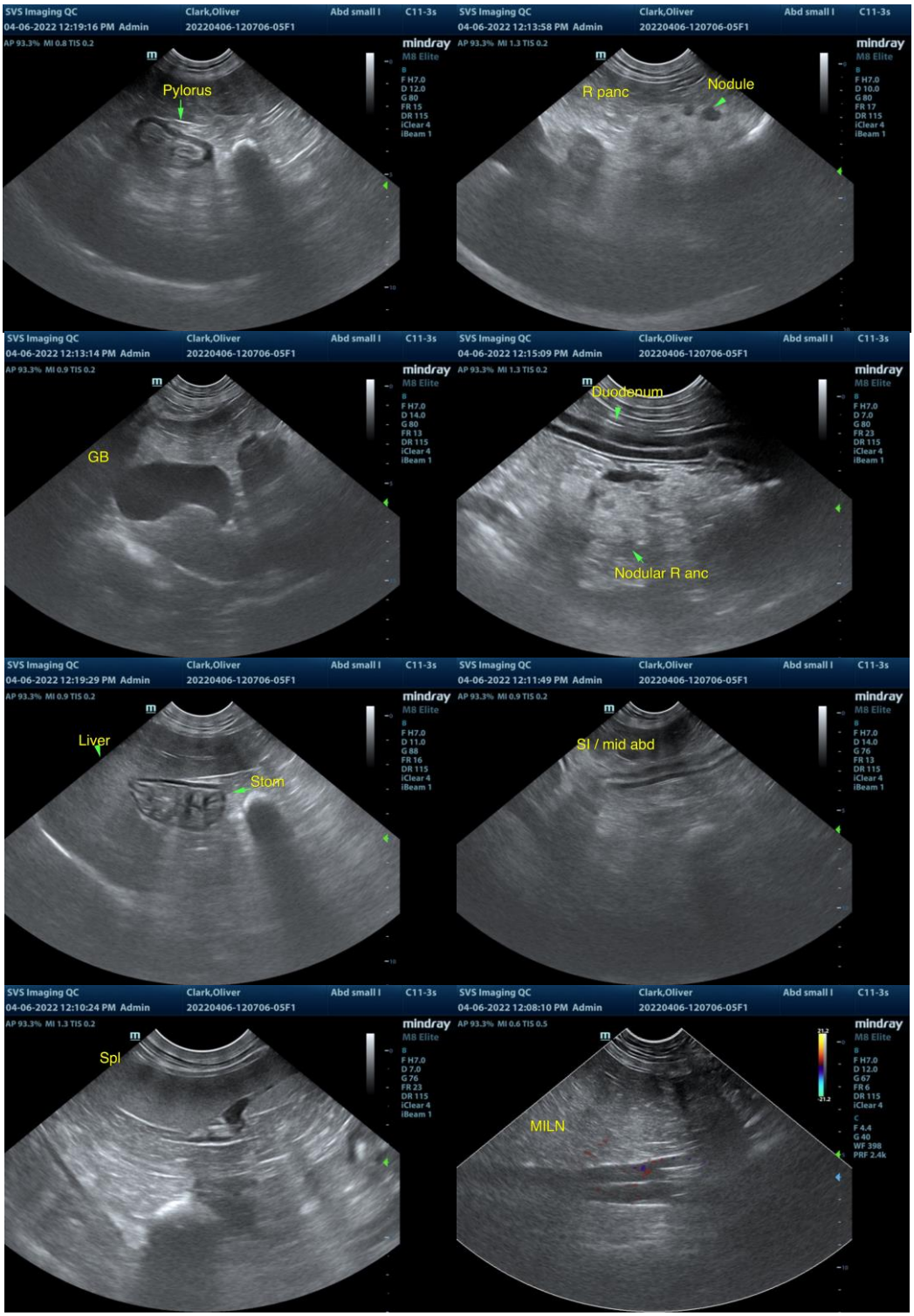

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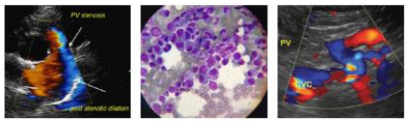

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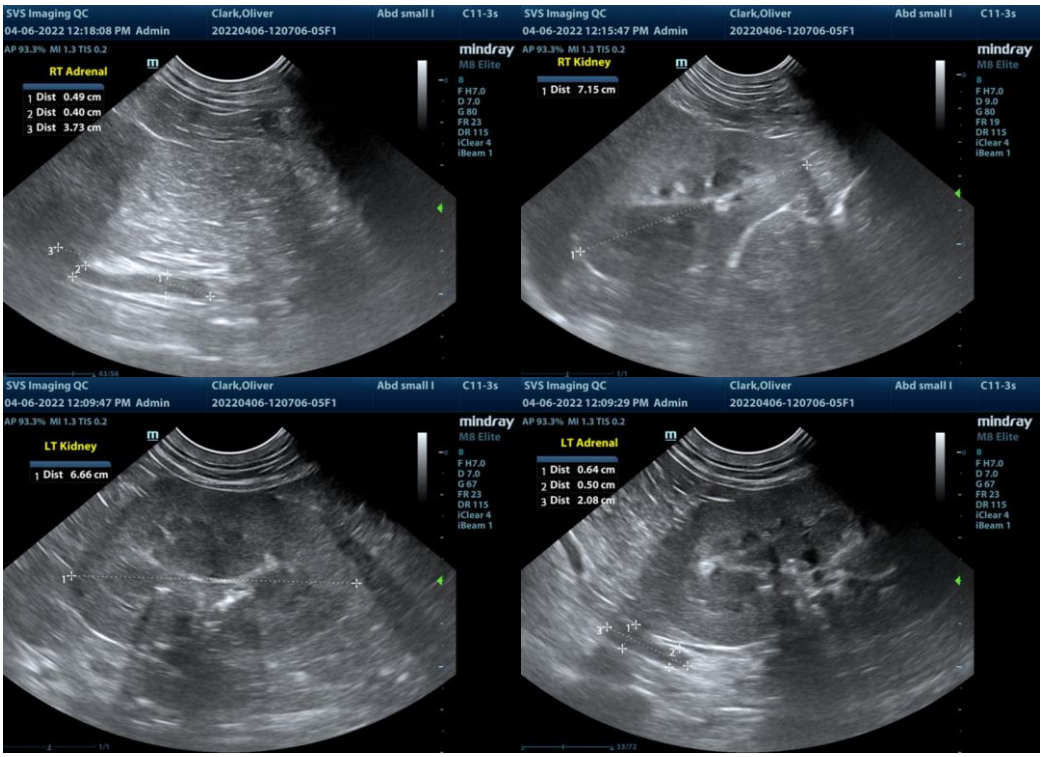

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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