SonoPath
Clinical Sonography & Telecytology
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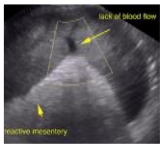
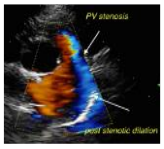
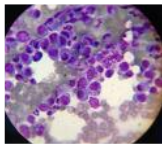
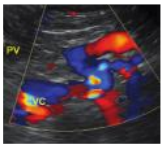




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Beau Bertucci

SPECIES

Canine

BREED

Hound

SEX

MN

AGE

11

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore

REFERRING VET

Dr. Hunt

INVOICE

16531

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Colitis, recurrent
Abnormal PE/Chem/CBC/UA Results: all b/w ok. Stim was 16 post

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.6 cm in diameter.

There is no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the left kidney. 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 7.3 cm in length. The right kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with subjective maintained symmetrical capsule contour exhibiting nonhomogeneous to focally hyperechoic left adrenal parenchyma. The left adrenal gland measured 3.4 cm length x 1.5 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

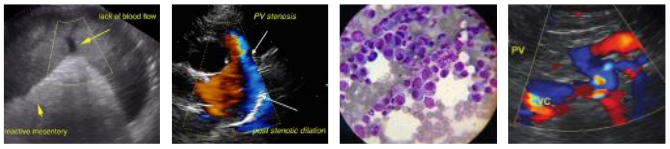
The spleen was normal in size and overall contour with subtle parenchyma heterogeneity. A non-disruptive, variably hyperechoic nodule was noted in the cranial spleen measuring 1.4 cm in diameter. The nodule did not distort the splenic capsule. The nodule is likely consistent with benign criteria such as myelolipoma or similar. Potential for emerging splenic mineralization is possible. Neoplastic criteria is thought less likely.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild ingesta and luminal gas was present with no evidence of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta was noted with no signs of obstruction or foreign material.

The distal descending colon wall was overtly normal measuring 0.15 cm width. Mildly prominent wall layering was present in the transverse colon caudal to the stomach, with the transverse colon wall measuring 0.43 cm width. Subjective formed fecal matter was present in the visualized colon.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild segmental colitis
- Sonographically unremarkable gastrointestinal tract with mild ingesta
- Nondisruptive splenic nodule - subjectively benign
- Left kidney mild chronic renal changes
- Mildly enlarged nonhomogeneous left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of significant colic mural pathology i.e., no obvious or visualized colon mass.

If not currently instituted, dietary therapy such as Royal Canin HP, Purina HA or possibly a higher fiber diet +/- antibiotic trial, if clinically indicated, may prove beneficial.

The left adrenal gland is of unclear clinical significance, given the reported ACTH Stimulation test result, and may indicate benign hyperplasia or adenomatous change. Screening BP is suggested to assess for evidence of hypertension, which may allude to a more aggressive emerging left adrenal pathology.

Sonographic monitoring of the splenic nodule, left adrenal gland, and colon is recommended specifically if progressive evidence of colitis or clinical signs suggestive of adrenal disease is noted.

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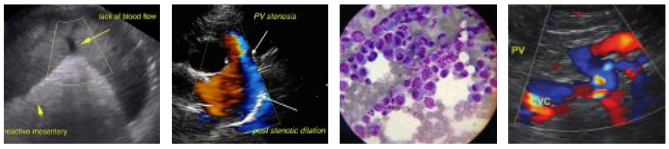

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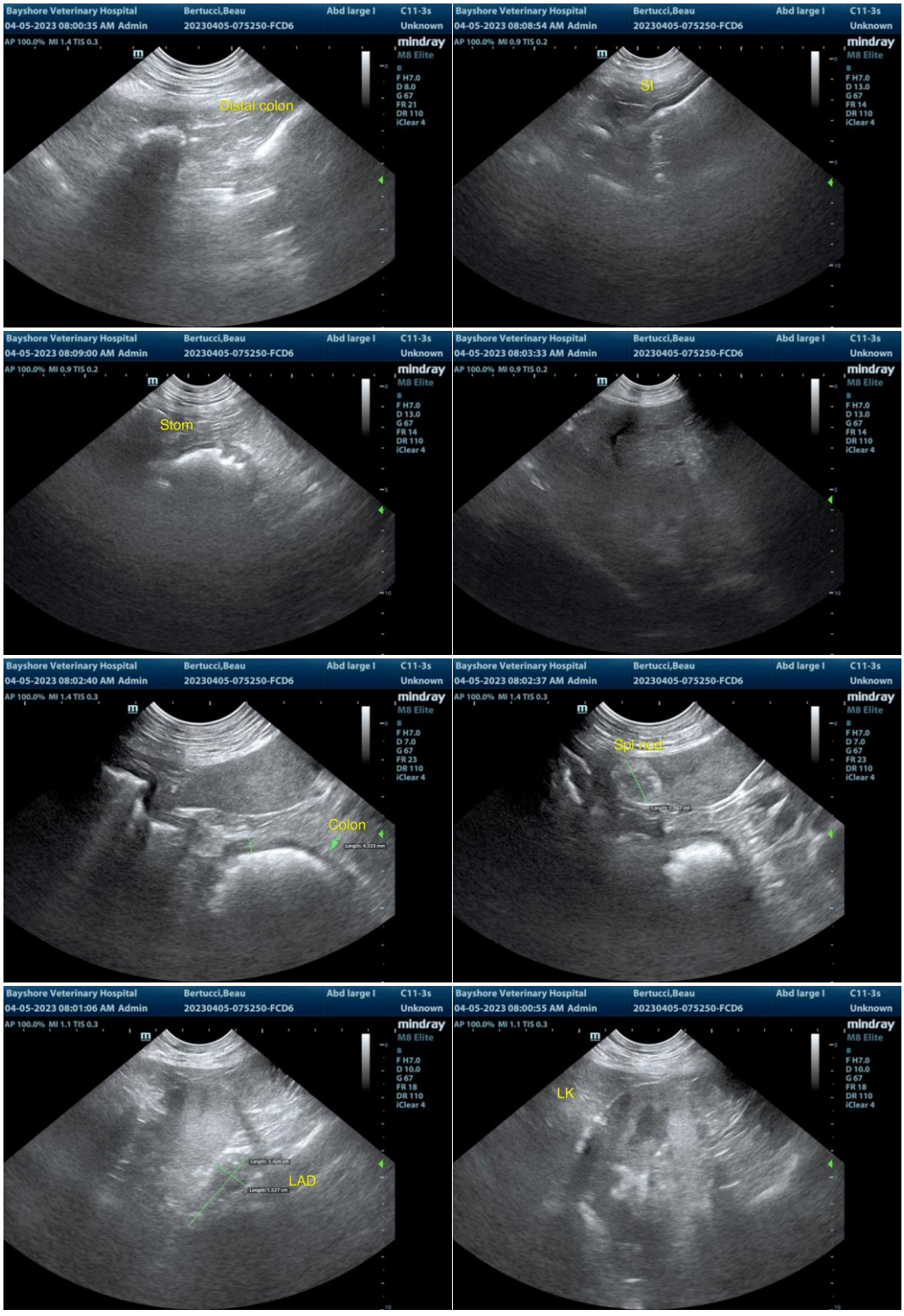

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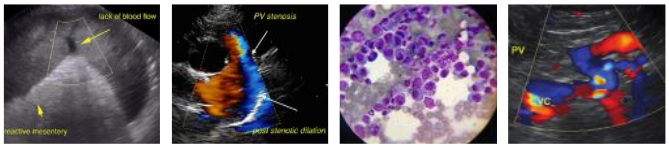

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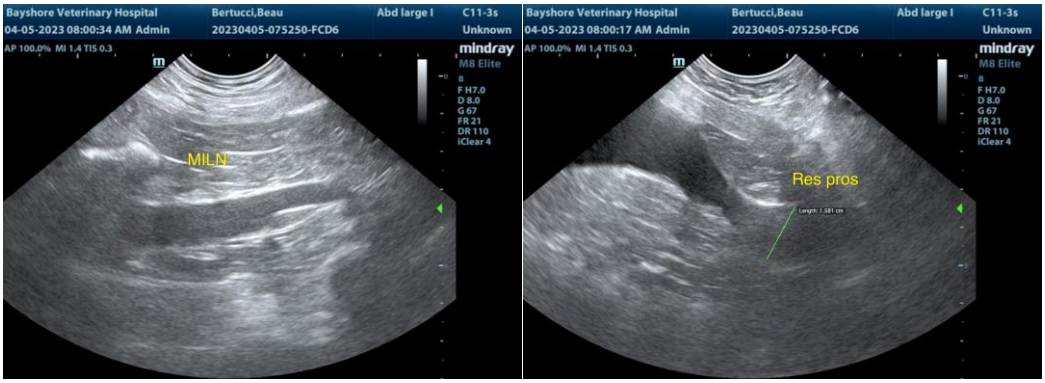

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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