



PATIENT

Buster Carrier

SPECIES

Canine

BREED

Boxer X

SEX

MN

AGE

12.5 lbs.

WEIGHT

60 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

16532

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Seen in February, had labs at that time - dx pancreatitis. Labwork repeated on 4/3 when pt in for senior wellness visit, owner noted pt has been panting more heavily during the day for some time now.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Tp = 7.8, Alb = 4 ALT = 887, AST 116, ALP 595 CK = 252 spec cPL = 55 Urinalysis: spgr 1.022, ph = 6.5, 2-5 wbc, 0-2 rbc T4 = 2.2 HWT = negative Current Medications Carprofen 1/2 tab 100mg SID, Gabapentin, Phycos Max Radiographic Findings none taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 free of overt 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 7.5 cm in length. The right kidney measured 6.6 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 3.0 cm length x 0.96 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 2.6 cm length x 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

Buster Carrier

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, discrete, non-disruptive, hypoechoic, intraparenchymal nodule was present in the mid-ventral liver measuring 0.8 cm in diameter. 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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting focal, progressive to distal acoustic shadowing, sonographically consistent with food. The stomach was otherwise normal.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes
- Chronic hepatopathy with discrete intraparenchymal nodule - subjectively benign, Vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, or other hepatopathy, infiltrative neoplasia thought less likely
- Normal gallbladder
- Minor pancreatic remodeling
- Normal gastrointestinal tract with mild gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory criteria.

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No sonographic evidence of active pancreatitis with potential minor pancreatic remodeling owing to previous inflammatory episode or low-grade / chronic pancreatitis.



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Hepatosupportive medications including Denamarin as well as empirical therapy for chronic pancreatitis, if clinical signs suggestive of chronic pancreatitis, would be reasonable. There is no evidence of intraabdominal neoplastic criteria.

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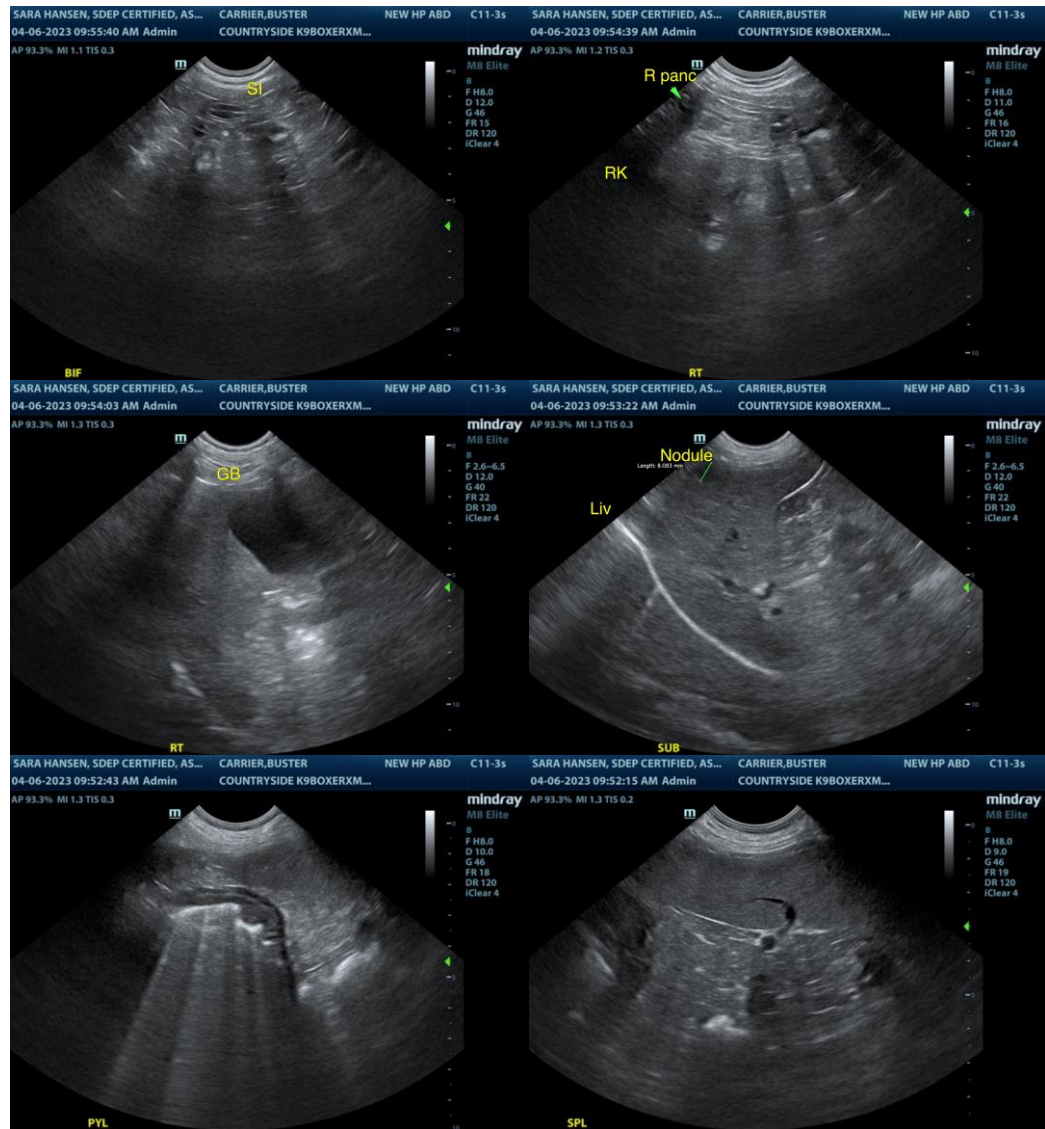
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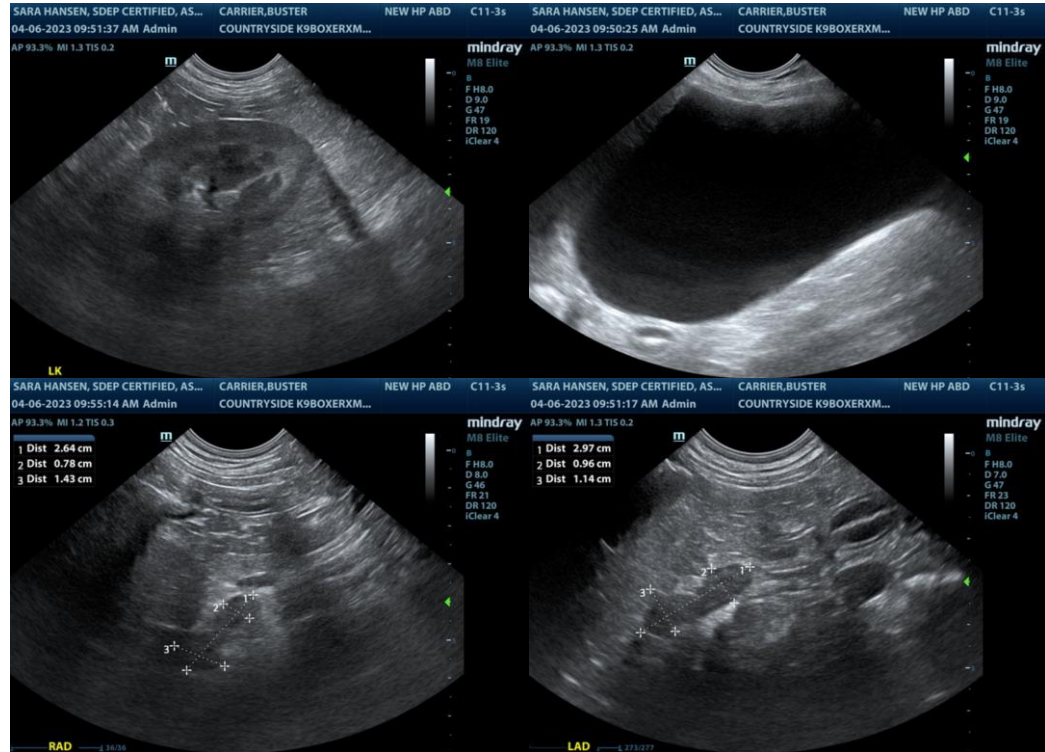
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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