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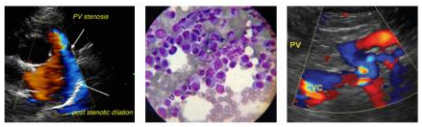

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jackie Hintze

SPECIES

Canine

BREED

Dachshund

SEX

SF

AGE

14 years

WEIGHT

20 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Abby Bowers

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DATE

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PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for the last 6 months or so, some possible acid reflux (throat clearing/hacking/coughing), vomiting bile a few times per week. P has seizures but they are well controlled on phenobarbital.

Abnormal PE/Chem/CBC/UA Results: P is overweight, has some dental disease, some arthritis, multiple fecal checks have been WNL. BW was done in Feb and was all unremarkable - CBC, Chem, T4, fecal, 4Dx, and proBNP were all WNL. Bloodwork today: BUN 42, TP 8.4, ALB 4.2, ALT 243, ALKP 228 Thoracic and abdominal rads were also taken in Feb. Mild hepatomegaly was noted.

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 no uroliths or 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 was 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 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.67 cm width at the caudal pole and 2.1 cm length.

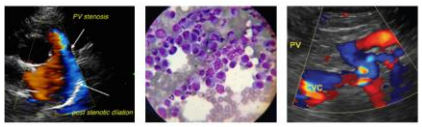
A well-defined, hyperechoic nodule was present in the cranial pole of the left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.3 cm x 1.2 cm. Overall the left adrenal gland measured 2.8 cm length by 1.3 cm width at the cranial 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.

Liver

The liver was enlarged in size with increased parenchyma echogenicity moderate coarse echotexture and evidence of remodeling. Intermittent hypoechoic intraparenchymal nodules noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly



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distended in size with thin walls and primarily anechoic luminal content with mild nondependent yet nonorganized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.48 cm width.

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 measured 0.45 cm in width.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nodular left adrenal gland-suspect adenoma or hyperplasia
- Hepatomegaly exhibiting mild hyperechoic to subtly nodular parenchyma
- Mild non dependent gallbladder debris (non-mucocele)
- Heterogeneous pancreas-likely age related potential for parenchymal remodeling owing to precious inflammation or low grade to chronic inflammation possible
- Bilateral chronic renal changes
- Probable mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for emerging left adrenal neoplasia i.e. pheochromocytoma or adenocarcinoma cannot be definitively excluded. Screening BP recommended to assess for evidence of hypertension. Although the clinical signs for this patient are not overtly consistent with adrenal hyperfunction, a full adrenal workup could be considered if clinically indicated. The overall appearance of the liver was nonspecific with considerations including vacuolar hepatopathy, inflammatory parenchymal or hepatobiliary process i.e. cholangeohepatitis, cholestasis or other hepatopathy with some potential contribution to elevated liver enzymes secondary to phenobarbital. Hepatic neoplasia is considered a less likely differential. An ultrasound guided FNA of the liver assuming normal clotting status warranted for screening cytology to assess for evidence of inflammatory cells. Hepatosupportive medications including Denamarin and Ursodiol are recommended. Sonographic reassessment of the gallbladder is recommended if progressive cholestasis or evidence of cranial abdominal or subxiphoid discomfort on palpation. Gastric protectants may prove beneficial.

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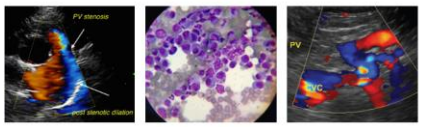

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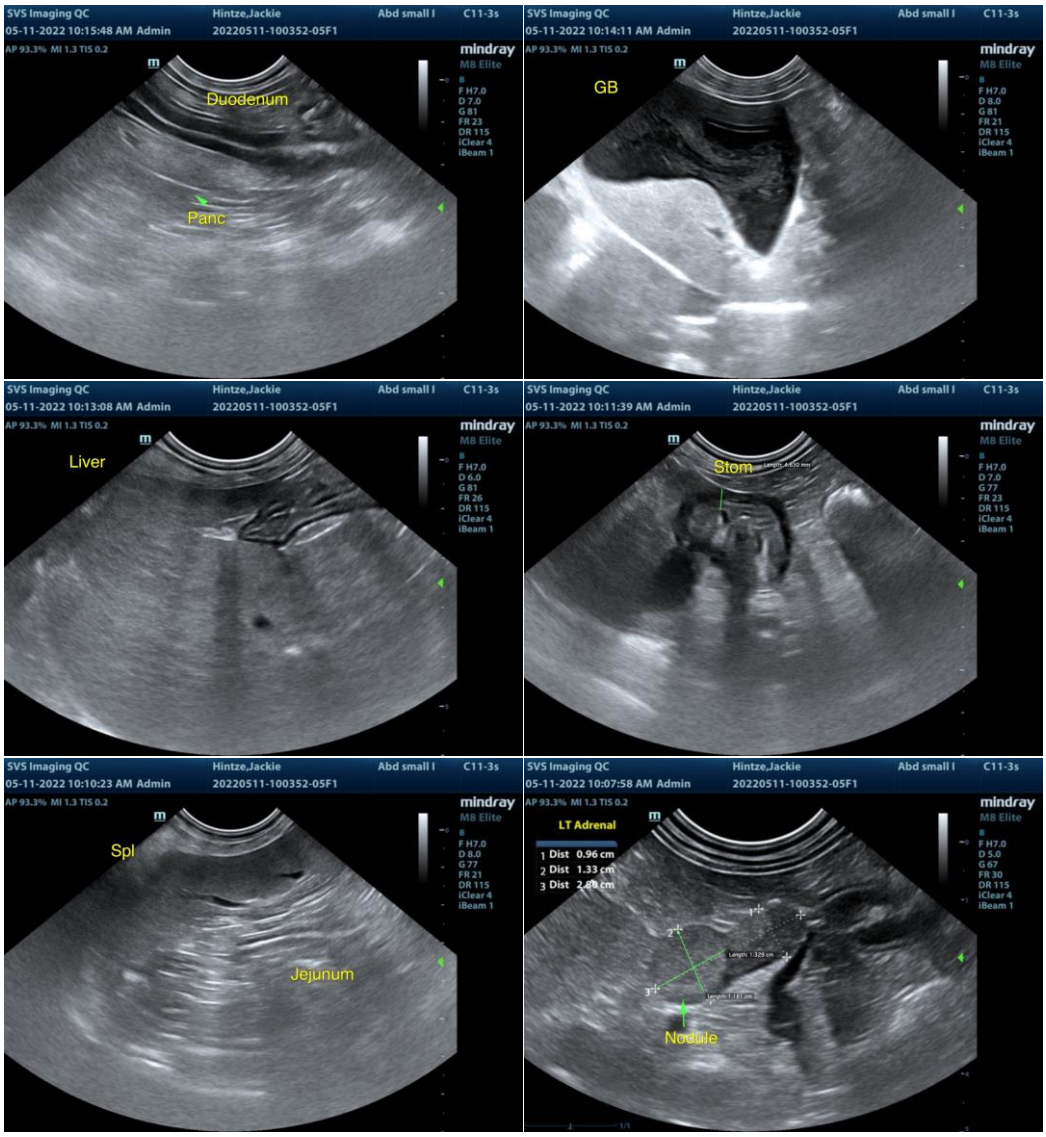

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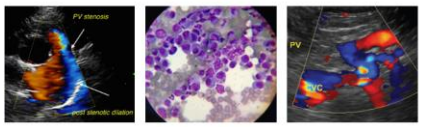

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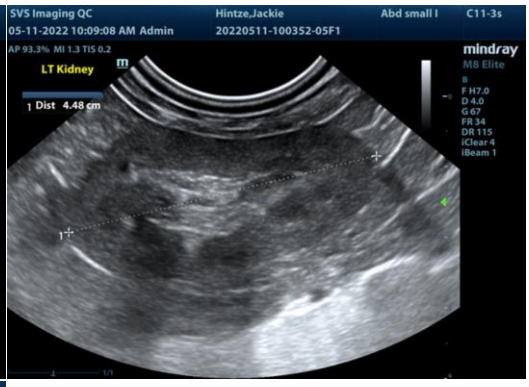

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Begin forwarded message:

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