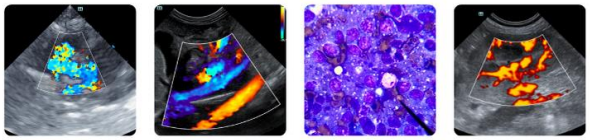


PATIENT

Jax Ollert

SPECIES

Canine

BREED

Fox Smooth Terrier

SEX

M/N

AGE

14 yrs, 5 months

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr. Rodriguez

INVOICE

10893

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Day 2 hospitalization for hypoglycemia, leukopenia, AKI, anemia, and more. Overnight, patient had a great appetite but was not able to maintain his glucose levels (despite addition of 5% Dextrose)

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 4.85 (L), HCT 30.4% (L), Hgb 10.5 (L), WBC 3.74 (L), Neu 229 (L), Lym 0.59 (L), Eos 0.05 (L) Chem/Lytes: Glu 46 (L), SDMA 50 (L), BUN 55 (H), Creat 2.8 (H), ALT 148 (H), ALP 214 (H) Blood pressure: 120 mmHg PCV/TS: 27%/6.4g/dL iSTAT Chem 8+: Glu 64 (L), BUN 48 (H), Creat 2.4 (H), Na 147, K 4.5, Cl 123, iCa 1.14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Marked loss of corticomedullary distinction was also present. Areas of medullary mineral and mild pyelectasia were also noted. The left kidney measured 3.7 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

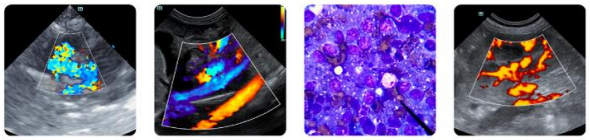
The bilateral adrenal glands were borderline to mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited marked splenomegaly with asymmetrical capsule contour and significant heterogeneous to mixed echogenic parenchyma. Normal splenic vascular volume was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Mild nonuniform increased hepatic parenchyma echogenicity with a variable coarse echotexture and subjective mild parenchymal remodeling. No definitive masses or nodules. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with nonorganized, mild gallbladder debris. 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, nonshadowing ingesta without signs of 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.

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

Pancreas

The pancreas was mildly enlarged in size with capsule asymmetry and nonhomogeneous hypoechoic, indistinctly nodular parenchyma compared to adjacent omentum with parenchymal remodeling.

Free Abdomen

Intermittent, swollen, nonhomogeneous, hypoechoic cranial abdomen lymph nodes were present. An example of a lymph node measured 2.3 cm x 1.6 cm, exhibiting a width: length ratio >0.5. No obvious effusion was noted.

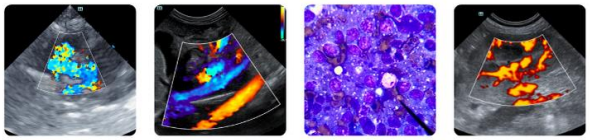
ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Bilateral chronic nephropathy exhibiting dystrophic medullary mineral and pyelectasia
- Borderline / mild enlarged nonhomogeneous adrenal glands
- Marked nonhomogeneous splenomegaly
- Enlarged nonhomogeneous liver
- Nonorganized gallbladder debris (non mucocele)
- Enlarged nonhomogeneous hypoechoic, indistinctly nodular pancreas
- Swollen hypoechoic abdominal lymphadenopathy
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta – consistent with food/ chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for multicentric neoplasia is indicated. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatosplenic and accessible lymph node FNA cytology warranted for further clarification. Paired insulin: glucose ratio on a same serum sample to screen for potential insulinoma is recommended if persistent serum glucose level <60.

Full urinary workup, including UA, C/S, +/- UPC level (if non-inflammatory proteinuria), is recommended. Continued supportive care with monitoring of serum glucose level is recommended pending additional diagnostics. An extremely guarded prognosis is indicated.



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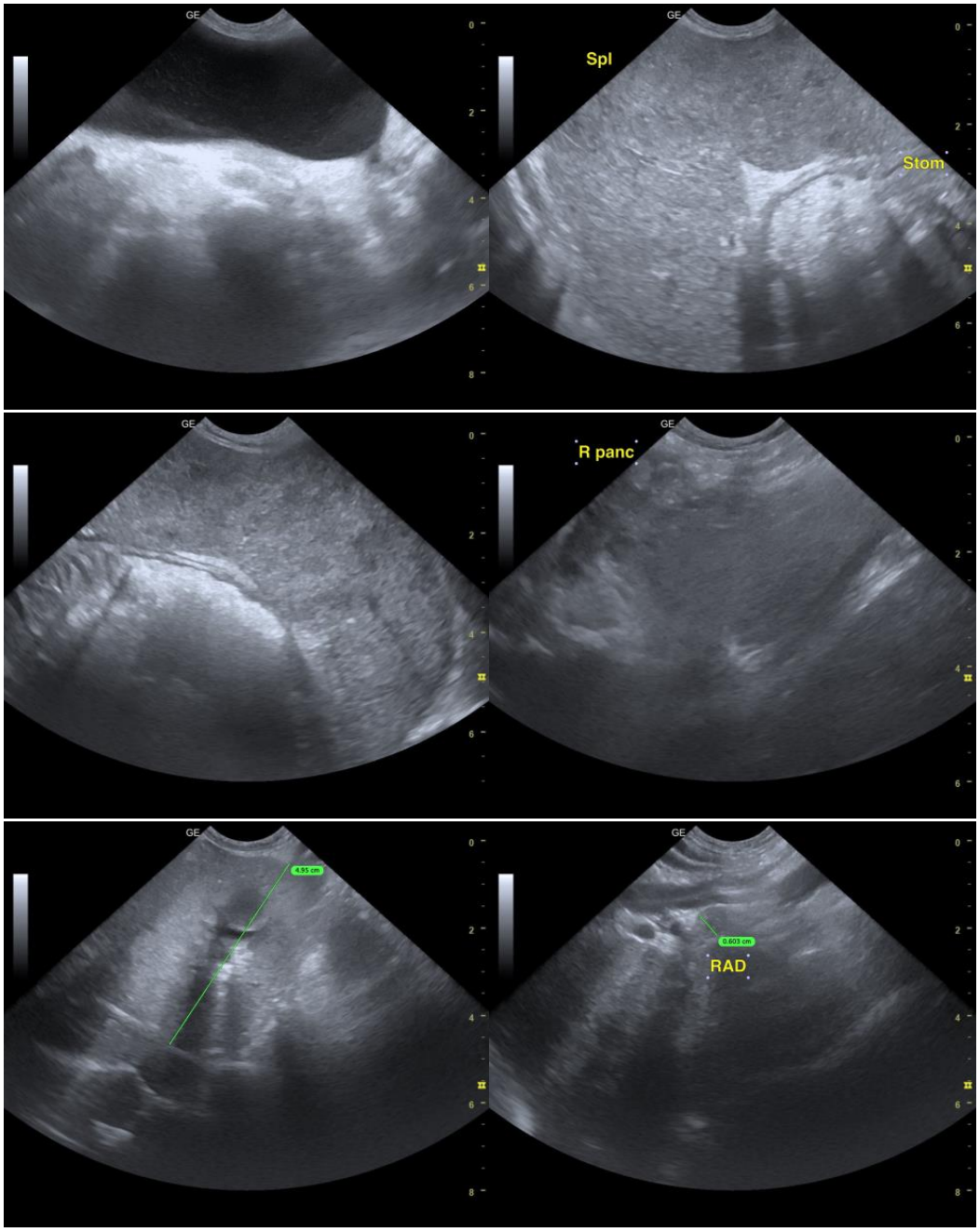

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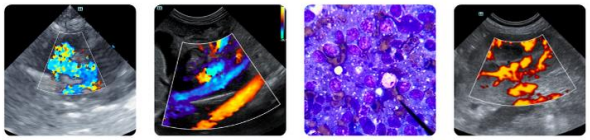

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Educational Teleconsultation Services™

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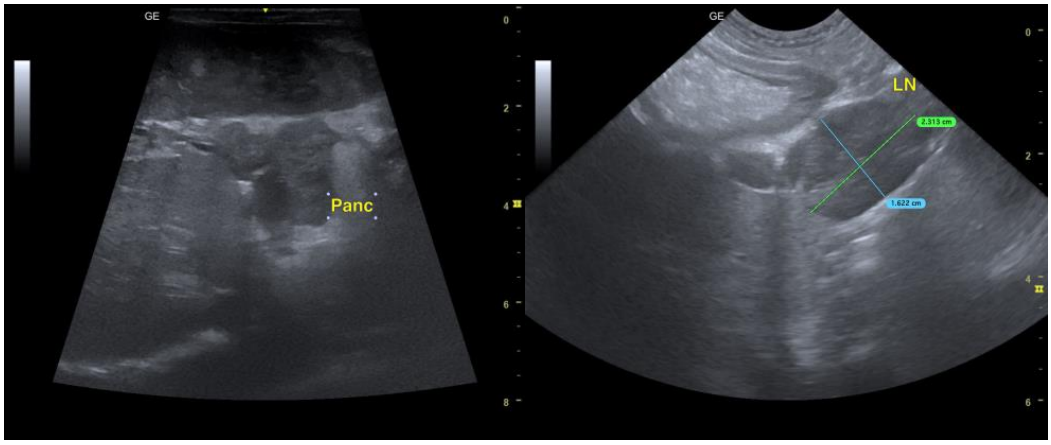

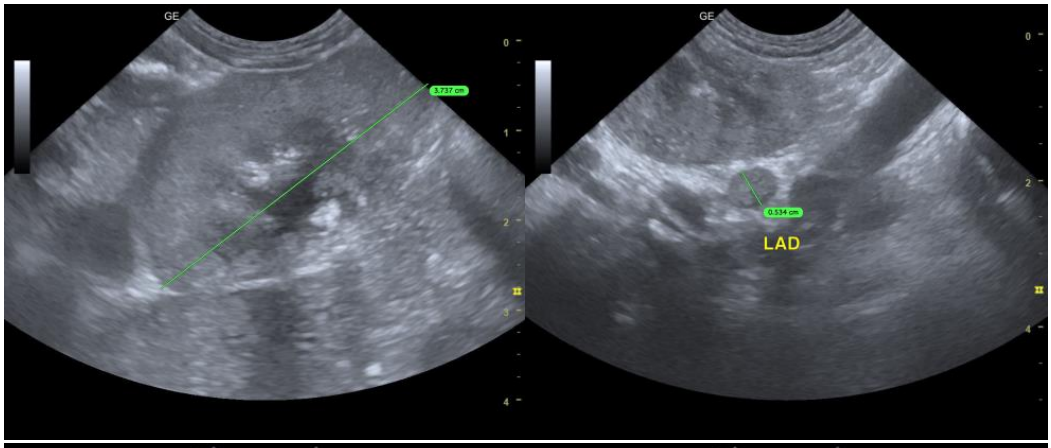

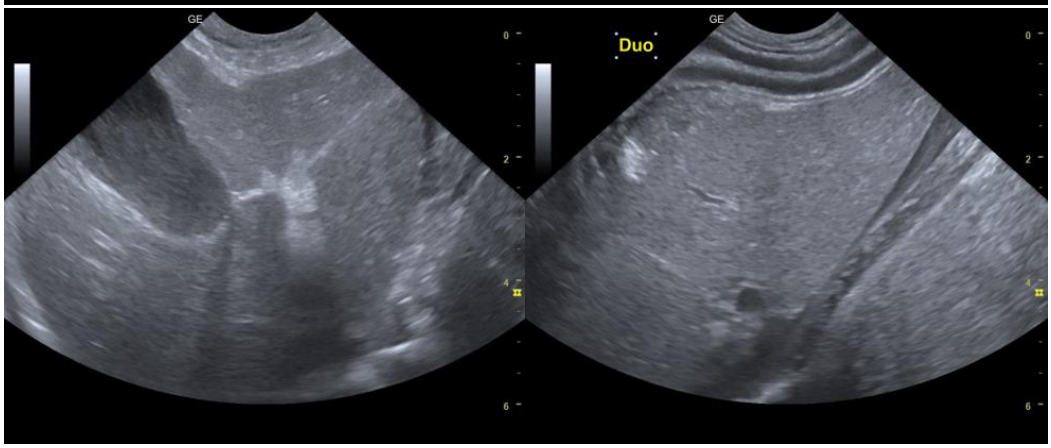

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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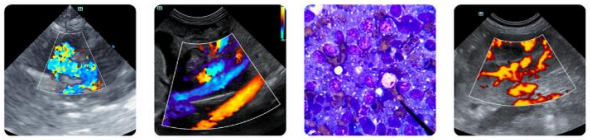

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com