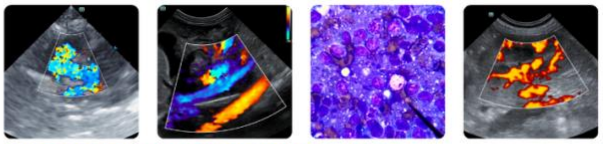

PATIENT

Catch Deedon

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

11 Years

WEIGHT

11.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Wilvet South

REFERRING VET

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INVOICE

16538

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PRESENTING CLINICAL SIGNS

HX of DM, on Novalin insulin (11U BID) presented for vomiting, had an episode of right hind lameness on presentation, this has resolved (history of intermittent limping/leg weakness previously a few days ago) hypoglycemia, elevated lactate

Cardiovascular: Grade 3 out of 6 heart murmur, Abdomen: Painful upon palpation of abdomen, Musculoskeletal: Abnormal: non weight bearing right rear limb, vocalizing when right leg extended backwards, crepitus right stifle, crepitus left stifle, normal ROM of left limb- tense on spinal palpation Integument: Dorsal aspect of right rear paw small pin lesion and barbered fur EPOC: Lact 5.19, BUN 31, Glu 53, , K 3.5, BEb -4.7, BEecf -6.6, TCO2 28.5 hypoglycemia, elevated lactate, PL-normal

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses. An indistinct soft tissue echo was present at the level of the distal aorta and iliac trifurcation, potentially measuring 1.6 cm in diameter. Color doppler assessment revealed subjective to possible decreased distal aortic blood flow.

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 pyelectasia was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

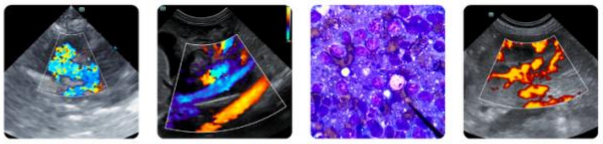
Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland measured 0.74 cm width at the caudal pole.

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 subjectively 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 presented enlarged in size. 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. A mid to right ventrocaudal mildly expansive nonhomogenous mass was visualized measuring approximately 4.0 cm in diameter.

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. The lumen of the stomach contained mild nonshadowing gastric chyme.

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 apparent formed feces in lumen.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with a mid to right, mildly expansive ventrocaudal mass lesion.
- Mild chronic renal changes.
- Mild bilateral adrenomegaly.
- Normal gastrointestinal tract with mild nonshadowing gastric chyme.
- Normal area of the pancreas.
- Suspect indistinct distal aortic thrombus.
- Moderate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis with urine culture and sensitivity, if inflammatory sediment or glucosuria is recommended. Clotting status is indicated to assess for hypercoagulable state given patient's history and suspect distal aortic thrombus. Empirical or prophylactic antithrombotic/antiplatelet therapy may be considered pending further sonographic assessment or if hypercoagulable state is suspected. If normal clotting status and accessible, FNA cytology of the hepatic mass lesion is recommended for further assessment. Adrenal screening or workup with ACTH stimulation test could be considered if clinical signs are consistent with adrenal disease or diabetic dysregulation.

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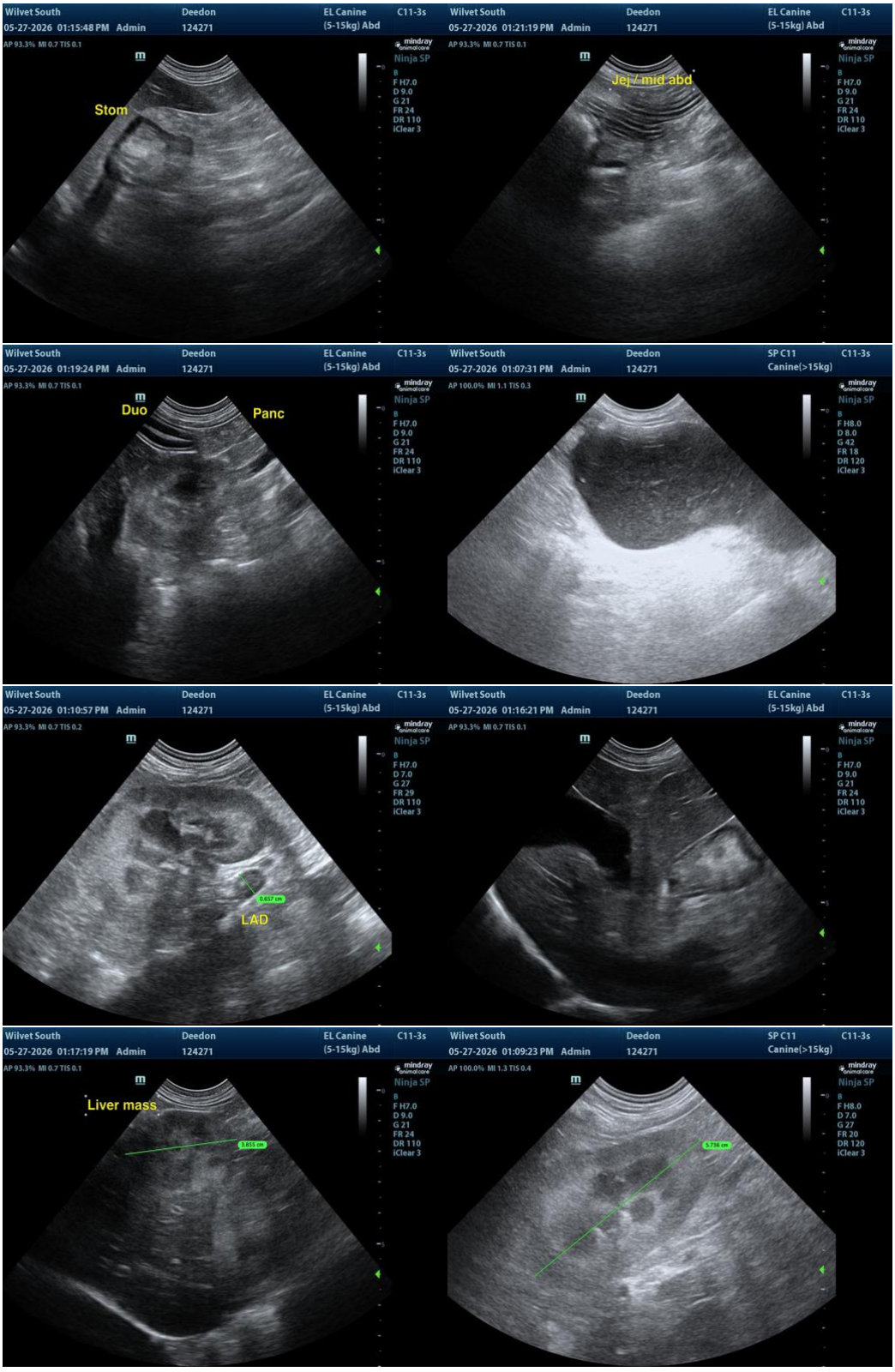

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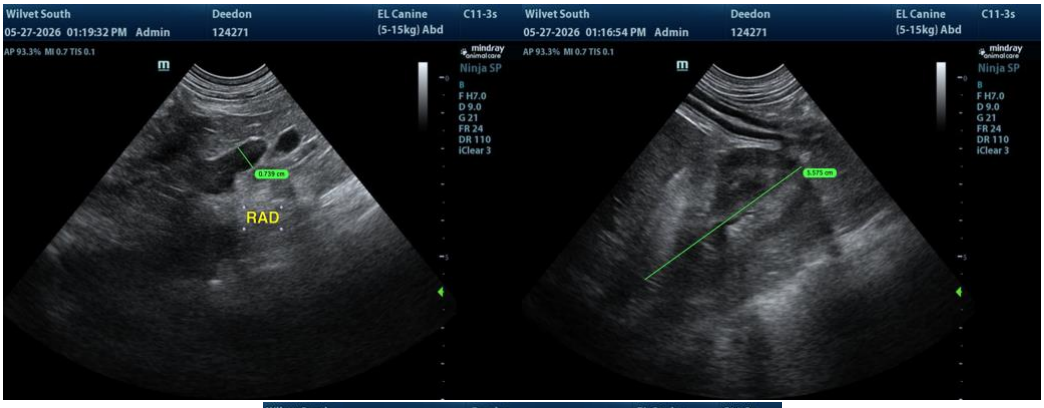

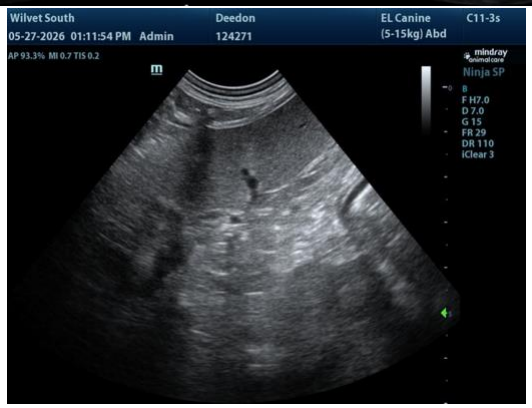

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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