

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Buddy Stayner

PRESENTING CLINICAL SIGNS
History: Buddy presented on Monday for inappetence for 24/36 hours. Seemed to be very sudden per O. 4 lbs of weight loss in the last year. Physical exam: slow to get up, decreased CP RF (can't tell if weak or neuro), stiff gait; abdomen is very tense, cranial abdomen organomegaly? Current Medications Started on Amoxicillin, Cerenia, Gabapentin- got it this AM Primary Question/Differential to Be Answered in This Exam Buddy perked up after the first day with Cerenia and SC fluids, but now is not doing well again. Concern for neoplasia (liver, pancreas). Also, do his kidneys look more chronic or acute (pyelonephritis).

SPECIES

Canine

BREED

Labrador Mix

SEX

NM

AGE

15 years

WEIGHT

56.4 pounds

INTERPRETED BY

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

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with dependent to non-dependent particulate 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured – cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate, measuring 1.1 cm in width.

Adrenal Glands

The bilateral adrenal glands were mildly prominent to enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.6 cm length and 1.2 cm width in the caudal pole. The right adrenal gland measured 2.7 cm length and 1.0 cm width in the caudal pole.

Spleen

The spleen exhibited generalized parenchymal heterogeneity with multiple variably echogenic to mildly expansive nodules, an example measuring 3 cm in diameter in the mid to cranial spleen. The capsule exhibited areas of mild asymmetry. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

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. Focal thinly walled intraparenchymal cyst containing anechoic fluid was

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DATE

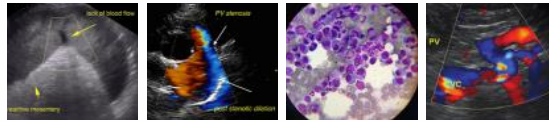
05/05/2022

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Drs. DeWall and Kairis



PATIENT

present in the deep liver. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Buddy Stayner

SPECIES

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Canine

Gastrointestinal

BREED

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta with focal shadowing echo, echo likely consistent with medication. No signs of ileus, obstruction or foreign material.

Labrador Mix

SEX

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.

NM

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

AGE

Pancreas

15 years

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.

WEIGHT

Free Abdomen

56.4 pounds

No masses, overt lymphadenopathy or peritoneal effusion was present.

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Other

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

IMAGING PERFORMED BY

ULTRASONOGRAPHIC FINDINGS

Jenna Walsh CVT

- Urinary bladder sediment
- Bilateral moderate chronic renal changes
- Nonspecific splenic nodules
- Hepatopathy exhibiting parenchymal remodeling and solitary intraparenchymal cyst
- Unremarkable gallbladder
- Nonspecific bilateral mild adrenomegaly exhibiting nonhomogeneous parenchyma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Drs. DeWall and Kairis

The urinary bladder sediment may suggest cellular debris/protein, crystalline debris or mucus. Potential for pyuria cannot be excluded. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. No overt evidence of pyelonephritis in either kidney. The splenic nodules were nonspecific with potential etiologies including hyperplasia, hematopoiesis, small hematomas, inflammation/infection or neoplasia. Likewise, the overall appearance of the liver was nonspecific yet most consistent with benign chronic hepatopathy, considerations including vacuolar hepatopathy, nonspecific inflammatory/immune mediated disease with parenchymal remodeling and nodular to regenerative hyperplasia are possible. Assuming normal clotting status a hepatosplenic FNA using a

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25g needle is recommended for screening cytology. The overall appearance of the adrenal glands may indicate age related changes/adenomatous change or benign hyperplasia while the possibility of adrenal pathology such as neoplasia cannot be excluded although thought less likely. Screening BP suggested to assess for evidence of hypertension which may allude to pheochromocytoma. The patient clinical signs and liver presentation were not overtly suggestive of adrenal hyperfunctionality however adrenal testing could be considered if clinical suspicion of hyperadrenocorticism. Sonographic monitoring of the spleen, liver and bilateral adrenal glands for evidence of progressive changes would be a more conservative approach.

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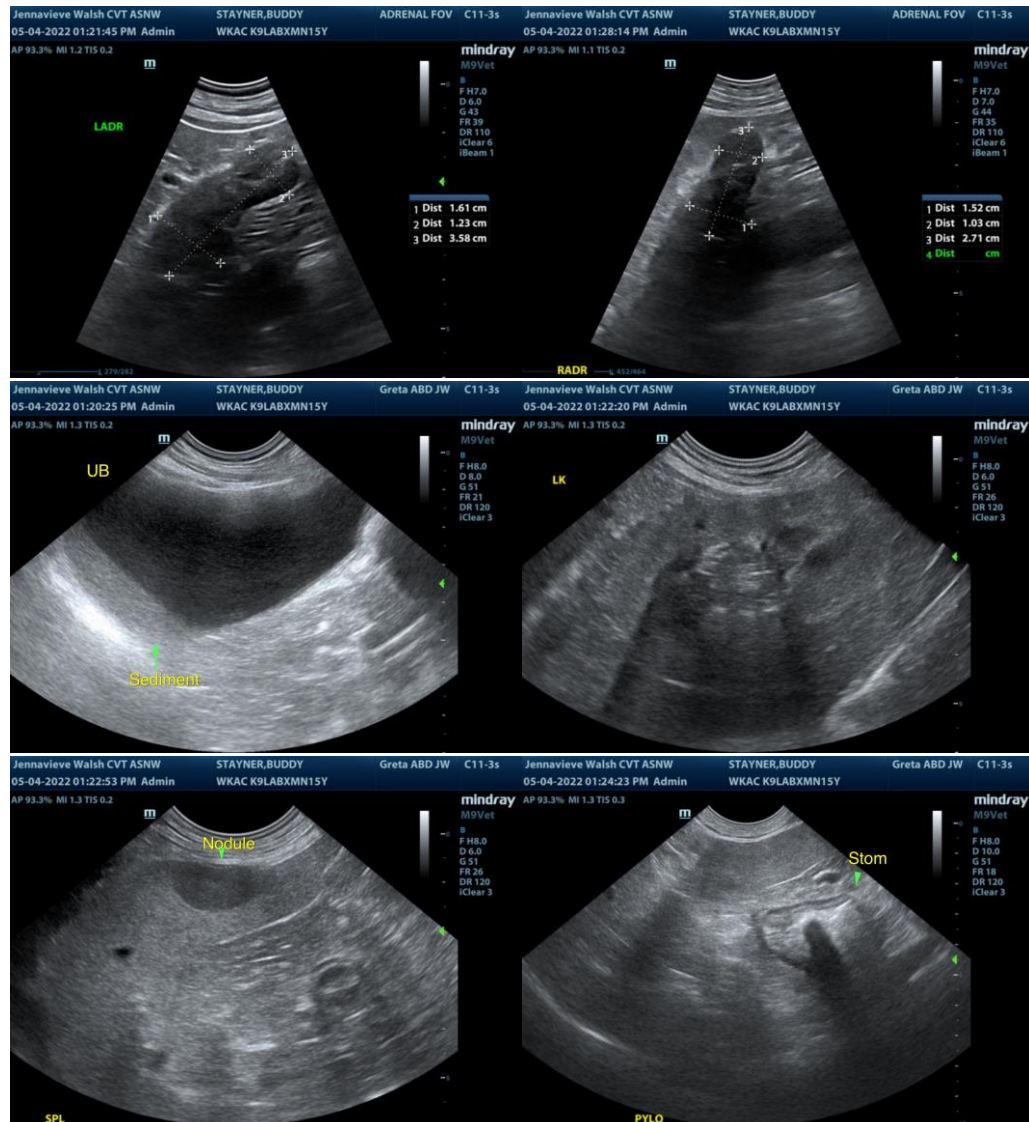
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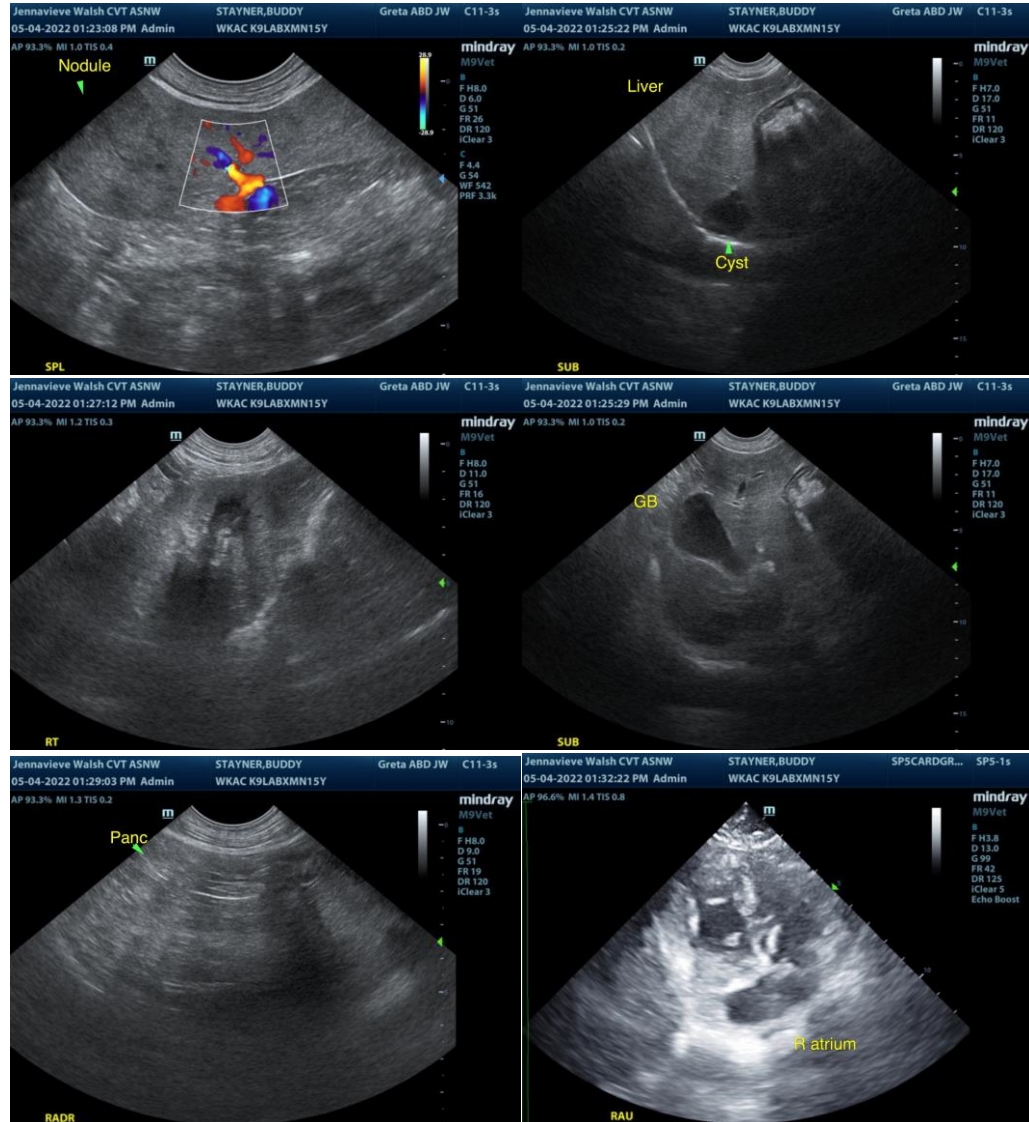
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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