



PATIENT

Walter Campbell

SPECIES

Canine

BREED

Mastic X

SEX

Neutered Male

AGE

11 Years

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Montgomery Village
VC

REFERRING VET

Dr. Dekens

INVOICE

15119

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Moderate elevation of ALP, inappropriate urine specific gravity with proteinuria, hematuria and pyuria

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. The urethra was overtly normal in structure and tone to a depth of 4.0 cm.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter. No evidence of 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 pyelectasia was present. Minor medullary mineral was present in both kidneys. The left kidney measured 7.3 cm in length. The right kidney measured 8.2 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 0.73 cm width at the caudal pole and 0.58 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 0.77 cm width at the cranial 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 normal in volume with no evidence of congestion or thrombosis. A solitary non-expansive well-demarcated hypoechoic nodule subjective caudal spleen, measuring 0.82 cm in diameter.

Liver

The liver was overall normal in size and contour with primarily maintained finely textured homogeneous parenchyma. 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 congestion.

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 was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Walter Campbell

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.

SPECIES

Canine

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. The appearance of the pancreas is likely consistent with patient or age-related variant and considered incidental. Minor potential for low-grade to chronic pancreatitis, if previous history of pancreatitis or if clinical signs suggestive of pancreatitis.

BREED

Mastic X

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

- Vacuolar hepatopathy pattern- subjectively benign
- Nonspecific mild chronic renal changes with minor medullary mineral
- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra
- Nonspecific non-expansive hypoechoic splenic nodule

WEIGHT

43 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although nonspecific, the solitary hypoechoic splenic nodule is suggestive of focal lymphoid hyperplasia, hematopoiesis, small hematoma, focal splenitis or similar benign pathology with neoplastic criteria thought less likely. Sonographic monitoring of the splenic nodule for evidence of progression would be reasonable. Concurrent screening hepatic FNA could be considered for cytology, however, no overt evidence of significant hepatic parenchymal pathology. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

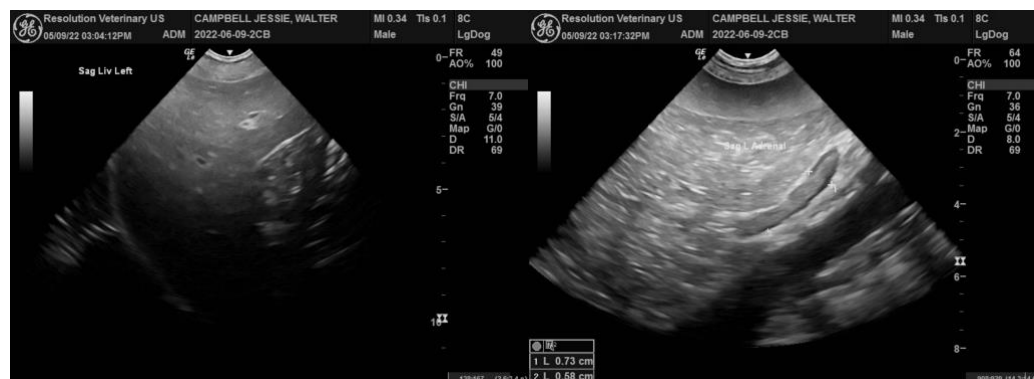
IMAGING PERFORMED BY

Dr. Belan

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

HOSPITAL NAME

Montgomery Village
VC



REFERRING VET

Dr. Dekens

INVOICE

15119

DATE

5/9/22



PATIENT

Walter Campbell

SPECIES

Canine

BREED

Mastic X

SEX

Neutered Male

AGE

11 Years

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Montgomery Village
VC

REFERRING VET

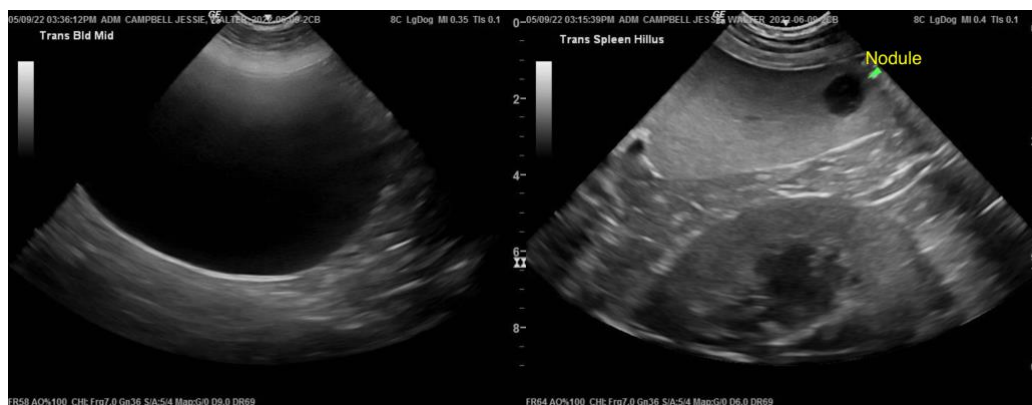
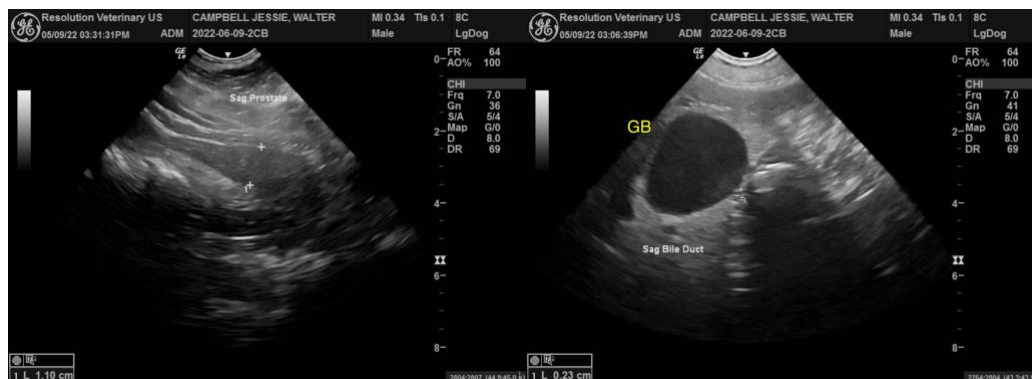
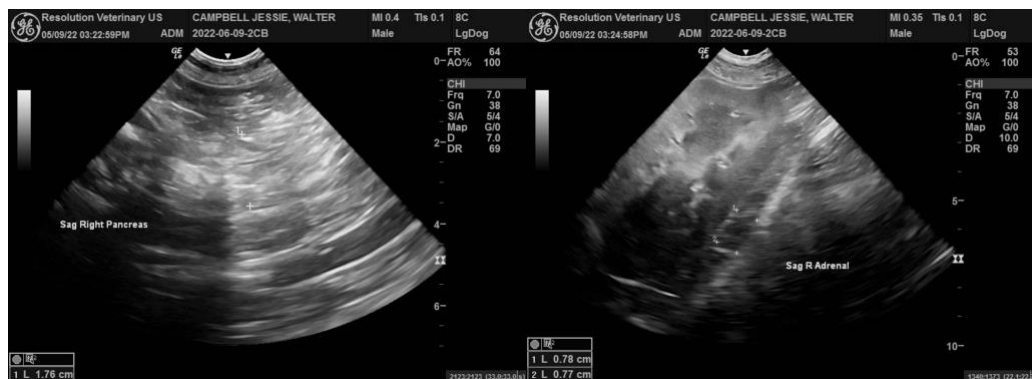
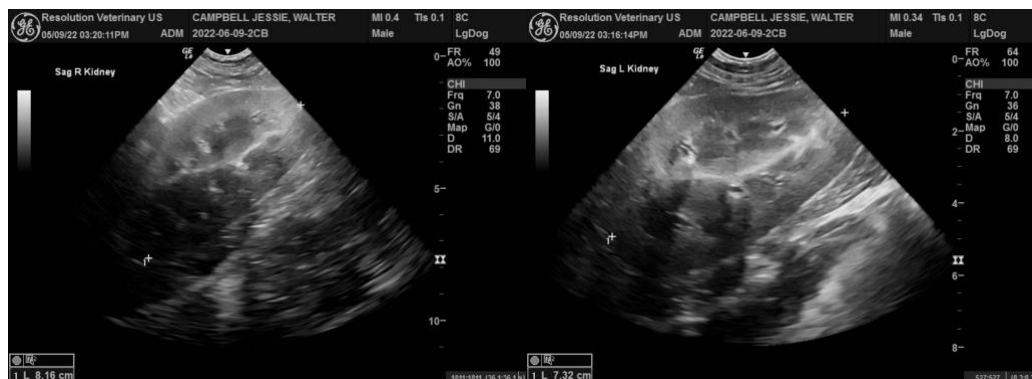
Dr. Dekens

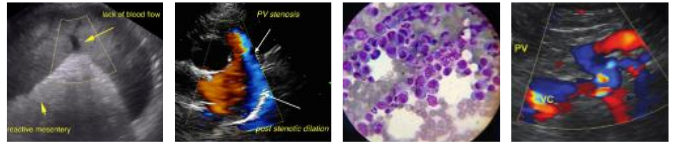
INVOICE

15119

DATE

5/9/22





PATIENT

Walter Campbell

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

SPECIES

Canine

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.

BREED

Mastic X

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

SEX

Neutered Male

AGE

11 Years

WEIGHT

43 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Montgomery Village
VC

REFERRING VET

Dr. Dekens

INVOICE

15119

DATE

5/9/22