



PATIENT

Missy Crefeld

SPECIES

Canine

BREED

Corgi

SEX

FS

AGE

11 years 6 months

WEIGHT

38.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Goldman

INVOICE

13965

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Presented as DKA - anemic. Neuro/ms issues. On Humulin N 5 units BID.
Abnormal PE/Chem/CBC/UA Results: K+ 2.3, creat. 2., BUN 40, ALT 159, ALP 440.

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. 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 was noted.

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. Intermittent small cortical cysts were present in both kidneys. No evidence of pyelectasia was present. The left kidney measured 5.9 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

A well-defined, non-expansive, hyperechoic nodule was present in the caudal pole of the left adrenal gland. The cranial pole of the left adrenal gland exhibited mild nonhomogeneous parenchyma. The nodule did not exhibit signs of adrenal mineralization or vascular invasion. The nodule measured 0.98 cm x 0.88 cm in. The overall left adrenal gland measured 2.5 cm length x 0.97 cm width at the caudal pole.

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 2.6 cm length x 0.70 cm width in 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 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 was enlarged in size yet maintained a symmetrical capsule contour with generalized nonuniform variably echogenic parenchyma exhibiting moderate coarse echotexture. Evidence of parenchymal remodeling was present. No masses or nodules were noted. A small pocket of scant interlobar free fluid was present.

The gallbladder was non-distended in size with thin walls containing primarily anechoic content with very minor luminal debris. No evidence of cholecystitis was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering owing to mildly prominent gastric mucosa. Minor retained anechoic gastric fluid was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis/ mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental nonobstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The left limb, right limb, and base of the pancreas presented mild uniform hypoechoic parenchyma compared to adjacent omental fat. The pancreas was mildly prominent with mild asymmetrical contour. Subtle peripancreatic reactivity mesentery was present. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Left adrenal nodule - suspect adenoma
- Mild pancreatitis
- Hepatopathy exhibiting generalized nonuniform variably echogenic parenchyma, small pocket of scant interlobar free fluid
- Mild gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific yet suggestive of probable diabetic hepatopathy (vacuolar/reactive/metabolic hepatopathy). The potential for concurrent low-grade hepatic inflammation is possible. No evidence of hepatic neoplastic criteria was noted.

Technically, the potential for an emerging left adrenal neoplastic nodule, i.e., pheochromocytoma, adenocarcinoma, or other, may be possible. Screening blood pressure to assess for evidence of hypertension associated with a pheochromocytoma, full adrenal would up if clinically indicated, and sonographic monitoring of the left adrenal nodule for evidence of progression is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As-needed gastrointestinal support, hepatosupportive medications, i.e., Denamarin, Ursodiol, etc., and medical therapy for DKA with an assessment of clinical response and monitoring of hepatic enzymes are recommended.



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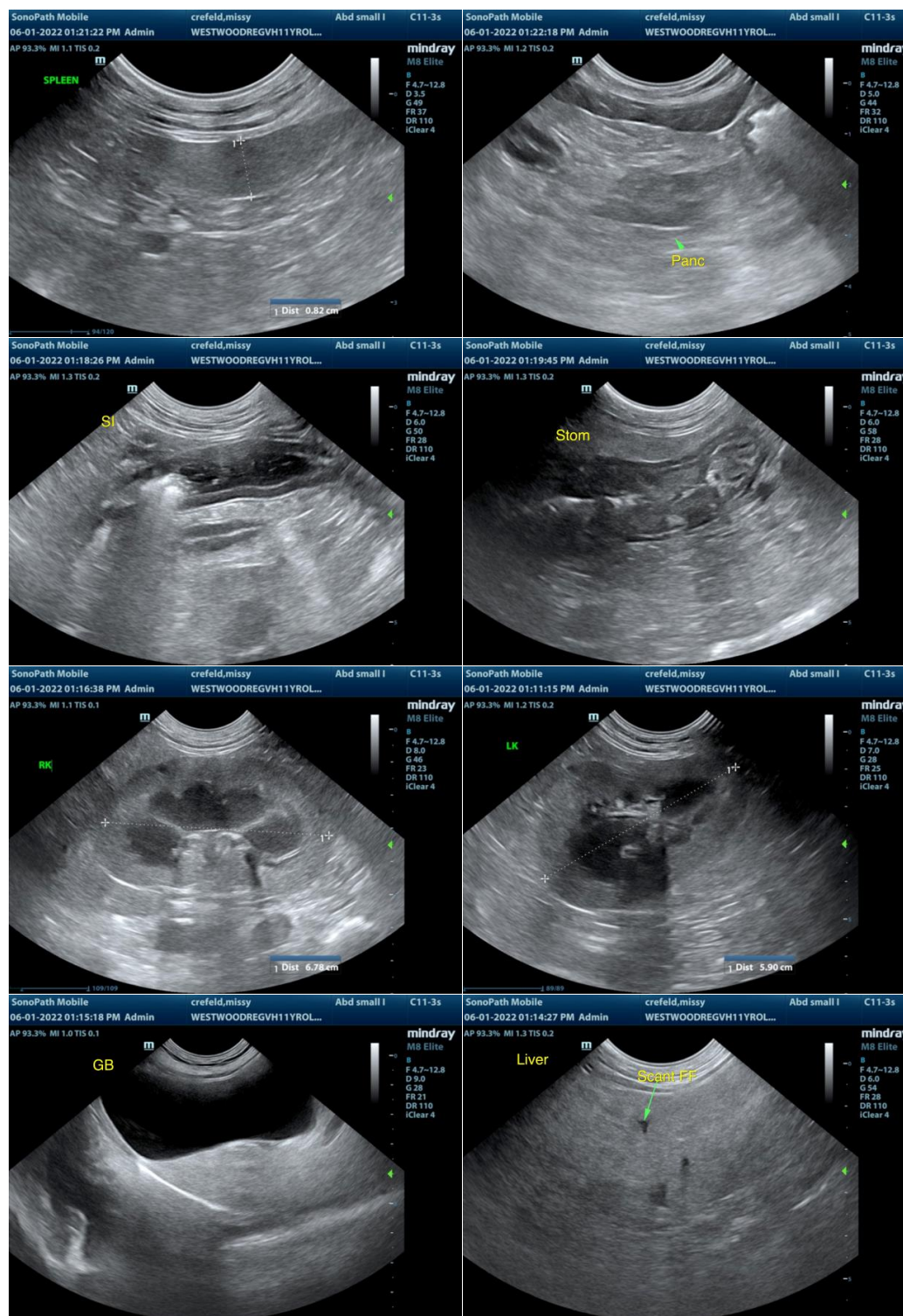
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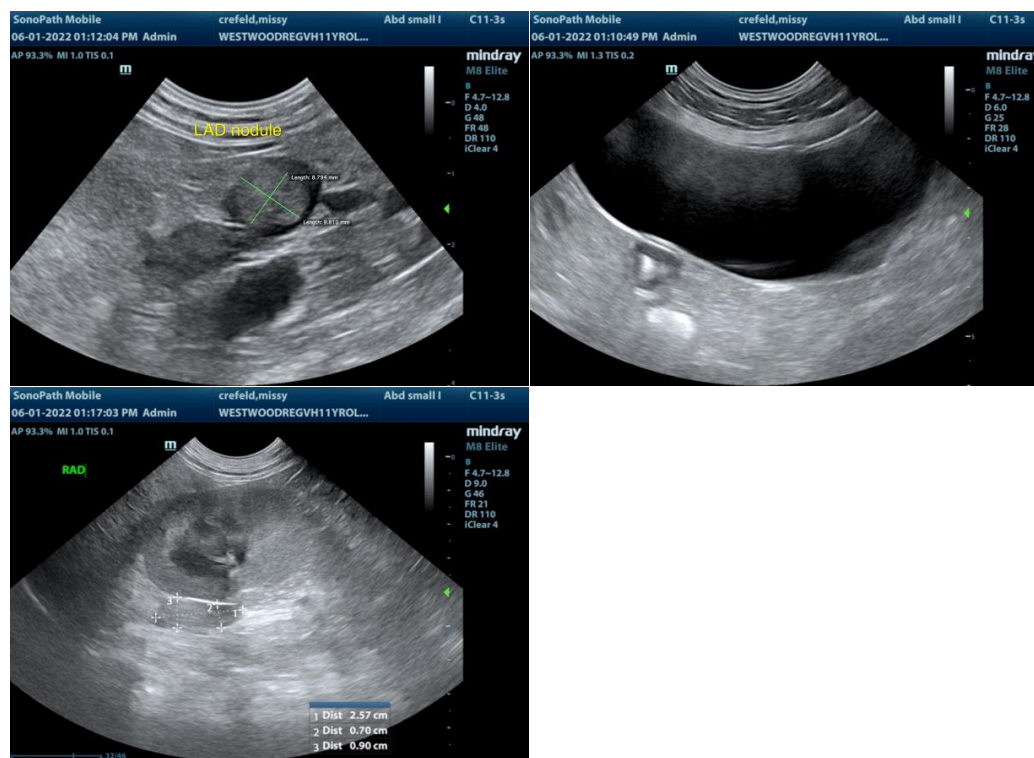
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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