



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lexi Smith
SPECIES Canine
BREED Boxer
SEX FS
AGE 8 yr
WEIGHT 77 lb

History: Presented for acting "off". Pacing and seems uncomfortable; makes coughing/gagging noises. No vomiting. Did have some diarrhea. Eating and drinking normally. On exam, jugular pulses appear more prominent. No sign of pain. An arrhythmia was noted, HR 130-150 bpm. ECG performed in-house - runs of VPCs with HR 140-160 bpm. Radiographs: normal pulmonary vasculature; mild, diffuse broncho-interstitial pattern on V/D view, not seen on lateral view. ECG - sinus rhythm with single VPCs as well as couplets. Also has history Cushing's disease, well-controlled on Vetoryl. On labs: lipase 1856 (slightly elevated), all else within normal limits. Current medications: Vetoryl 60 mg q24h; Sotalol 40 mg q12h. An echocardiogram is recommended to assess cardiac structure and function. Also having an abdominal ultrasound study (Bi-cavity). -Prior abdominal ultrasound study (12/3/21): 1) hepatopathy (vacuolar or metabolic type) 2) right adrenal cranial pole nodule ~ 1.6 x 2 cm (difficult to image due to deep chested conformation and aerophagic breed associated GI)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. The right kidney exhibited a focal lateral cortical infarct. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 7.2 cm in length.

INTERPRETED BY The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.66 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet previously documented cranial right adrenal nodule was subjectively present and was overall static in appearance compared to previous measurement. The right adrenal gland measured 1.9 cm in diameter.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

HOSPITAL NAME

Wood River Animal Hospital

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Dr. Schuelke

Liver

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

DATE

06/10/2022

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic nonshadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.30 cm in width.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental duodenojejunal nonshadowing chyme with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.34 cm in width. The duodenum wall measured 0.42 cm in width.

BREED

Boxer

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

SEX

FS

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.

AGE

8 yr

Free Abdomen

Focal, mildly prominent to enlarged medial iliac lymph node adjacent to the iliac trifurcation was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.60 cm width.

WEIGHT

77 lb

No omental masses or peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Early age related kidneys with right kidney cortical infarct
- Ill defined cranial right adrenal nodule-overtly static compared to previous study
- Overtly normal GI tract with gastric and segmental small bowel ingesta/chyme
- Sonographically normal pancreas

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of Cushing's syndrome with overtly normal left adrenal gland, CT assessment of the right adrenal gland given difficulty in sonographically evaluating the right adrenal gland owing to patient size and confirmation would likely be ideal. No overt evidence of sonographic hepatic pathology in conjunction with reported normal hepatic enzyme levels. Screening BP is recommended if not recently done to assess for evidence of hypertension given the right adrenal nodule. Potential for resolving or low grade pancreatitis as well as GI disease could be possible. Conservatively, as needed GI support and continued sonographic monitoring of the right adrenal nodule would be reasonable.

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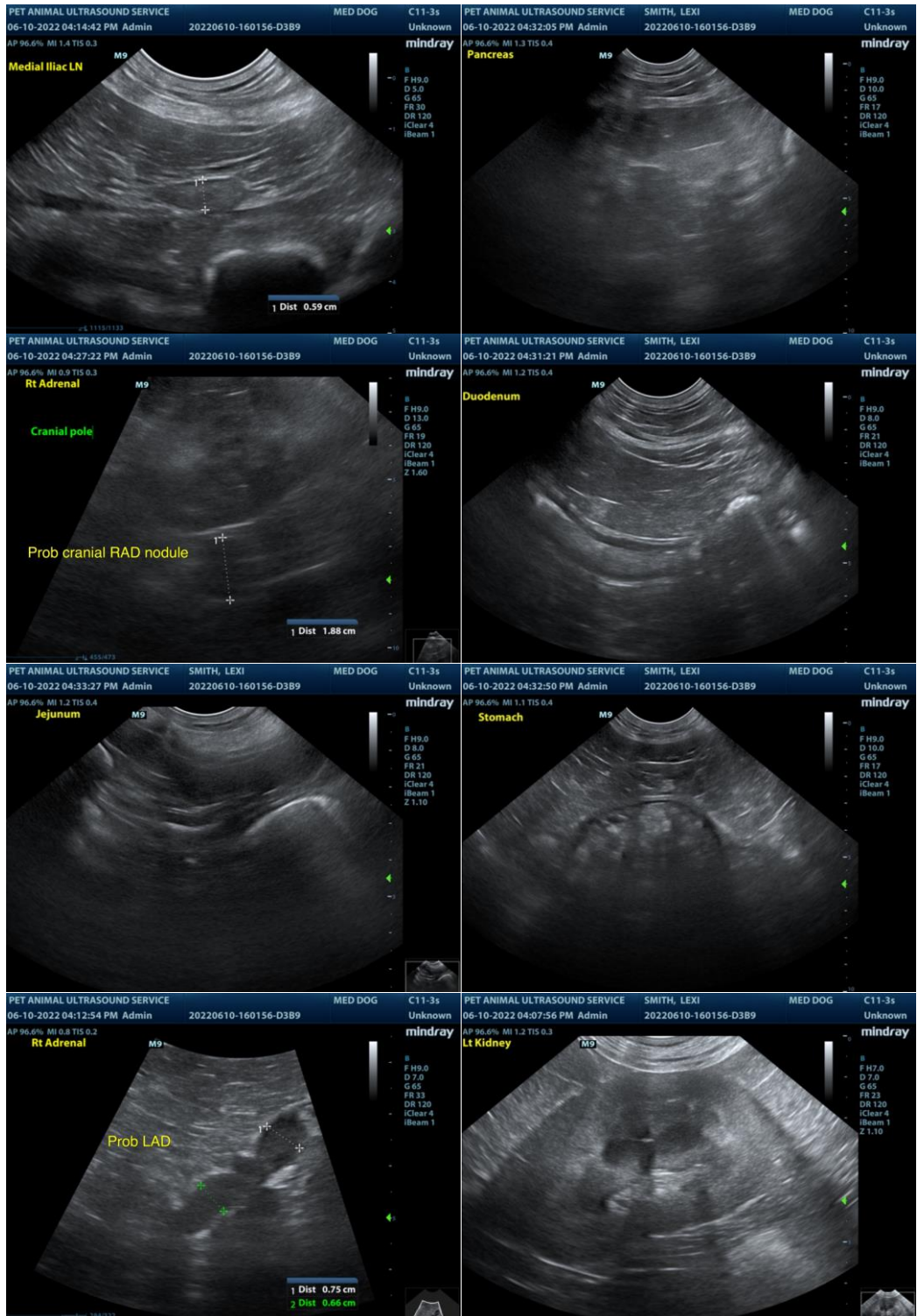
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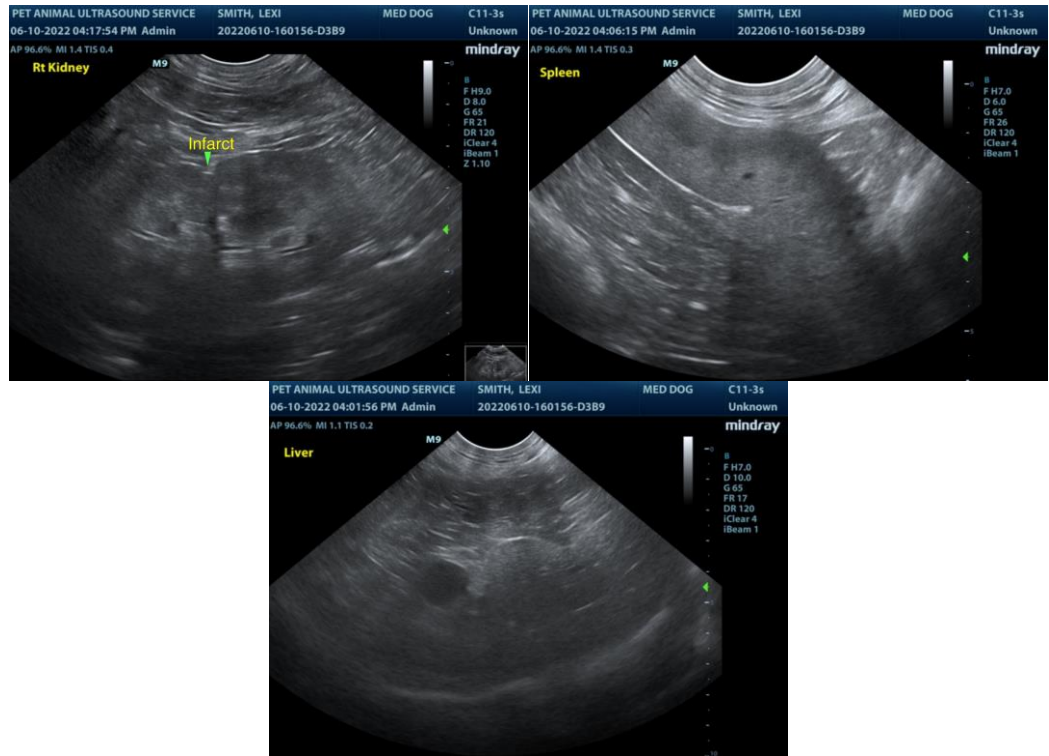
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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