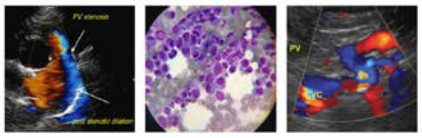
IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pickle Bode

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

14 Years

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Michelle Hall

INVOICE

38668

DATE

6/13/22

PRESENTING CLINICAL SIGNS

Presented for some coughing. Has had a heart murmur for awhile, but now it is grade 4/6. Did thoracic rads and sent to tallgrass-mild cardiomegaly and left atrial enlargement was found. No heart meds are used currently.
Abnormal PE/Chem/CBC/UA Results: CBC WNL. Chem BUN 33, Creat 1.5 and SDMA 11. proBNP 3,670. Is on meds for hypothyroidism and is controlled. Has cognitive dysfunction and is on several meds for that-more over the counter meds. Senelife, b/d food, etc

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.2 cm diameter.

No overt pathology in the area of the iliac trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral present. The right kidney measured 6.2 cm. The left kidney measured 5.9 cm. Small cortical cysts noted in the left kidney.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.60 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 0.62 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. A solitary, mildly expansive, mildly hypoechoic nodule was noted in the cranial spleen without evidence of associated capsule distortion, measuring 1.7 cm diameter. Normal splenci vascularity.

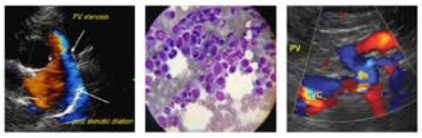
Liver

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.

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.

IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Pickle Bode

SPECIES
Canine

BREED
Australian Shepherd

SEX
Neutered Male

AGE
14 Years

WEIGHT
52 Pounds

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

IMAGING PERFORMED BY
Rachel Runnells, RVT

HOSPITAL NAME
SVS Imaging Kansas City

REFERRING VET
Dr. Michelle Hall

INVOICE
38668

DATE
6/13/22

The visualized segments of small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The visualized discernable colon exhibited unremarkable wall layering containing formed fecal matter. No overt pathology in the area of the residual prostate.

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

Ill-defined to unspecified spherical mixed echogenic mass lesion exhibiting evidence of distal acoustic shadowing noted in the mid abdomen, measuring approximately 4.5-5.0 cm in diameter. Subtle evidence of peripheral, mildly hyperechoic mesentery noted. Intermittent cystic mesenteric lymph nodes versus omental cysts were present as well in the mid abdomen, and in the area of the adrenal glands. Example of cystic lyph node versus omental cyst measured 4.5 cm x 2.3 cm.

No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes exhibiting minor medullary mineral and cortical cysts
- Non-specific cranial splenic nodule – multiple etiologies possible (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, small hematoma, infection/splenitis, infarct, or emerging neoplastic criteria).
- Hepatic parenchymal remodeling – benign.
- Focal to intermittent cystic mesenteric lymph nodes versus omental cysts – subjectively benign.
- Unspecified mid abdominal mass exhibiting distal acoustic shadowing.

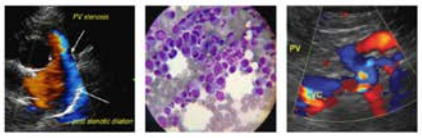
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the non-specific splenic nodule using 25-gauge needle could be considered for screening cytology. Sonographic monitoring of this nodule for evidence of progression would be a more conservative approach. Sonographically, the unspecified mid abdominal mass lesion appeared to resemble a distended segmental intestinal tract with impacted ingesta or similar. However, regional intestinal and colonic segments could not be traced directly into this unspecified mass. Likewise, no evidence of obstructive small intestinal or colonic criteria. Potential for unspecified granuloma, consolidated abscess, necrosis, or potential neoplastic criteria cannot be excluded.

Assuming normal clotting status, concurrent ultrasound guided FNA of this unspecified mass lesion could be considered for screening cytology, whereas sonographic monitoring for evidence of progression would be a more conservative approach. No overt evidence of regional peritonitis or peritoneal free fluid. Exploratory laparotomy is likely required for further assessment. 3-view chest radiographs suggested if not recently done.

IMAGING PERFORMED BY
SVS Mobile Imaging KC 816 - 401 - 5010
svsimagingkc@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pickle Bode

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

14 Years

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

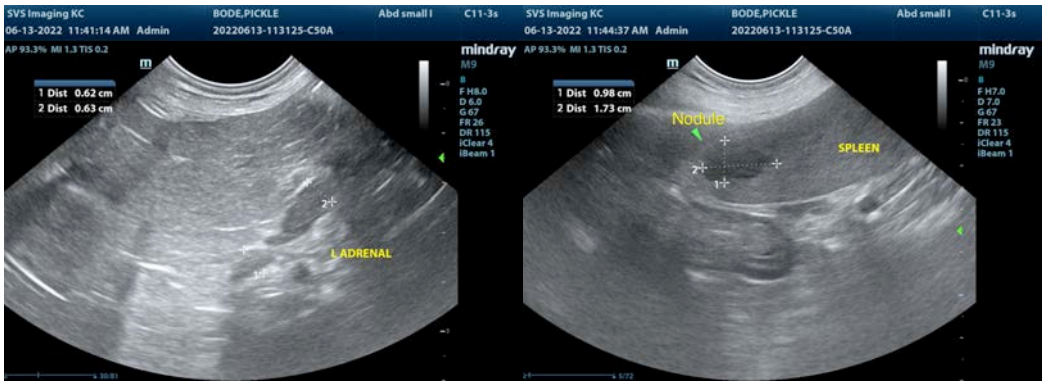
Dr. Michelle Hall

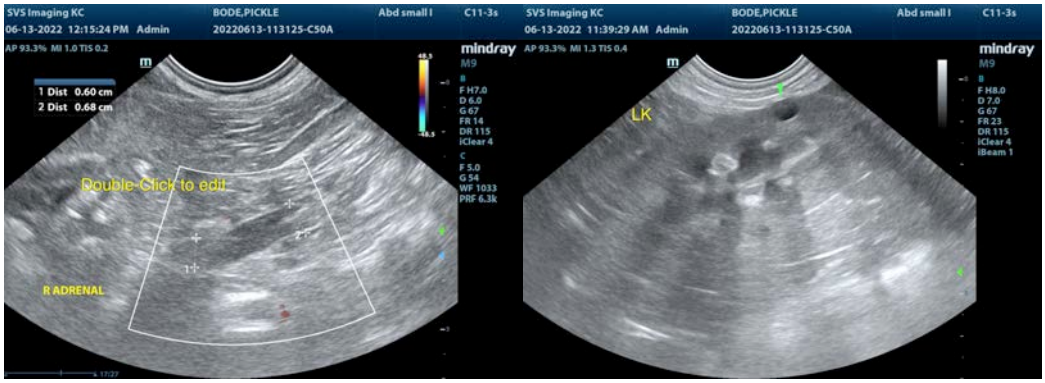
INVOICE

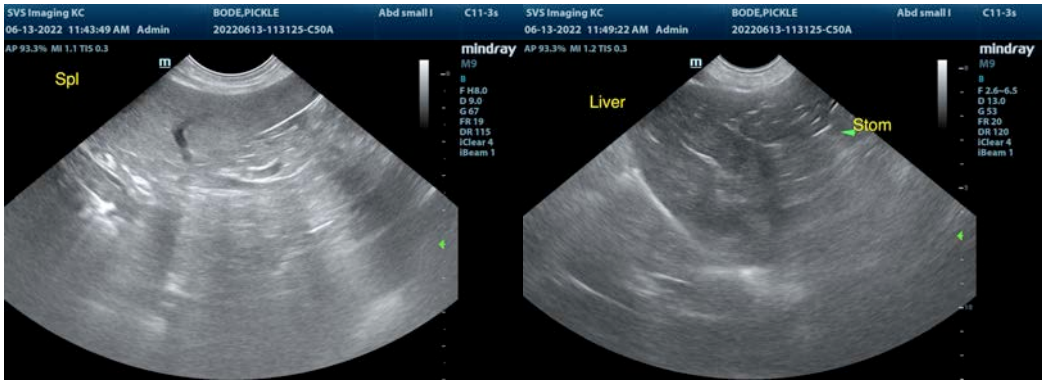
38668

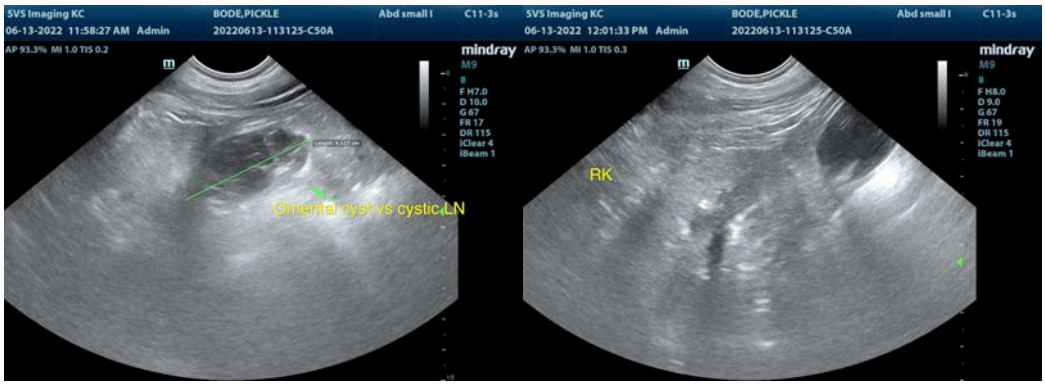
DATE

6/13/22



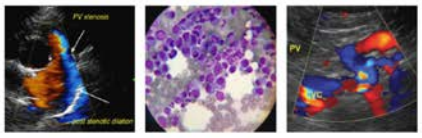






IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pickle Bode

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

14 Years

WEIGHT

52 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

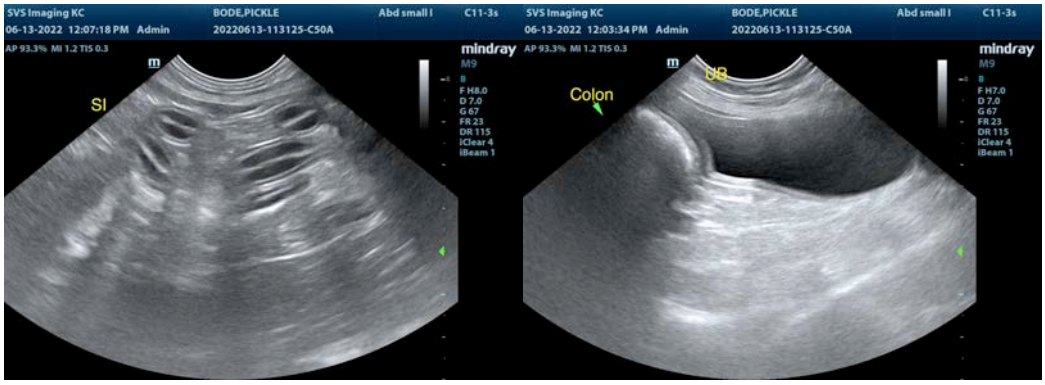
Dr. Michelle Hall

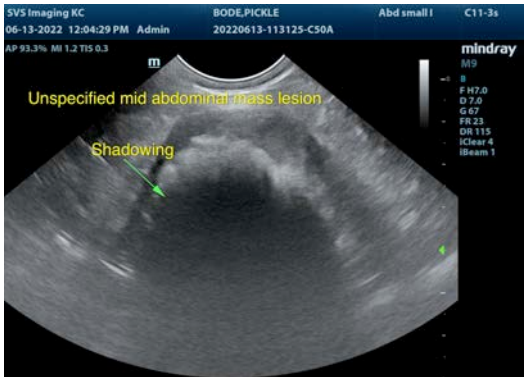
INVOICE

38668

DATE

6/13/22





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