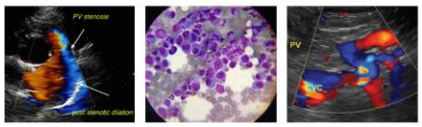
IMAGING PERFORMED BY
svsimaging.net 309-737-3070

SVS IMAGING



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

PATIENT

Shelby Harksen

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

16 years

WEIGHT

15 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Emily Jones Guy

INVOICE

10819ag

DATE

06/14/2022

PRESENTING CLINICAL SIGNS

History: Presented on 4/27/22 for hematuria, Treated with Clavamox (BID x14d) and carprofen (BID x5d). Clinical signs initially resolved, then recurrence noted a few days after finishing treatment with antibiotics and pollakiuria developed as well. Rechecked on 5/16/22. Discussed differentials for recurrence including antibiotic resistance, neoplasia, urolithiasis, etc. Owner declined further diagnostics including urine C/S and elected to treat empirically with a different antibiotic. Started enrofloxacin (SID x14d) and carprofen (BID x5d). Clinical signs resolved again only to recur once antibiotic treatment was completed. Rechecked again on 6/10/22. Owner declined abdominal radiographs

Abnormal PE/Chem/CBC/UA Results: Recurrent hematuria and bacteruria (predominately rods) on UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild subnormal size owing to lack of urine distention. Generalized mildly thickened urinary bladder walls exhibiting subtle nonhomogeneous yet nonmineralized mural echogenicity and asymmetrical luminal surface contour were present. A solitary polyp vs potential small to emerging mass in the area of the dorsal cystourethral junction measuring 0.38 cm x 0.33 cm was noted. 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. The proximal urethra width measured 0.45 cm in diameter. The ventral apical urinary bladder wall measured 0.3 cm in width.

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. Multiple variably sized cysts were present in the bilateral kidneys with areas of nonobstructive medullary mineral. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

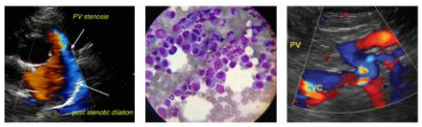
Both adrenal glands were mildly prominent in size with subtle areas of capsule asymmetry. Both adrenals nonhomogeneous to nonmineralized nodular parenchymal changes. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.95 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.76 cm width at the caudal pole and 1.3 cm width at the cranial pole.

Spleen

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.

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



PATIENT

Shelby Harksen

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

16 years

WEIGHT

15 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Emily Jones Guy

INVOICE

10819ag

DATE

06/14/2022

benign parenchymal remodeling. A solitary small thinly walled intraparenchymal cyst containing anechoic fluid was present. 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. Moderate nondependent to congealed hyperechoic luminal debris was present in the gallbladder. 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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis pattern with possible small polyp vs emerging mass at cystourethral junction
- Bilateral chronic renal changes with bilateral cysts and mild medullary mineral
- Hepatic parenchymal remodeling with solitary small cyst
- Moderate nondependent to congealed gallbladder debris-possible very early mucocele
- Bilateral nodular to irregular adrenal glands
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on a sterile urine sample if not done is recommended. A screening BRAF assay could be considered as well. Ideally based on C/S results, continued therapy for underlying infection and cystitis would be reasonable. Potential for possible cystitis cannot be excluded.

The bilateral adrenal glands are of unclear clinical significance, this presentation may indicate adenomatous change or benign hyperplasia with potential for emerging neoplastic criteria such as pheochromocytoma or adenocarcinoma technically cannot be excluded. Screening BP to assess for evidence of hypertension is recommended as well as sonographic monitoring of the bilateral adrenal glands for evidence of progressive changes.

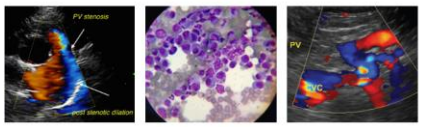
Correlation of the hepatic presentation with a full chemistry panel is recommended.

Sonographic reassessment of the bilateral adrenal glands and the urinary bladder in 3-4 weeks is suggested.

IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shelby Harksen

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

16 years

WEIGHT

15 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

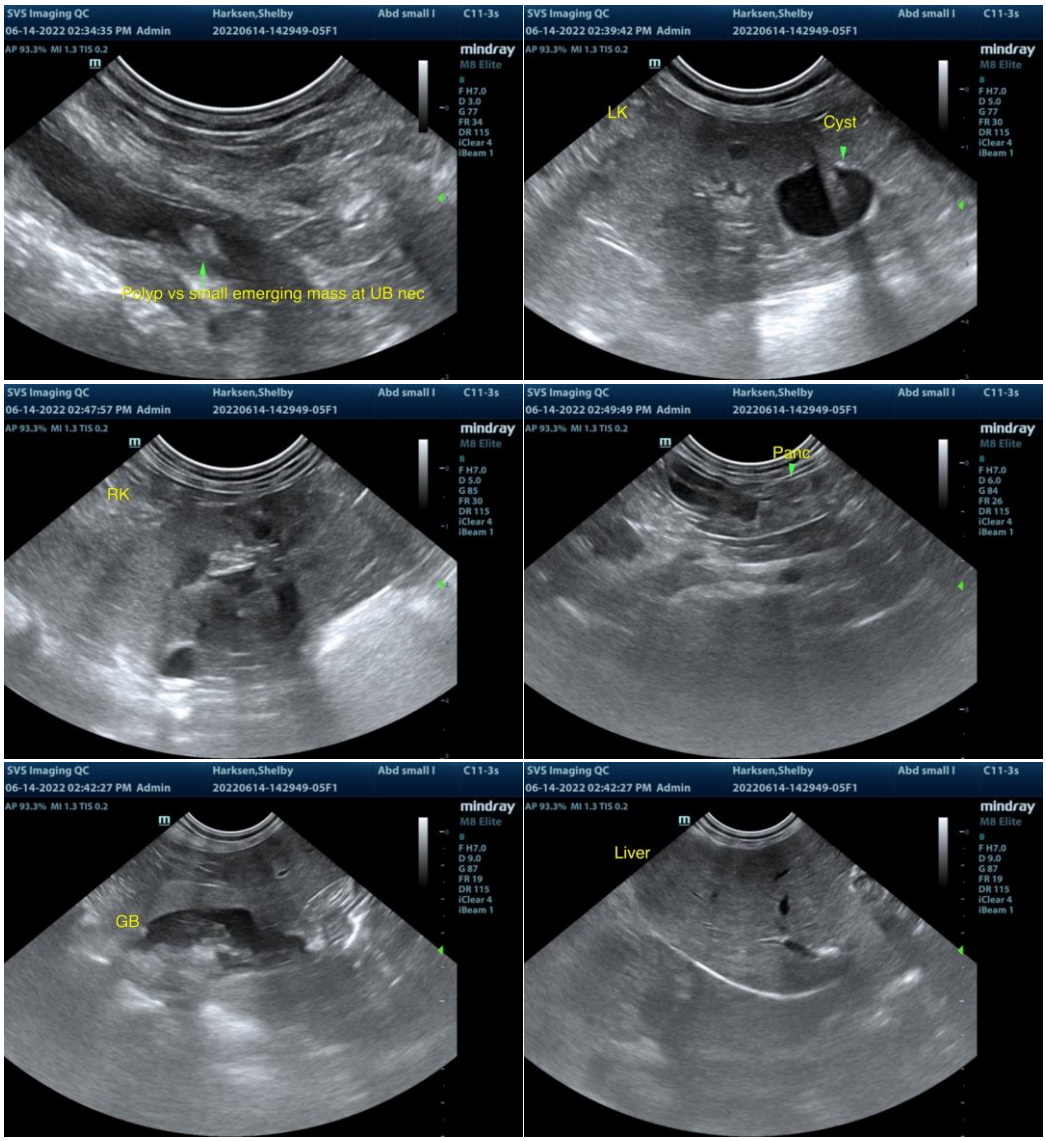
Dr. Emily Jones Guy

INVOICE

10819ag

DATE

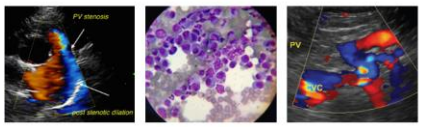
06/14/2022



IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shelby Harksen

SPECIES

Canine

BREED

Cockapoo

SEX

FS

AGE

16 years

WEIGHT

15 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

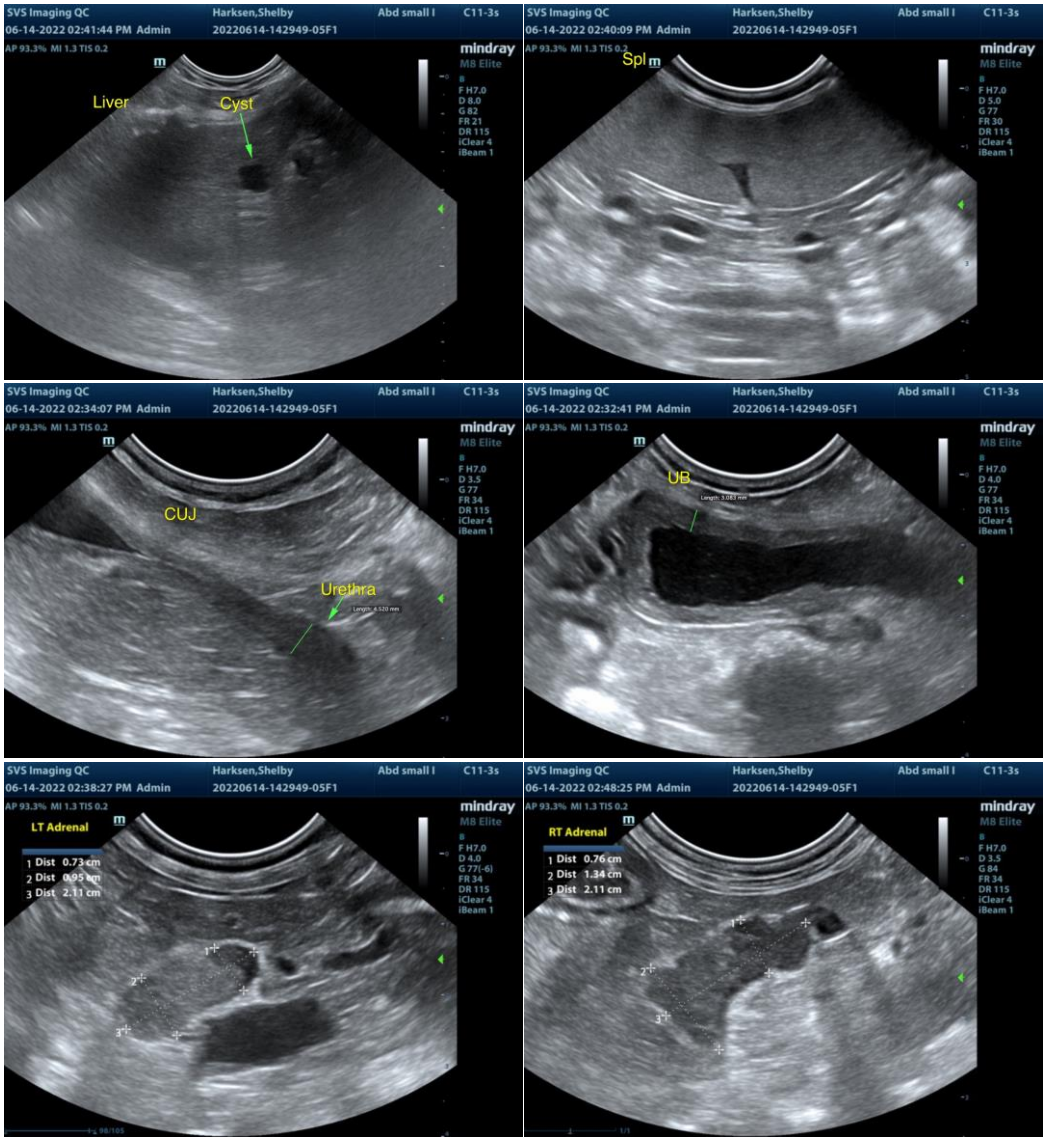
Dr. Emily Jones Guy

INVOICE

10819ag

DATE

06/14/2022



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