



PATIENT

Ole Fryer

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

10 years

WEIGHT

29.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. W. Drohan

INVOICE

16104

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Hypocalcemia. Hypoadosteronism.

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.

No overt pathology in the area of the residual prostate.

No evidence of 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Potential areas of medullary mineral. The left kidney measured 6.8 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.84 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was overall normal in size and contour. A solitary mildly expansive mild uniform hypoechoic nodule was present in the craniomedial spleen, measuring 1.8 cm in diameter.

Liver/ Gallbladder

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.

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.



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Pancreas

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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 were evident.

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Free Abdomen

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No omental masses lymphadenopathy or evidence of peritoneal free fluid was present.

SEX

- Nonspecific mildly expansive splenic nodule

MN

- Mild chronic renal changes

AGE

10 years

- Otherwise sonographically unremarkable abdomen

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Overall, mild geriatric abdomen, without evidence of significant visceral pathology. The solitary mildly expansive splenic nodule is nonspecific with multiple etiologies possible, including focal area of lymphoid hyperplasia, hematopoiesis, small hematoma, focal inflammation/splenitis, infarct, while the possibility of emerging neoplastic criteria cannot be excluded.

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Assuming normal clotting status, ultrasound guided FNA of the splenic nodule, using a 25-gauge needle, could be considered for screening cytology. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in approximately 4 weeks would be reasonable.

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RDCCS

No overt evidence of significant renal or gastrointestinal disease.

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Further assessment of the hypocalcemia may include ionized calcium and PTH levels. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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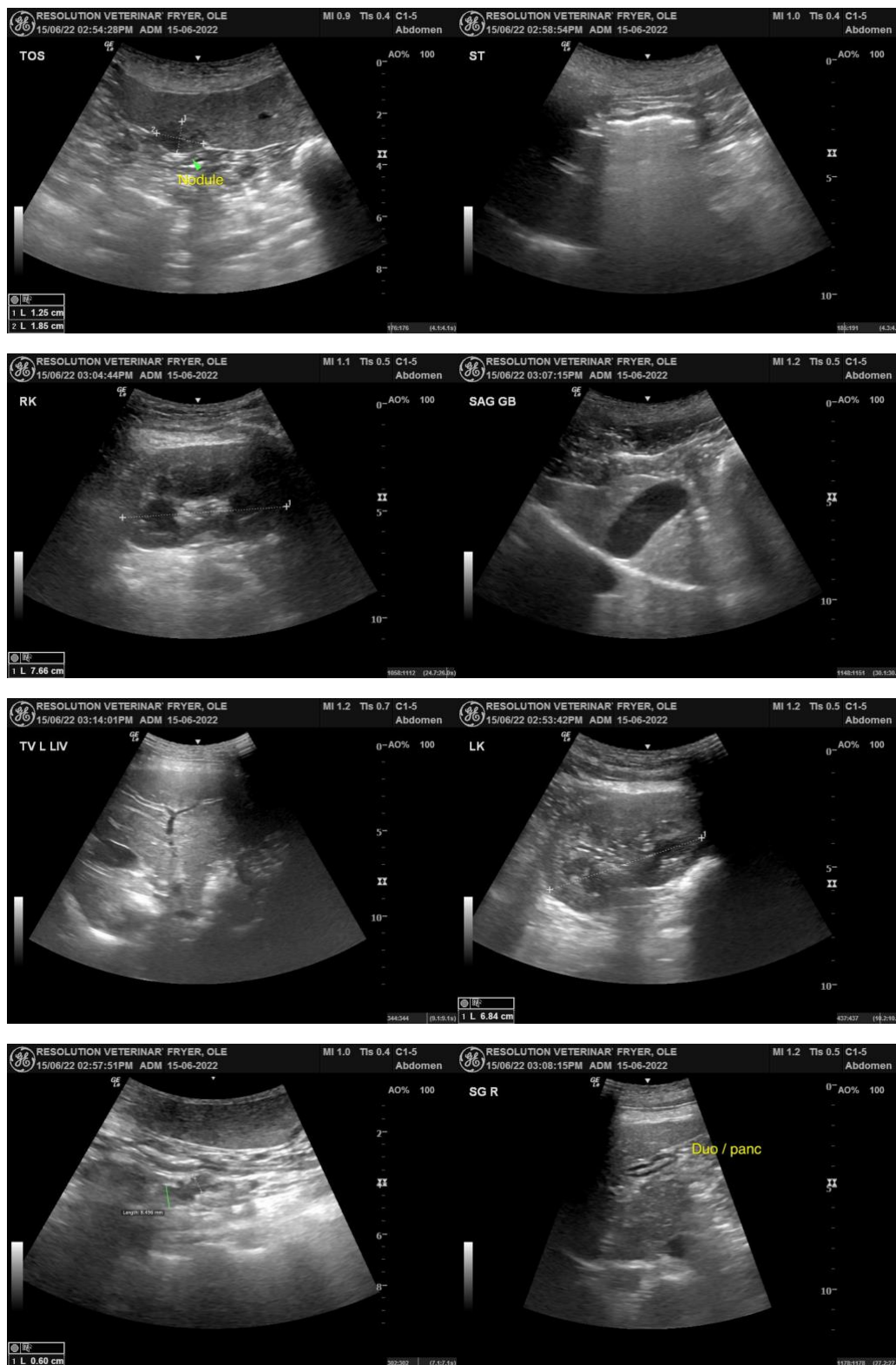
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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