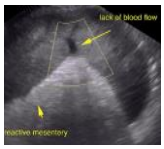
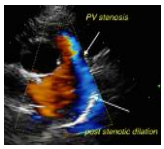
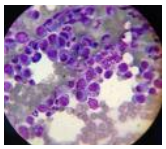
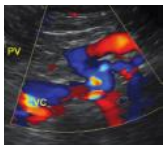

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1-800-838-4268 info@sonopath.com

PATIENT

Bailey Wayne

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

12 years

WEIGHT

17 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional Vet Hospital

REFERRING VET

Dr. Hartwick/Giammanco

INVOICE

10847ag

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06/17/2022

PRESENTING CLINICAL SIGNS

History: History of pancreatitis 3/30/22 - new recurrence, decreased appetite and bloody diarrhea. Elevated liver enzymes. Admitted to hospital on 6/16 for IVFs, Cerenia, famotadine, unasyn, Buprenex, metronidazole.

Abnormal PE/Chem/CBC/UA Results: 6/16/22: CBC: WNL. Chem: ALT 180, ALP 1052, lipase 2477, CPLI IH snap abnormal. Today (6/17) CBC: WNL. Chem: ALT 147, ALP 1129, lipase 2214.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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. No evidence of pelvic dilation was present. A thinly walled cortical cyst containing anechoic fluid was present in the left kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with mildly nonhomogeneous parenchyma without evidence of mineralization. A well-defined, hyperechoic nodule was present in the cranial pole of the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.4 cm x 0.34 cm.

The left adrenal gland measured 0.57 cm width at the caudal pole and 2.0 cm length.

The right adrenal gland was uniform in size and contour with mildly nonhomogeneous parenchyma without evidence of mineralization. A well-defined, mildly expansive hyperechoic nodule was present in the cranial pole of the right adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.5 cm x 1.0 cm.

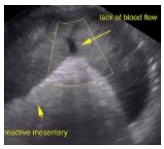
The right adrenal gland measured 0.63 cm width at the caudal pole and 2.6 cm length.

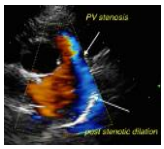
Spleen

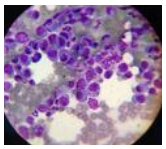
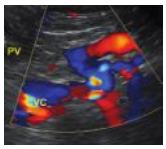
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited potential for mild generalized enlargement and was normal in structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse





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echotexture and subjective mild to benign parenchymal remodeling. 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 contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio exhibiting focal to intermittent nonspecific mucosal speckling. 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 semi formed feces in lumen. The descending colon wall measured 0.18 cm in width.

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

- Mild gastroenterocolitis
- Remodeled to heterogeneous pancreas-age related/patient variant or remodeling due to previous inflammation possible
- Hepatopathy exhibiting hepatic parenchymal remodeling
- Sonographically unremarkable gallbladder
- Bilateral nonspecific adrenal nodules-suspect adenomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas was not consistent with active pancreatitis. Dietary intolerance/food hypersensitivity, structurally insignificant inflammatory gastroenterocolopathy or low grade to chronic pancreatitis may be playing a role in the patient's clinical signs.
Concurrent primary or secondary metabolic reactive vacuolar or inflammatory hepatopathy with potential for indistinct nodular hyperplasia, hematopoiesis and parenchymal remodeling is suspected.
Technically the possibility of emerging adrenal neoplastic criteria i.e. pheochromocytoma or adenocarcinoma cannot be excluded given the bilateral adrenal nodules. Screening BP is recommended to assess for evidence of hypertension. Ideally sonographic monitoring of the adrenal nodules for evidence of progression with initial recheck in 4-6 weeks is suggested. Continued empirical therapy for gastroenterocolitis and low grade pancreatitis would be reasonable.

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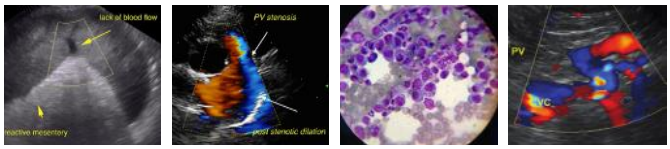

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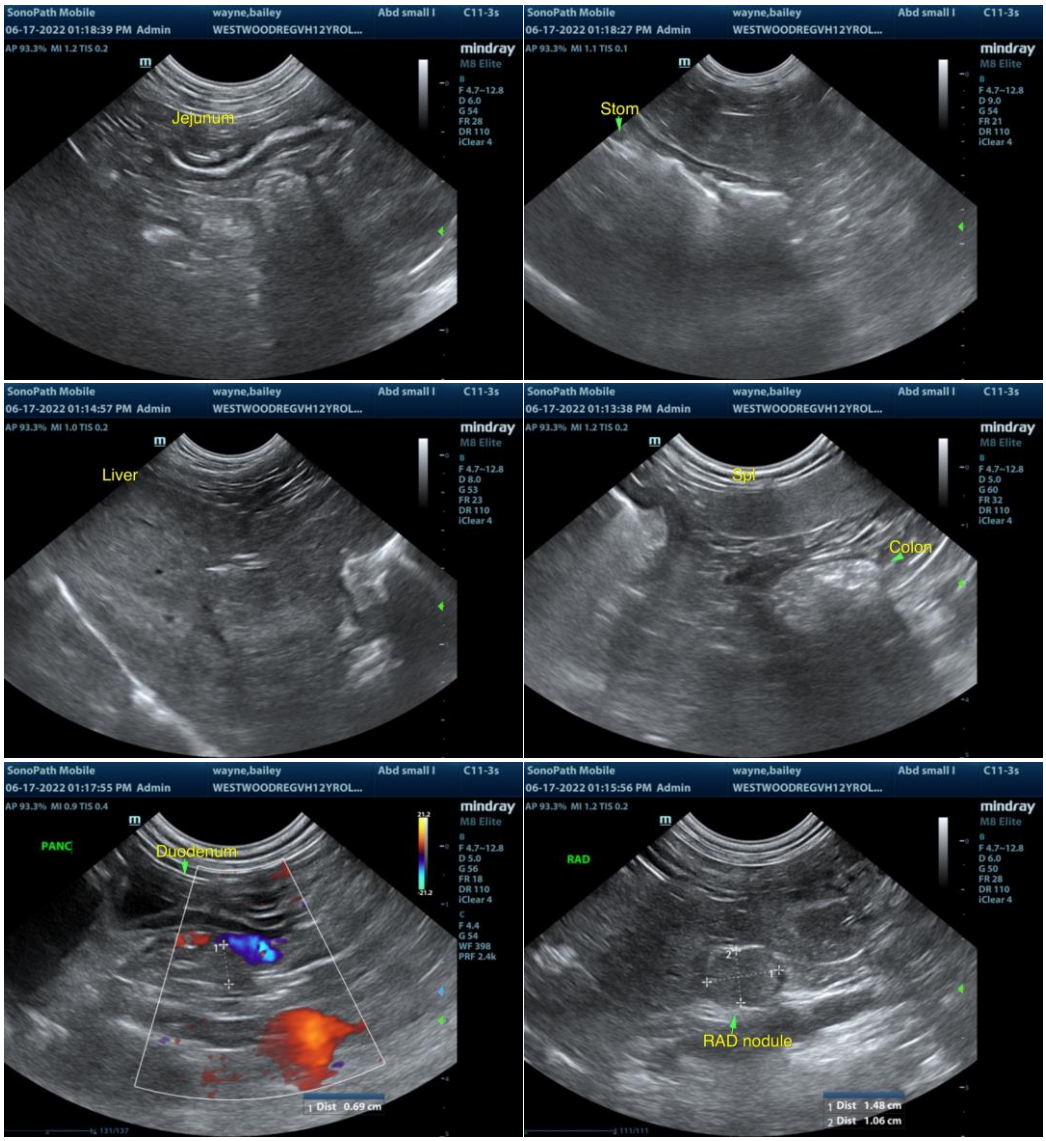

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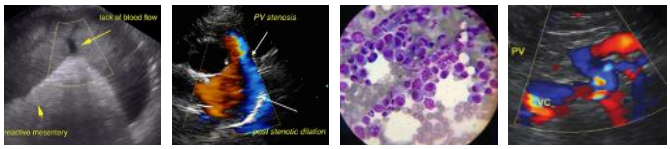

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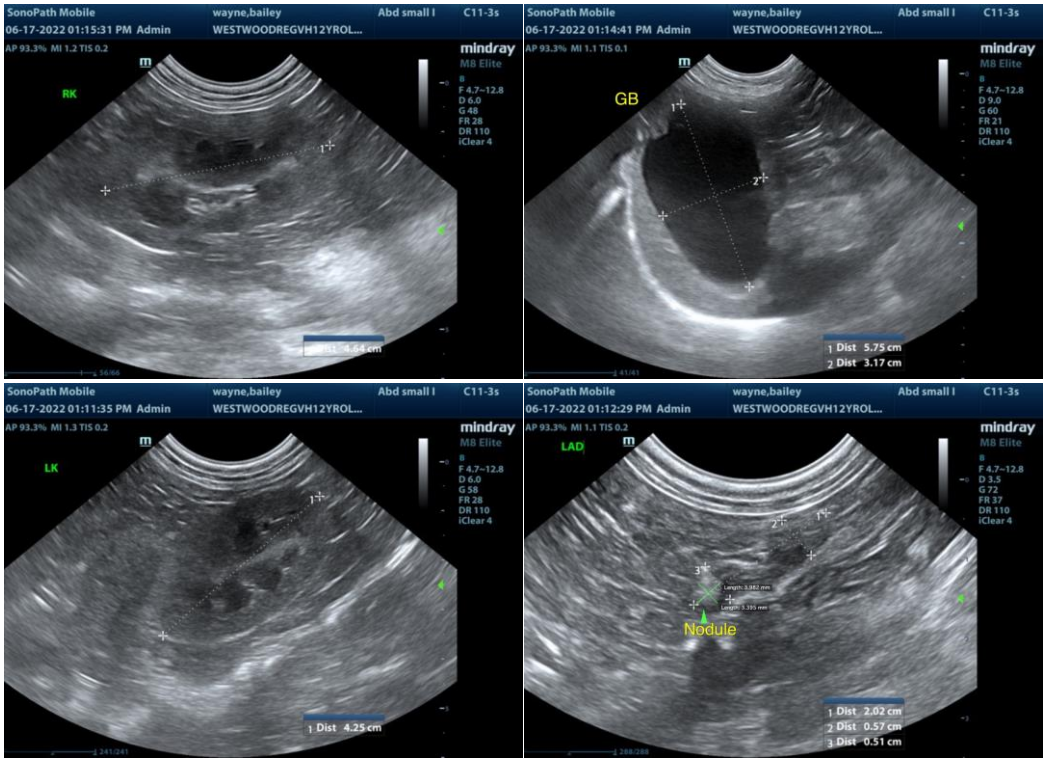

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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