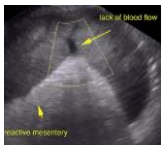
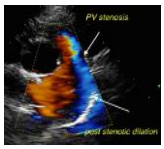
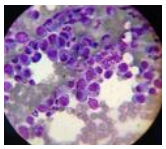
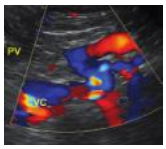





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Otis Betz

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

11

WEIGHT

28.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

10899ag

DATE

06/22/2022

PRESENTING CLINICAL SIGNS

P presented to an emergency clinic for general uncomfort and reluctance to walk/move on 6/16. P had mild pyrexia, normal CP x4, and a pain response on spinal palpation. Was treated with codeine, methocarbamol, and gabapentin for presumed IVDD. P had no improvement in symptoms and become increasingly hyporexic.

P presented to our clinic this morning. On exam, P was dull with a pain response on cranial abdominal and spinal palpation. CBC/Chem 17/Lytes revealed a mild non-regenerative anemia, a moderate increase in lipase and amylase, Snap cPL revealed a strong positive.

Abnormal PE/Chem/CBC/UA Results

Mild monocytosis: 2 K/uL, Mild non-regenerative anemia (HCT: 36.5%), Moderate increase in Amylase (2421 U/L), Moderate increase in Lipase (4499 U/L), Mild hyperglobuinemia (4.7 g/dL). Rest WNL.

UA pending.

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 mild dependent to nondependent particulate 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were observed. The left kidney measured 5.1 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

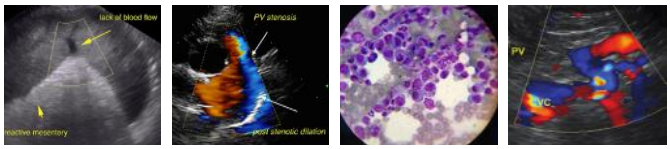
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.75 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the cranial pole and 0.56 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary non disruptive mildly hypoechoic nodule in the medial parenchyma adjacent to the hilus was present measuring 0.75 cm in diameter. 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.

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without



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

PATIENT

Otis Betz

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

11

WEIGHT

28.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

10899ag

DATE

06/22/2022

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. The duodenum wall measured 0.51 cm in width. The jejunum wall measured 0.44 cm in width.

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

Pancreas

The pancreas exhibited mild prominent size with areas of minor asymmetry. Isoechoic nonhomogeneous to mildly mixed to increased echogenic parenchyma was noted. No evidence of peripancreatic or peritoneal free fluid. No overt evidence of pancreatic neoplastic criteria.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic renal changes
- Nonspecific splenic nodule
- Minor hepatic parenchyma remodeling
- Prominent nonhomogeneous to subtle mixed echogenic pancreas
- Overtly normal GI tract

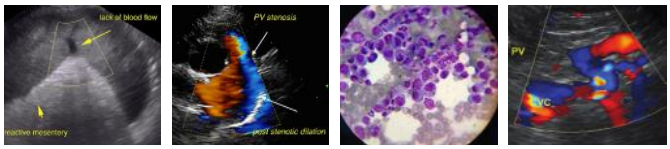
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas was nonspecific yet sonographically not overtly consistent with significant or active pancreatitis and without evidence of pancreatic neoplasia. This presentation may indicate low grade to possible mixed chronic active pancreatitis pattern with potential intermittent mild flare ups. Empirically as needed GI support and therapy for chronic to mixed chronic/chronic active pancreatitis would be reasonable.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection/splenitis, infarction, or the possibility of neoplasia cannot be excluded. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Pending UA and if evidence of inflammatory cells, a urine C/S is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Otis Betz

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

11

WEIGHT

28.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

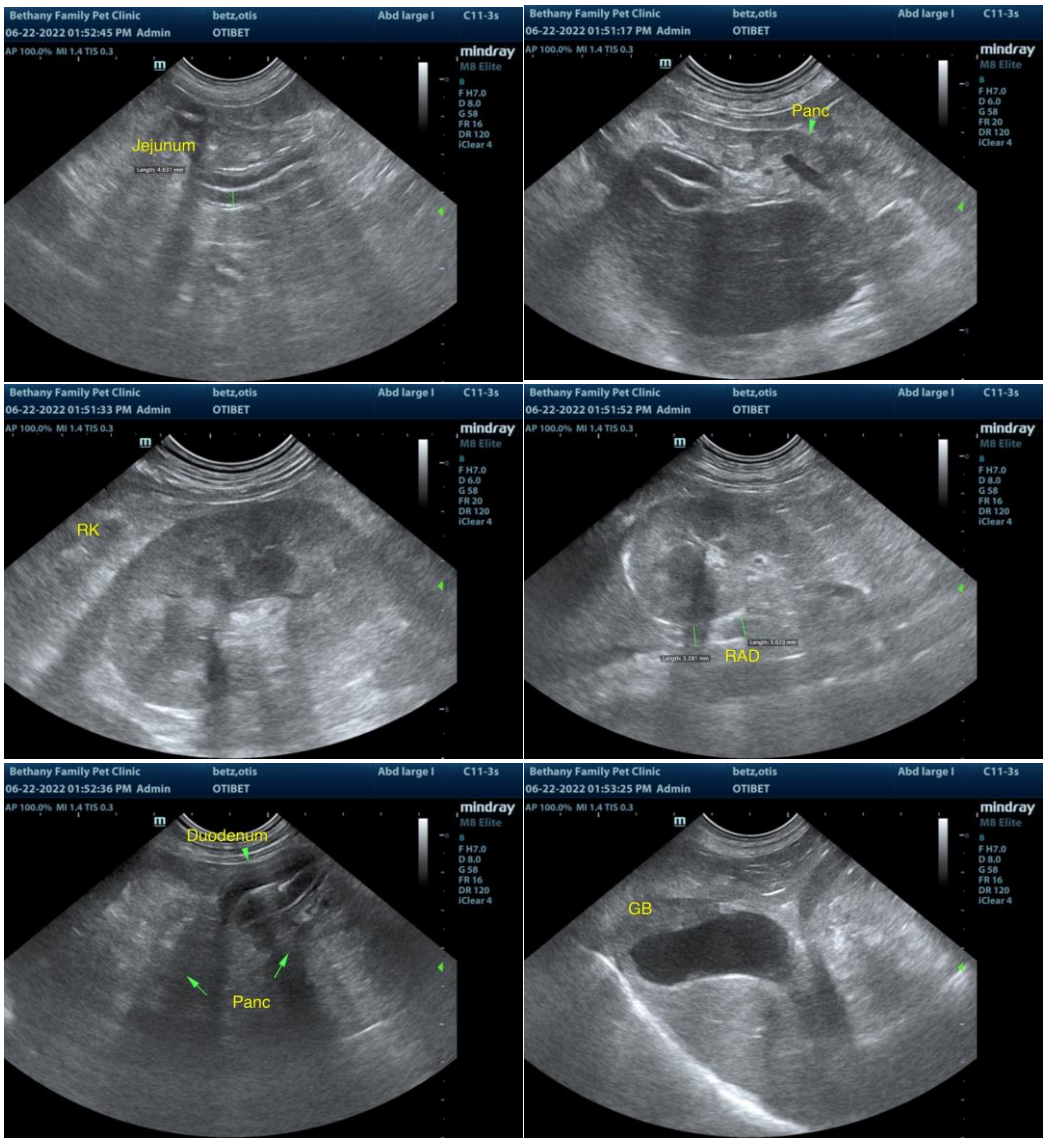
Dr. Saum Hadi

INVOICE

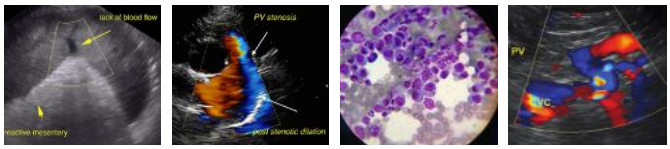
10899ag

DATE

06/22/2022



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Otis Betz

SPECIES

Canine

BREED

Corgi

SEX

MN

AGE

11

WEIGHT

28.6 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

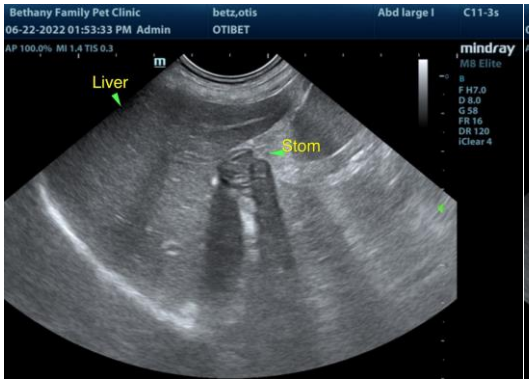
Dr. Saum Hadi

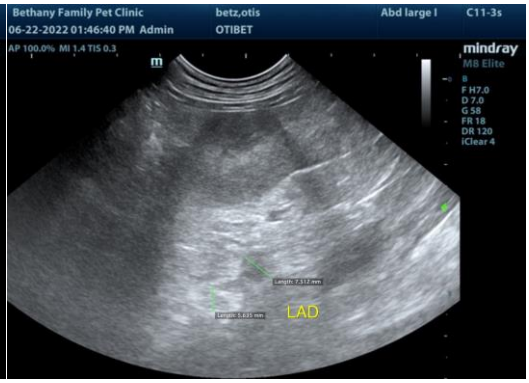
INVOICE

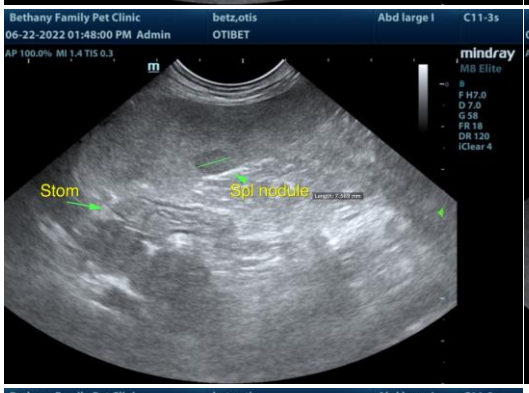
10899ag

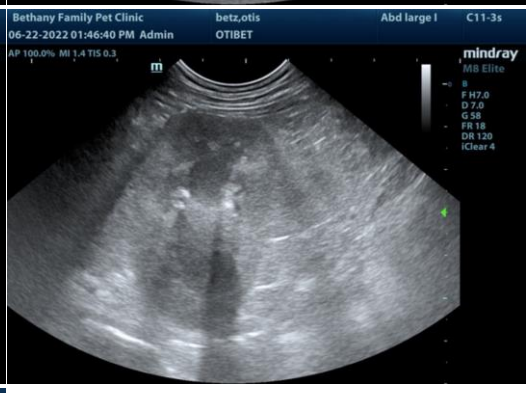
DATE

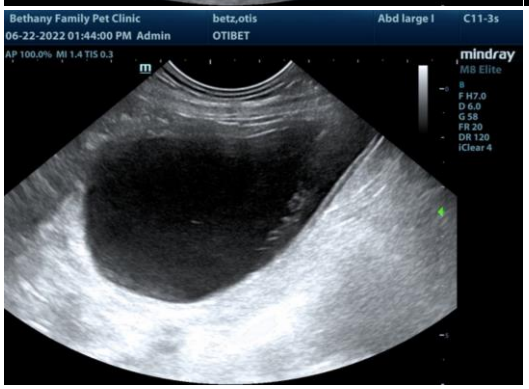
06/22/2022











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