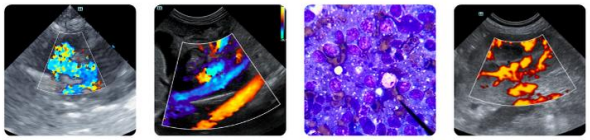


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Scout Klein

SPECIES

Canine

BREED

Coonhound

SEX

MN

AGE

11Y, 9M

WEIGHT

45lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jaime Griffin

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Chelsea Pearson

INVOICE

75293

DATE

6-3-26

PRESENTING CLINICAL SIGNS

History of elevated ALP, 1357; UPC 2.3, BP 130, alb 3.1 usg 1.030. Has had 2 seizures, one a year ago and one this past month. Progressive weight loss 5# since october
Abnormal PE/Chem/CBC/UA Results: Thin body condition, dental disease, pliable abdomen, no defecits. ALP, 1357; UPC 2.3, BP 130, alb 3.1 usg 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex presented mildly thickened and hyperechoic. Indistinct loss of corticomedullary border demarcation was also present. The left kidney measured 6.3 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged with nonhomogeneous indistinctly nodular parenchyma. The left adrenal gland measured subjectively 0.87 cm width in the caudal pole. The right adrenal gland measured subjectively 0.86 cm width in the caudal pole.

Spleen

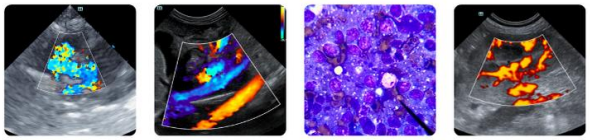
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was nondistended in size with non-thickened wall. The gallbladder lumen was occupied by nonorganized, congealed, nonmineralized debris with subjective probable mild entrapped peripheral lumen mucus. No evidence of pericholecystic inflammation or effusion. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented segmental mild hyperechoic mucosal speckling with 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 formed feces in lumen.

Pancreas

The area of the pancreas presented normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific bilateral chronic renal changes.
- Bilateral mild enlarged nonhomogeneous indistinctly nodular adrenal glands – hyperplasia, functional vs nonfunctional adenomatous change, emerging left or right adrenal tumors thought less likely.
- Hepatopathy – subjectively benign.
- Noninflamed gallbladder mucocele.
- Structurally normal gastrointestinal tract with mild nonspecific intestinal mucosal speckling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST warranted if clinical signs consistent with Cushing's syndrome despite reported USG greater than 1.020. Monitoring of systemic BP for evidence of hypertension and monitoring of proteinuria/UPC is recommended.

The intestinal mucosal speckling is nonspecific with potential patient or age variant yet may suggest underlying mild enteropathy. Monitoring of albumin level for gastrointestinal signs is suggested. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate and if not done, three-view chest radiographs, given weight loss, is recommended.

Hepatosupportive medications with sonographic monitoring of the gallbladder if progressive hepatopathy or cholestasis as well as the bilateral adrenal glands for evidence of progressive enlargement or parenchymal changes is indicated.

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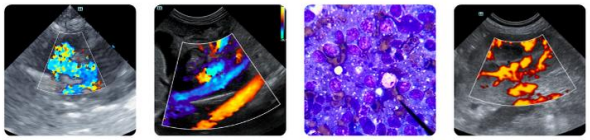

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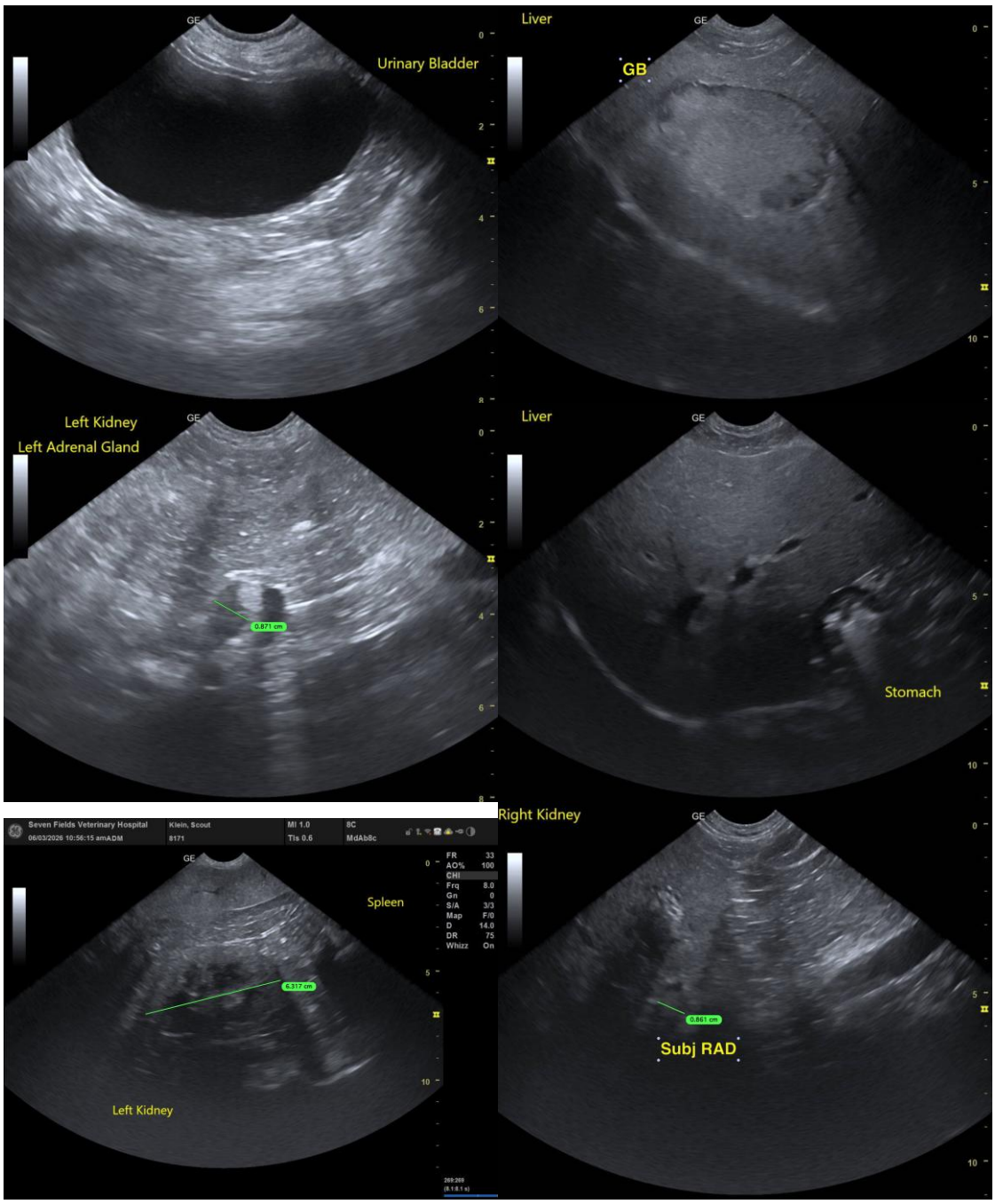

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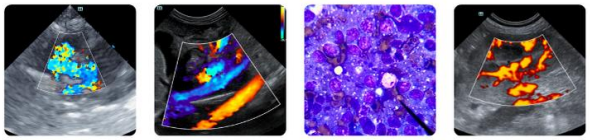

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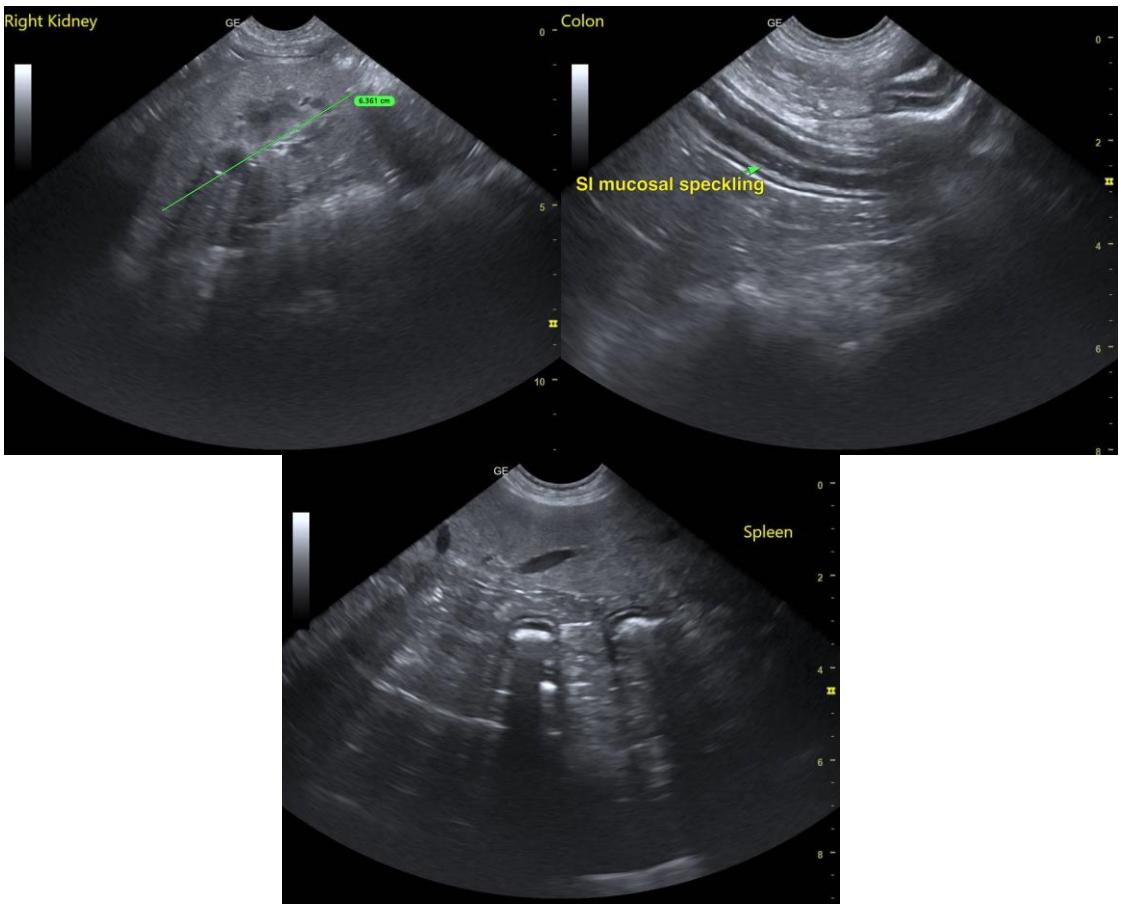

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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