

PATIENT

Kobe Smisek

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

13

WEIGHT

26 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Neil Russell

HOSPITAL NAME

Frosted Faces
Foundation

REFERRING VET

Neil Russell

INVOICE

10331

DATE

7/14/2023

PRESENTING CLINICAL SIGNS

. Anorexia, pyrexia, yesterday hematachezia, possible melena today per techs albeit on rectal dark brown with yellow tinge, cough during bld draw per techs, lungs sounds mildly harsh all fields, and RR > r/o pancreatitis vs gastroenteritis (infectious vs dietary) vs neoplasia see Hx vs GI ulcer vs hepatitis vs resp (pneumonia vs URI) vs less likely: metabolic vs endo vs toxicity +++ 2. Hx Elevated hepatic values: ALT: 1,062, AST: 176, ALP: 476, USG 1.008 - 2nd to shock/trauma vs: hepatopathy infectious (lepto, bacterial), inflammatory, toxic (NSAIDs), PSS, neoplasia, Cushing's 3. Hx liver mass excised biopsy pending 4. HBC circa 05/12, head trauma, with hemothorax and hemoabdomen, comatose - seemingly resolved 5. NS OU 6. 2/4 dental disease 7. Sternal mass R/O: lipoma, STS, MCT, epithelioma, open

Abnormal PE/Chem/CBC/UA Results: Today: - Neutrophilia 22.5K - Lymphopenia mild, eosinopenia mild - Glucose 58 - ALT 3.1 - ALP 423 - K+ 3.2 CXR: mild bronchial pattern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

The residual prostate is free of pathology and measures 1.5 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

Both adrenal glands are mildly enlarged in size, exhibiting mildly irregular non-homogenous hyperechoic nodules. Example of left adrenal nodule 1.5 cm x 1.5 cm caudal pole, cranial pole 1.9 cm width. Overall, the left adrenal gland is 4.9 cm in length x 1.8 cm caudal pole width. Example of cranial right adrenal nodule 1.3 cm x 1.3 cm. Overall, the right adrenal gland is 2.6 cm in length x 1.3 cranial pole width, 0.47 cm caudal pole.

Spleen

Benign spleen with hyperechoic nodules. Primarily in the medial parenchyma and adjacent to the hilus subjectively coalescing. No splenic mass noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with uniformed decreased generalized hepatic parenchyma echogenicity with mildly increased yet indistinct prominent portal vascular borders. Normal hepatic vascular volume. No visualized hepatic masses or intraparenchymal nodules were noted. The gallbladder was non-distended in size with mild to moderate non-dependent non organized hyperechoic gallbladder sediment. Non-thicken mildly hyperechoic gallbladder wall. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented with intact mildly prominent walls most notable in the area of the pylorus with mild retained primarily pyloric anechoic fluid. The pylorus wall measures 0.8 cm.

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The small intestine presented intact wall layering primarily maintaining 1:3 muscularis/mucosa ratio. Mild generalized duodenal ileus extending into the upper jejunum. The lumen of the small intestine was empty with no signs of obstruction, or foreign material.

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

SEX

Pancreas

Neutered Male

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, overt peritoneal effusion, or significant lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly enlarged hypoechoic liver – non-specific hepatitis, vascular hepatic changes, non-cardiogenic congestion, occult infiltrative neoplasia, all potentials.
- Gallbladder sediment – possible immature gallbladder mucocele, mild chronic cholestasis.
- Gastroduodenitis pattern with mild gastroduodenal hypermobility
- Bilateral nodular adrenal glands – adrenal adenomas, benign hyperplasia, emerging neoplasia i.e., pheochromocytoma all potentials.
- Mild chronic renal changes
- Probable coalescing hyperechoic perihilar splenic nodules – suggestive of benign criteria i.e., coalescing, myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle hepatic FNA cytology warranted for further assessment. Screening blood pressure is recommended to assess for evidence of hypertension, which may allude to left, right, or bilateral adrenal pheochromocytoma.

Although, the upper gastrointestinal sonographic appearance suggestive of inflammatory criteria potential for occult to early infiltrative gastroduodenal neoplasia cannot be definitively excluded. Aggressive gastro protectant protocol as needed gastrointestinal support with an assessment of clinical response. Potential recheck sonogram if progressive gastrointestinal signs, weight loss, or fever despite empirical therapy is recommended.



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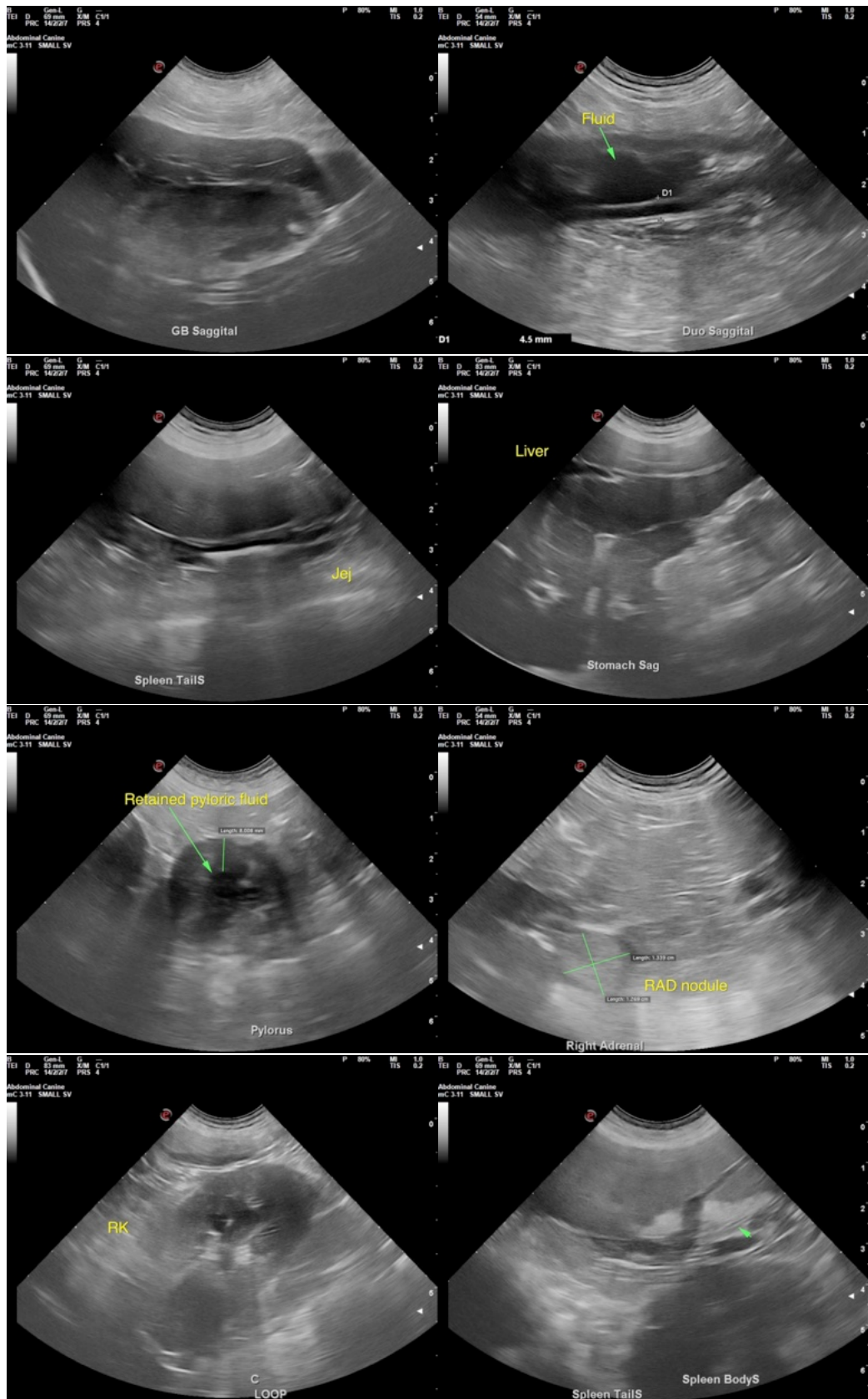
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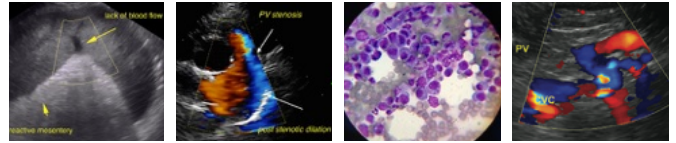
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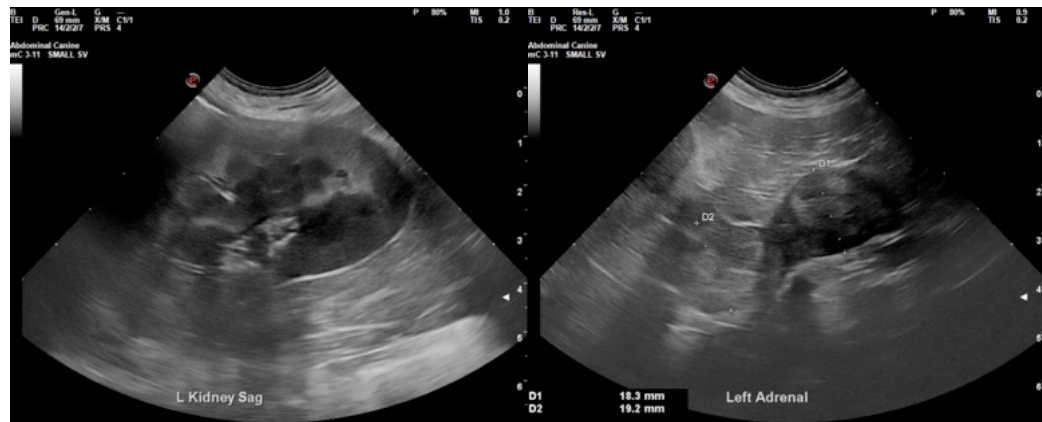
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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