



PATIENT

Colton Workman

SPECIES

Canine

BREED

Saint Bernard Mix

SEX

MN

AGE

8 years

WEIGHT

94 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Lacey-Crook -
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Melody Williams

INVOICE

17309

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Clinical Hx: O had noticed intermittent behavior changes for the last few months. -barked at a neighbor he's known for years -not wanting to sleep in his crate, go outside as much or go on his morning walks as often -urinated in the house which he has not done since he was a puppy. - Currently taking 0.4 mg Levothyroxine q12h Physical Exam: Large, soft mass next to prepuce - has been growing per o (reports it has been present for a few months as well) - non-painful on palpation of mass Current Medications: Levothyroxine 0.4 mg q12h

Abnormal PE/Chem/CBC/UA Results: CBC no abnormalities found Chem Low glucose (37) (rechecked in hosp this week - WNL at this time) Elevated amylase/lipase T4 Appears adequate for post-levothyroxine levels Urinalysis isosthenuric Lab 4dx negative * 4 Fecal/Giardia no o/p seen, negative for antigens

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was free of pathology measuring 0.70 cm diameter.

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

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 cm length x 0.62 cm width at the caudal pole.

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/ 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



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containing primarily anechoic content with mild to moderate, congealed, hyperechoic gallbladder sediment. The cystic and common bile ducts were normal. No evidence of gallbladder inflammatory criteria was noted.

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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.

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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.

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

MN

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

A large, subcutaneous mass consistent with fat echogenicity and subcutaneous lipoma was present. No omental masses, lymphadenopathy, or evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Minor age-related renal changes
- Mild gallbladder sediment (non mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no sonographic evidence of significant visceral pathology. The gallbladder sediment is likely incidental, given no reported hepatic enzyme elevations or cholestasis. Baseline renal staging to include screening C/S and UPC level, if persistent / progressive isosthenuric urine, could be considered.

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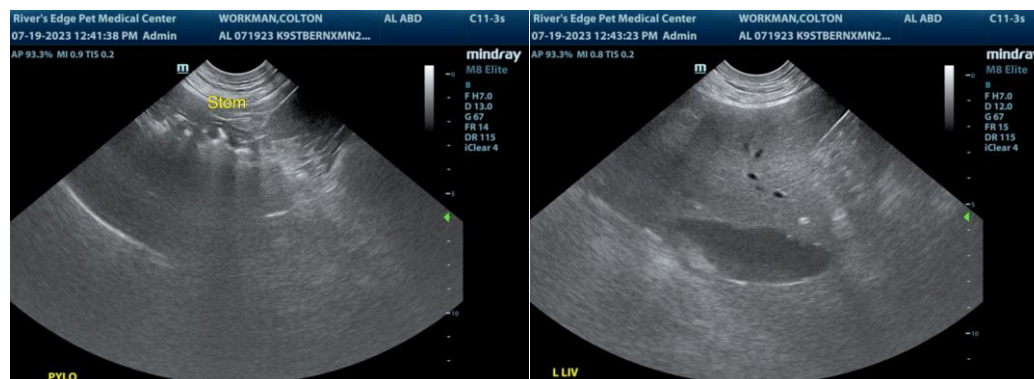
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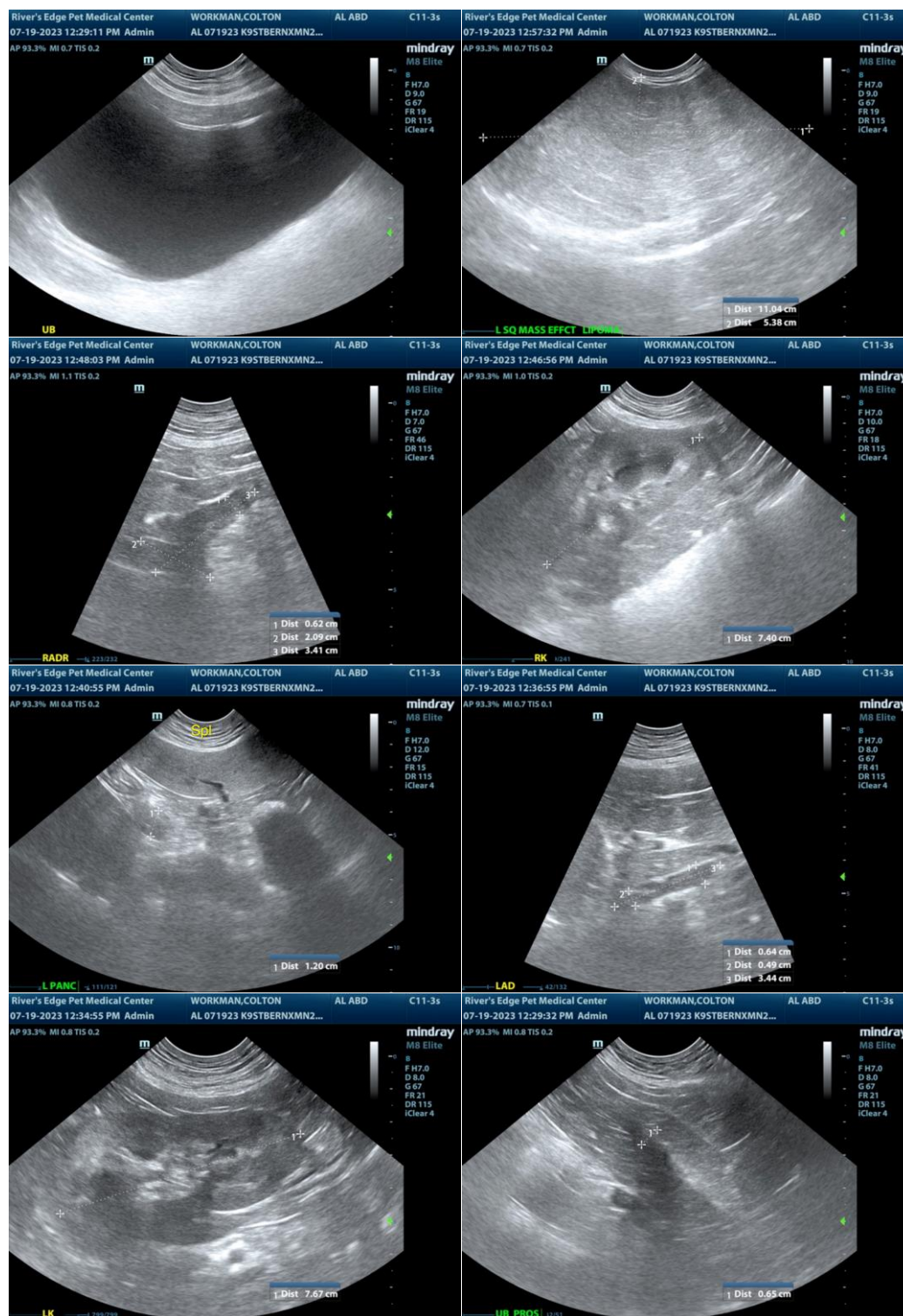
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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