



PATIENT

ADDENDUM

Charlie Benavente

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

15 years 1 month

Reason for Visit: AUS History: 15 Y/O MN MALTESE PRESENTED FOR AUS. P WAS HOSPITALIZED AT SOUTH BROWARD AH FOR PANCREATITIS, WAS HAVING BLOODY DIARRHEA AND VOMITED ONCE ALL STARTING WEDNESDAY. BLOODWORK WAS DONE WHICH SHOWED ELEVATED PANCREATIC VALUES HOWEVER KIDNEY VALUES HAVE IMPROVED (P RECENTLY DIAGNOSED WITH STAGE 2 CKD) P GETS 100ML OF SQ FLUIDS EVERY 2-3 DAYS (LAST DONE ON WEDNESDAY). DECREASED APPETITE O JUST CHANGED DIET YESTERDAY FROM PURINA PROPLAN NF TO WYNWOOD LOW FAT RENAL DIET, P ATE A SMALL AMOUNT USUALLY CLEANS THE WHOLE BOWL. NO MORE BLOOD IN STOOL- NOW VARIES FROM SOFT TO LIQUIDY.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: QAR EENT: lenticular opacity OU, cataract changes OU Oral Cavity: severe tartar, moderate gingivitis Lymph Nodes: N Skin: N CV/Respiratory: murmur II/VI PMI: mitral/tricuspid, no pulse deficits Uro/Perineum: N Musculoskeletal: N Neurological: N

WEIGHT

7 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia and intermittent cortical cysts were present. Mild bilateral medullary mineral was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Weekes

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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Spleen

The spleen exhibited a moderately sized, symmetrical, mildly nonhomogeneous to hyperechoic mass in the caudal spleen measuring 3.0-3.5 cm in diameter. The remainder of the spleen was sonographically unremarkable.

Liver/ Gallbladder

The liver exhibited subjective mild to possible moderate enlarged size. The parenchyma of the liver was normal in echogenicity with a moderate coarse echotexture and minor parenchymal remodeling.



PATIENT	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 non-distended in size containing primarily anechoic content with minor echogenic gallbladder sediment. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
Charlie Benavente	
SPECIES	Gastrointestinal
Canine	
BREED	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. There were no signs of ileus, obstruction, or foreign material.
Maltese	
SEX	The small intestine presented generalized intact wall layering with generalized propensity for mildly prominent intestinal mucosa layer. No evidence of intestinal mechanical / metabolic ileus, foreign material, loss of intestinal wall layering, or intestinal masses.
MN	
AGE	The visualized colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The visualized colon was primarily empty with minor soft fecal matter consistent with patient history.
15 years 1 month	
WEIGHT	Pancreas
7 lbs.	The pancreas base and right pancreatic limb were normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Michaleen	<ul style="list-style-type: none"> • Moderate chronic renal changes with mild pyelectasia and cortical cysts • Symmetrical nonhomogeneous hyperechoic caudal splenic mass - nonspecific, yet not overtly consistent with neoplastic criteria, i.e., sarcoma, round cell neoplasia. Strong potential for benign etiologies such as hyperplasia, hematopoiesis, large myelolipoma, granuloma, or similar. • Enterocolitis, possible inflammatory bowel • Heterogeneous right pancreas - not sonographically consistent with significant or active pancreatitis, mild remodeling owing to previous inflammation, or chronic pancreatitis possible • Mild hepatomegaly exhibiting mild parenchymal remodeling - suggestive of benign hepatopathy criteria • Minor gallbladder sediment (non-mucocele)
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DATE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
7/21/23	If not done, full CBC/Chemistry panel/Urinalysis as well as renal staging to include screening C/S and baseline UPC level, if evidence of proteinuria, is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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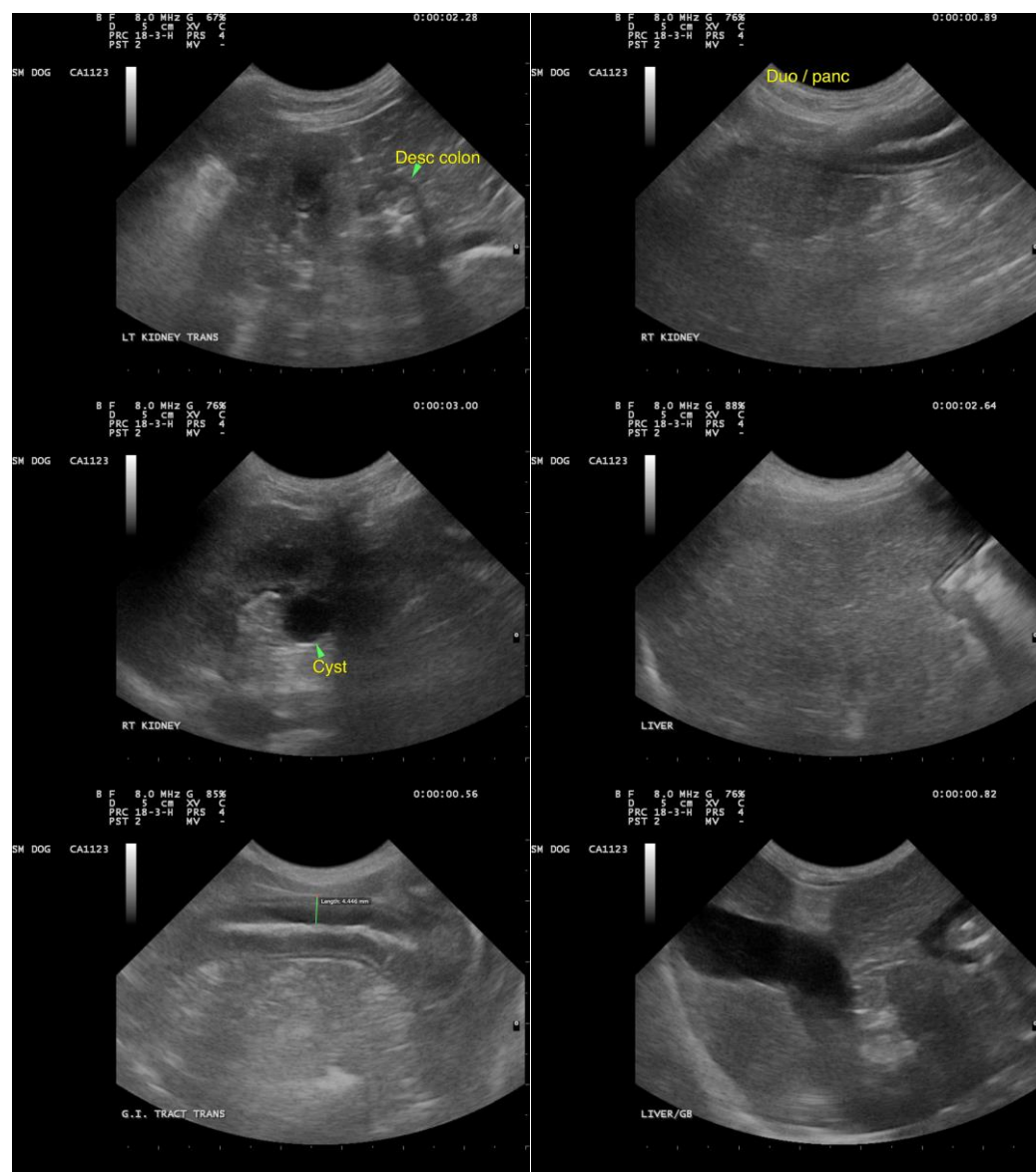
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FNA cytology of the splenic mass, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment, yet may be unrewarding. Sonographic monitoring of the gastrointestinal tract and splenic mass with an initial recheck in 3-4 weeks would be reasonable. Alternatively, assuming no evidence of pathology on three-view chest radiographs, splenectomy with gastrointestinal biopsies could be a consideration.

Continued empirical therapy for enterocolitis / inflammatory enterocolonopathy with as-needed gastrointestinal support +/- therapy for possible chronic pancreatitis would be reasonable.





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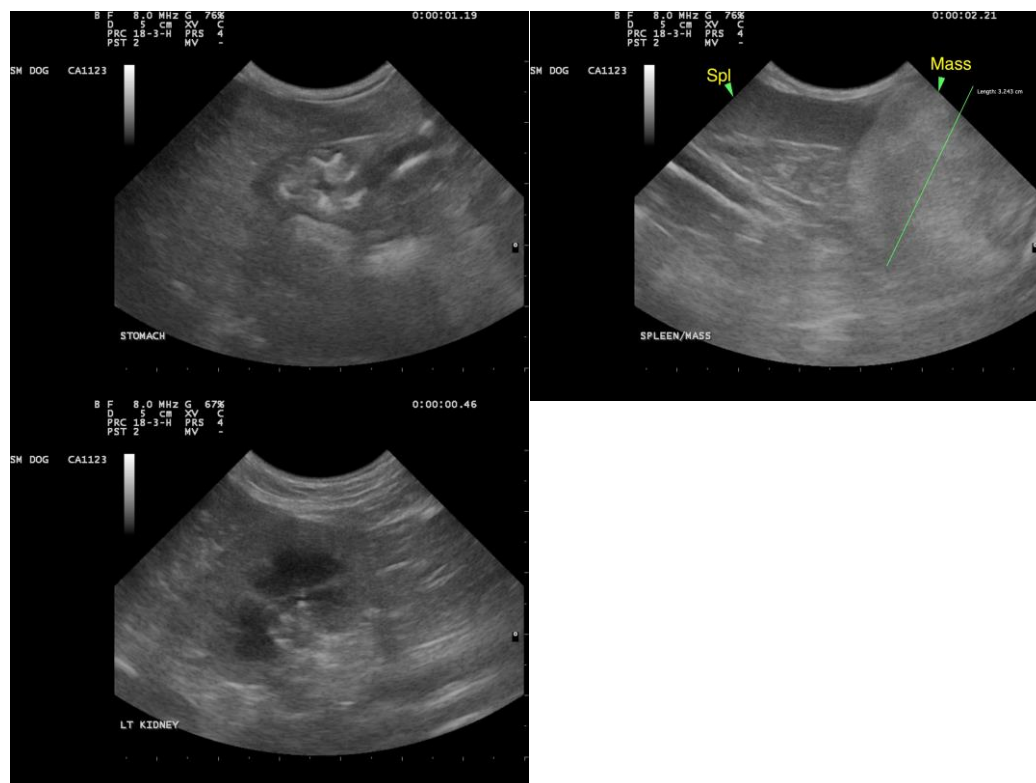
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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