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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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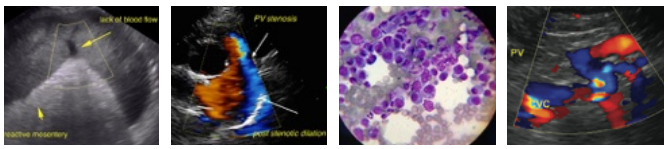


PATIENT
Taos Schofield

SPECIES
Canine

BREED
Keeshound

SEX
Spayed Female

AGE
13

WEIGHT
17.4 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Glamorgan AC

REFERRING VET
Dr. Brookfield

INVOICE
10369

DATE
7/21/2023

PRESENTING CLINICAL SIGNS

Had diarrhea a week ago now resolved. Is PUPD
Abnormal PE/Chem/CBC/UA Results: Severe eosinophilia and lymphocytosis. T4 low end of normal and negative 4DX and fecal

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 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 aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.5 cm in length.

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 0.69 cm width in the cranial pole and 0.53 cm in width in the caudal pole. The right adrenal gland measured 0.72 cm width in the cranial pole and 0.51 cm in width in the caudal pole.

Spleen

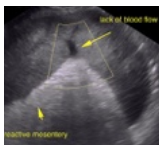
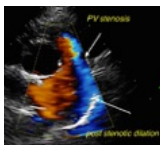
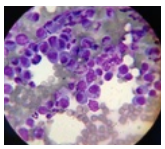
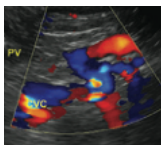
The spleen was normal in size and contour primarily finely textured and mildly heterogeneous parenchyma. Solitary non-disruptive subtle hypoechoic nodule caudal spleen measuring 0.63 cm. Non-disruptive splenic nodules tend to trend benign with incidental focal hyperplasia or hematopoiesis likely. The 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and exhibited mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without 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.

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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. The duodenum wall measured 0.55 cm in width. The jejunum wall measured 0.38 cm in width. The ileocolic wall measured 0.33 cm in width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Subjective semi-formed fecal matter was present in the colon lumen with lumen dilation.

Pancreas

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.

Free Abdomen

A solitary medial iliac lymph node was present. The lymph node measured 2 cm x 0.71 cm. The lymph node was not consistent with inflammatory or neoplastic criteria and considered incidental.

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor hepatic parenchyma remodeling.
- Sonographically unremarkable gastrointestinal tract.
- Mild likely resovling colitis pattern.
- Mild chronic renal changes.
- Subtle non-disruptive splenic nodule – subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the splenic nodule for evidence of progression with an initial recheck in 4-6 weeks is likely ideal. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Given the reported PUPD in the face of recent gastrointestinal signs and eosinophilia/lymphocytosis resting cortisol level is suggested. Continued empirical as-needed gastrointestinal support is recommended.

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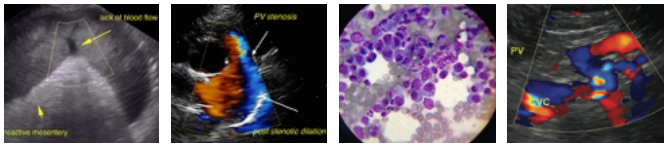

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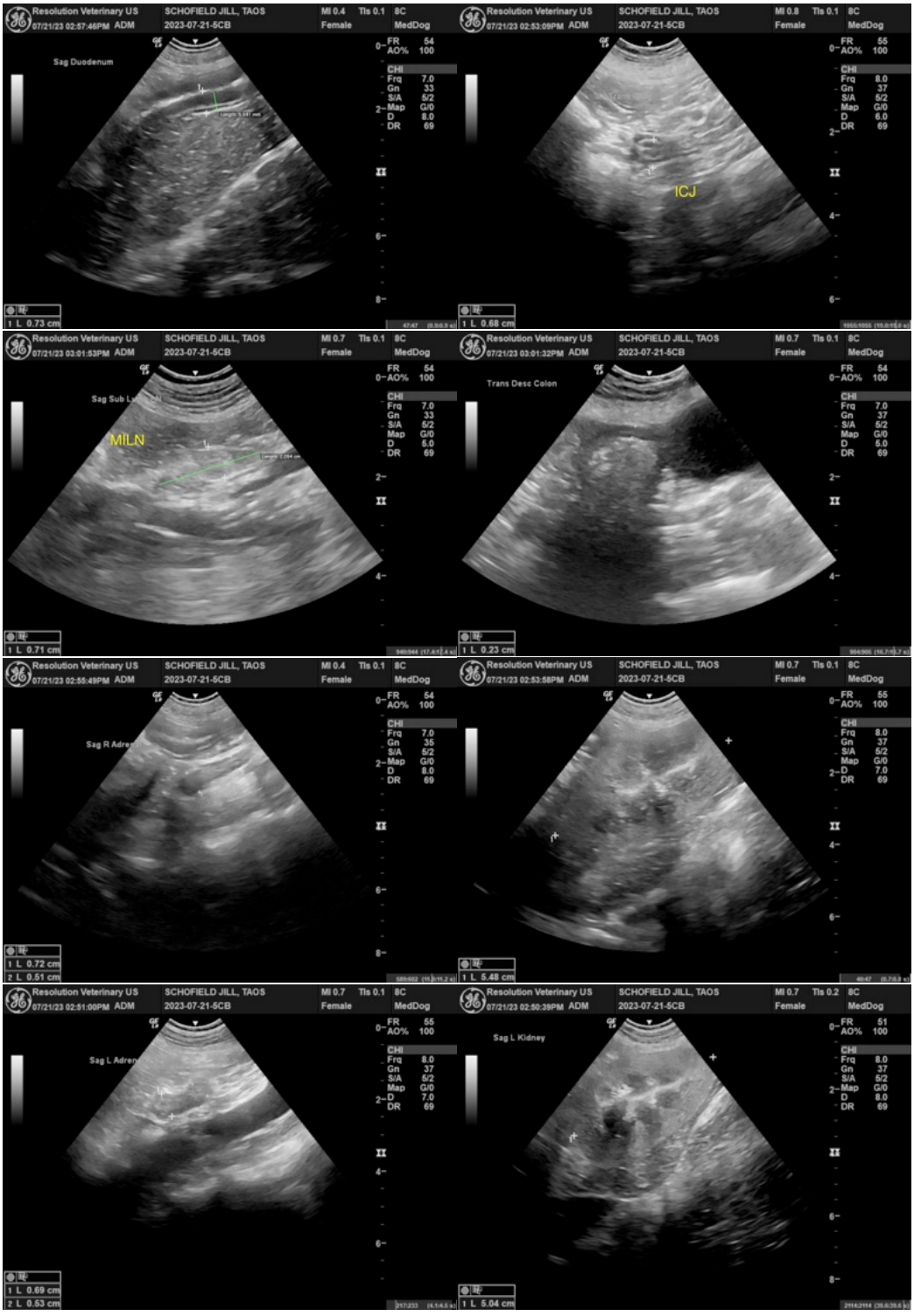

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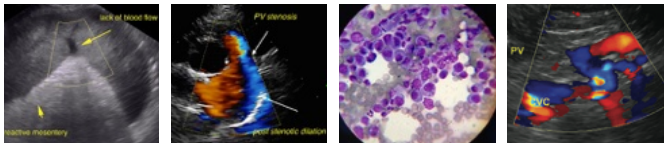

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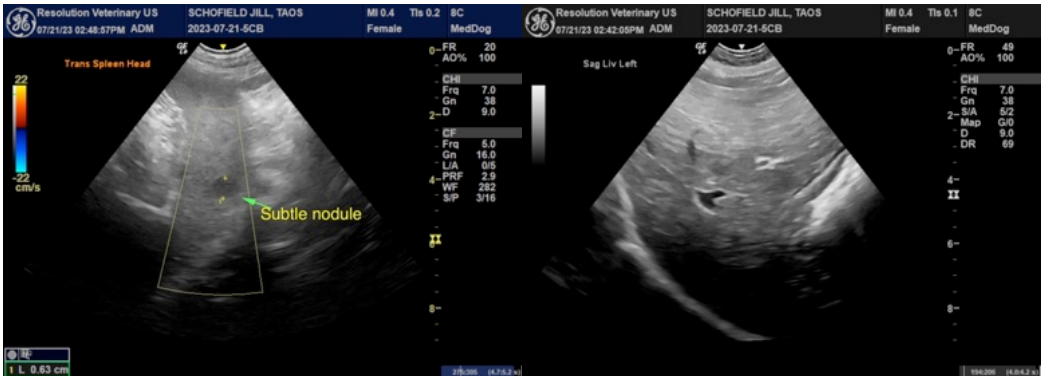

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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