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Clinical Sonography & Telecytology
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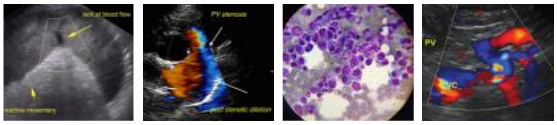


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Kahlua Rohlman

SPECIES
Canine

BREED
Mixed

SEX
FS

AGE
15yr

WEIGHT
46.1lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Hello Vet for Pets Wellness Center

REFERRING VET
Dr. Kastella

INVOICE
14437ag

DATE
07/28/2023

PRESENTING CLINICAL SIGNS

No obvious major abnormalities reported by client. Patient is blind and deaf and starting to show some possible cognitive decline. No reported PU/PD or other issues. P has a history of pancreatitis and arthritis. PE: cataracts, dental disease, arthritis of pelvic limbs/pelvis, no obvious dermatologic abnormalities or pot-bellied appearance, no heart murmur

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings CBC WNL BUN 52 (7-32), BUN:Cre 45 (9-44), Ca 11.3 (9-11), K 5.7 (3.7-5.3), Na:K 26 (28-39), TP 7.1 (5.1-6.9), ALP 3590 (8-196), GGT 14 (0-9), T bili 0.5 (0-0.3), Cholesterol 369 (131-346) **Marked hemolysis of sample TT4 = 1.4 (0.7-4.1) USG 1.031, pH 6, 3+ protein UPC 3.5 (0-0.2) Internal Parasite Screen: WNL HWT = negative Blood pressure: 146/110 (132) 162/130 (148) 169/140 (150) Current Medications Ichon injections (Polysulfated Glycosaminoglycan) Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with normal appearing walls. Several small apical to ventroapical polyps were present. The 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 were noted.

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 appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 6.2 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

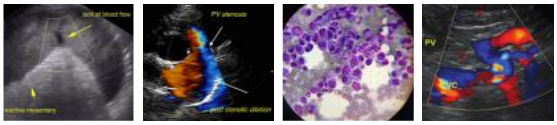
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.77 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal areas of hyperechoic parenchyma adjacent to the hilus consistent with small benign myelolipoma were present. 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. No splenic masses.

Liver/Gallbladder

The liver was enlarged in size with symmetrical contour. Generalized non-homogenous increased parenchyma echogenicity exhibiting moderate coarse echotexture was present. Parenchyma remodeling was noted. Normal vascular volume. The hepatic and portal vasculature were normal in



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appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-dependent non-organized variably hyperechoic sediment. Suspect focal areas of gallbladder mucus were present. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 contained mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder polyps.
- Moderate non-specific chronic renal changes.
- Enlarged non-homogenous hyperechoic liver-chronic vacuolar hepatopathy, inflammatory disease, hematopoiesis, hyperplasia, fibrosis, lipidosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Moderate gallbladder sediment-possible early mucocele.
- Pancreatic remodeling-patient/ age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible.
- Mild gastric and segmental intestinal ingesta-suggestive of post prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, with vit K premed and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. Adrenal disease considered unlikely given lack of reported signs consistent with Cushing's syndrome.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation or abnormal spec cPL which may allude to low grade pancreatitis is recommended. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

Empirical therapy for non-specific protein losing nephropathy may be considered if persistent elevated UPC given quiet urinary bladder sediment.

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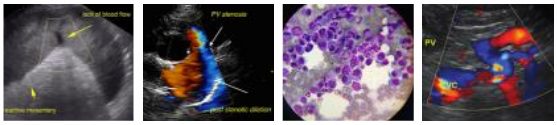

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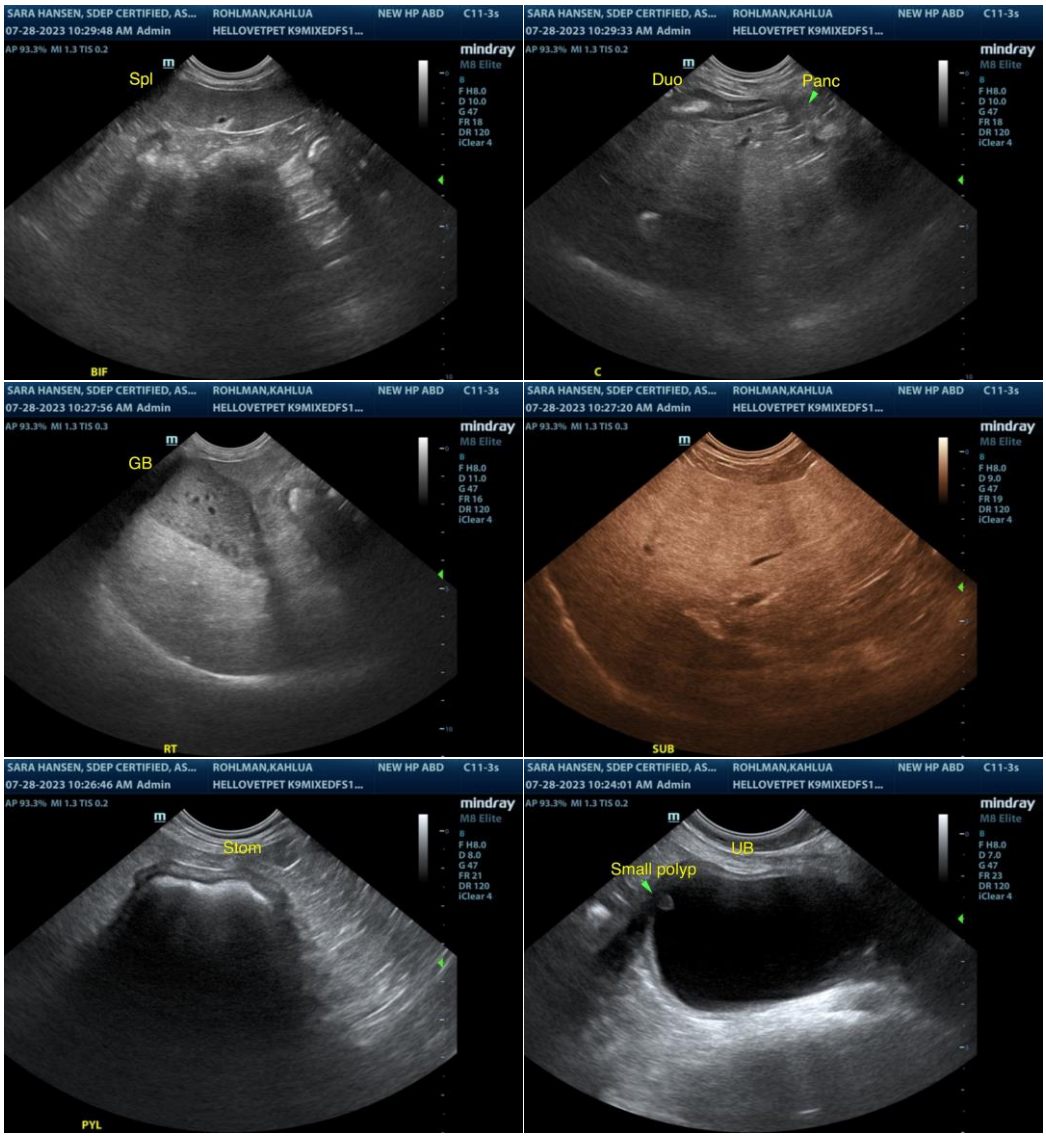

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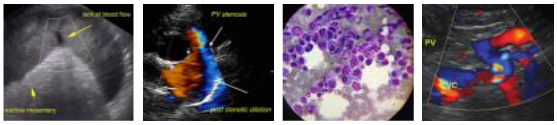

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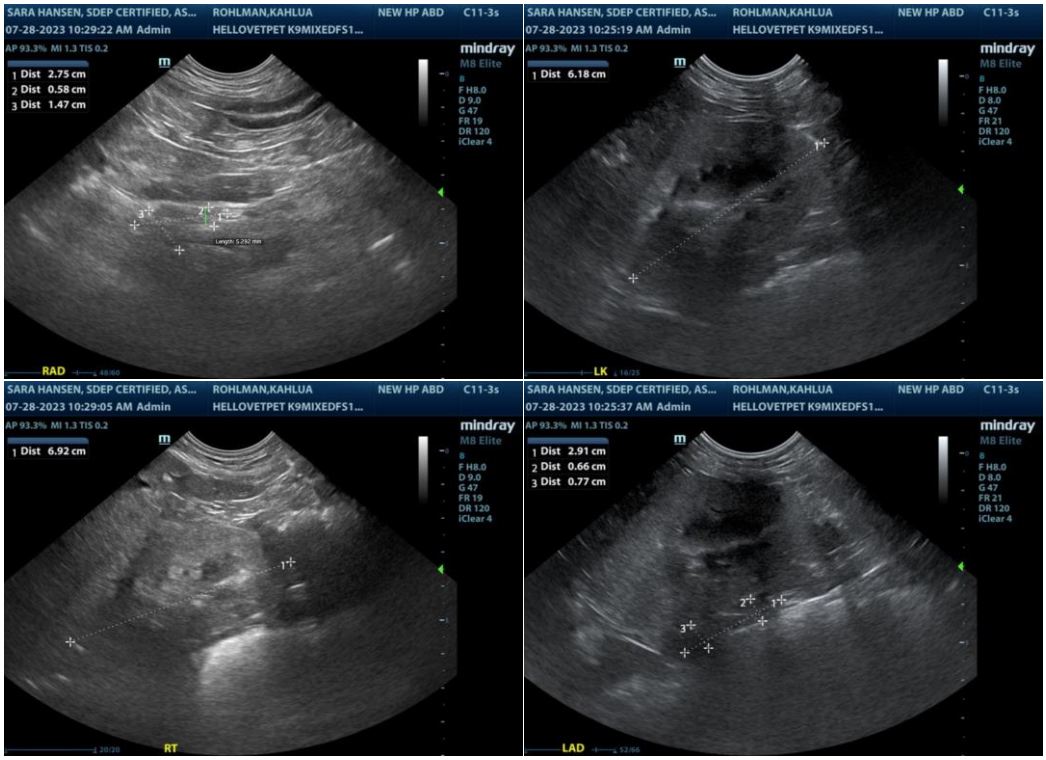

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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