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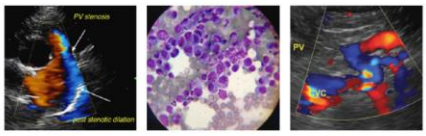

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lea Dejesus

SPECIES
Canine

BREED
German Shepherd

SEX
FS

AGE
9 yr 7 mos

WEIGHT
73 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
14205

DATE
7/5/22

PRESENTING CLINICAL SIGNS

-Current Medications: Proin 50mg 1 tab PO q12h Fluoxetine 30mg PO q24h Trazodone 150mg q12h PRN (prior to vet visits) JC Patient History: Within past year congested upper airway sounds mostly at night, recent CT skull supportive of non-aggressive rhinopathy, O elected not to pursue nasal biopsies Chronic hx of urinary incontinence, well controlled on proin. Crystalluria noted in recent urinalysis Mild PSL elevation on recent bloodwork Hx of heartworm disease, previously treated with immiticide. Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: 2. Upper airway congestion still noted at night- no visible nasal discharge today, focal area of depigmentation right nostril- Prev rhininoscopy performed, O declines biopsies and pursuing further tx. 9/10. Abdominal palpation unremarkable, hx of urinary incontinence, currently well controlled on proin per O 13. Weight gain noted

Unremarkable CBC, Unremarkable Chemistry Panel, Precision PSL 471, Urinalysis specific gravity- 1.025 tract protein, negative glucose, no bacteria

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Intermittent pinpoint to focal hyperechoic cortical foci was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.2 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 0.62 cm width at the caudal pole and 0.57 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 0.72 cm width at the caudal pole and 0.75 cm width at the cranial pole.

Spleen

The spleen exhibited potential for mild enlargement which may be a patient variant or secondary to sedation. Generalized heterogeneous splenic parenchyma exhibiting multifocal Indistinct mildly hyperechoic parenchymal nodules was noted. An example of an indistinct hyperechoic splenic nodule measured 0.8 cm in diameter.

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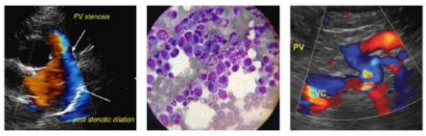

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Liver/ Gallbladder

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. Mild hyperechoic gallbladder debris was present primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.47 cm.

The small intestine exhibited intact wall layering and subjective maintained a 1:3 muscularis / mucosa ratio. The duodenum wall width measured 0.59 cm. The jejunum wall width measured 0.54 cm. Mild nonshadowing chyme was present in the duodenum lumen. The segmental jejunum subjectively in the left mid to caudal abdomen exhibited subtle evidence of variably echogenic mucosa along with regional peri intestinal reactive mesentery and small pockets of scant peri jejunal free fluid. No evidence of intestinal masses or loss of intestinal wall layering was noted.

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

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

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Heterogeneous spleen exhibiting multifocal indistinct hyperechoic nodules - subjectively benign, hyperplasia, hematopoiesis, areas of multifocal benign myelolipomas, potential hypersplenism given the breed, or other. Neoplastic criteria considered unlikely.
- Gastroduodenal ingesta / chyme
- Possible segmental jejunitis with associated regional reactive mesentery and scant free fluid

Secondary Findings

- Bilateral pinpoint to focal hyperechoic renal cortical foci - incidental, pinpoint to focal areas of cortical microinfarction, fibrosis, or mineralization suspected
- Minor gallbladder debris - incidental

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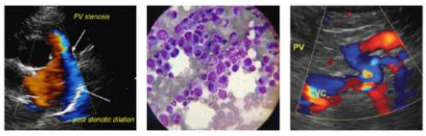

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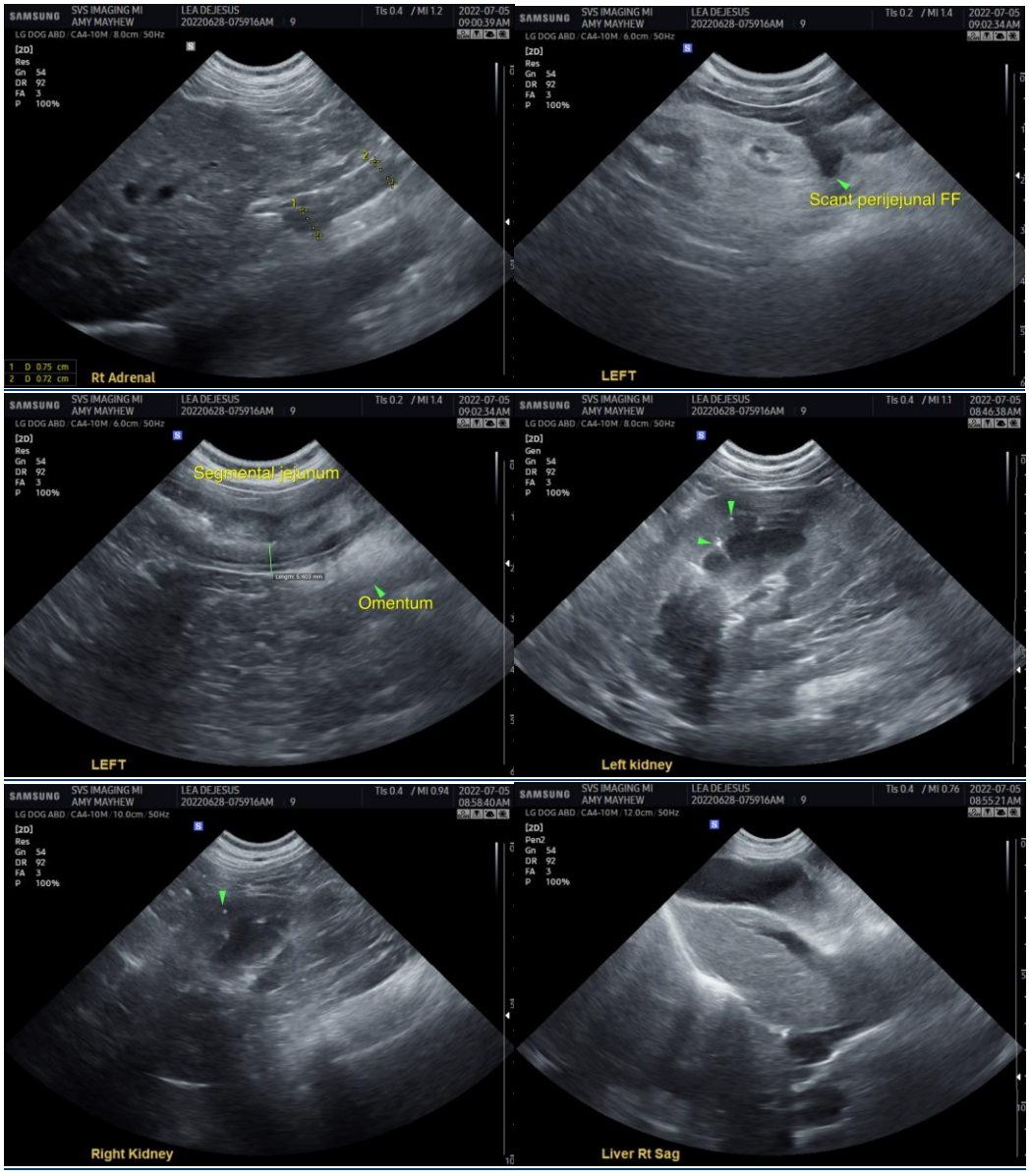
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided screening FNA of the spleen could be considered primarily to ensure only suspected benign changes are present. The potential for segmental jejunitis Is of unclear clinical significance given the lack of reported gastrointestinal signs In the face of weight gain. Continued monitoring for evidence of gastrointestinal signs is suggested. No evidence of active pancreatitis was noted.



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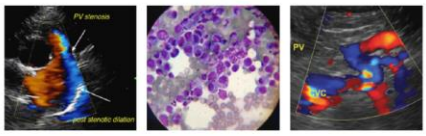

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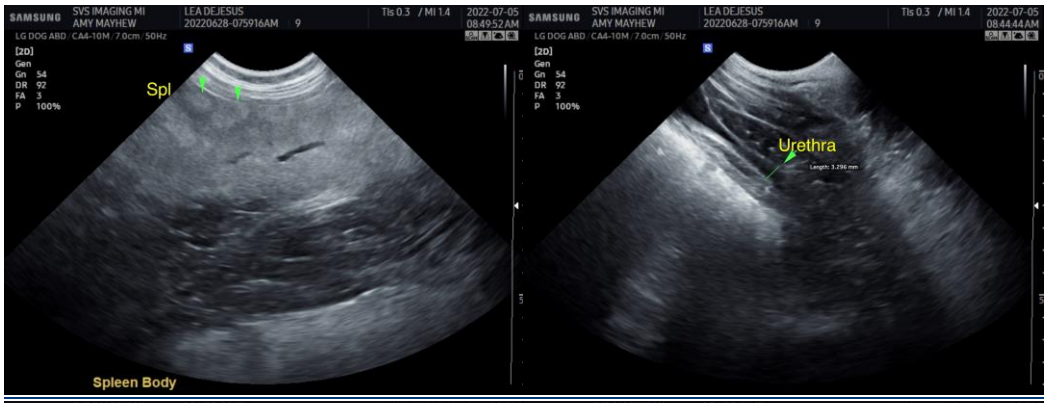

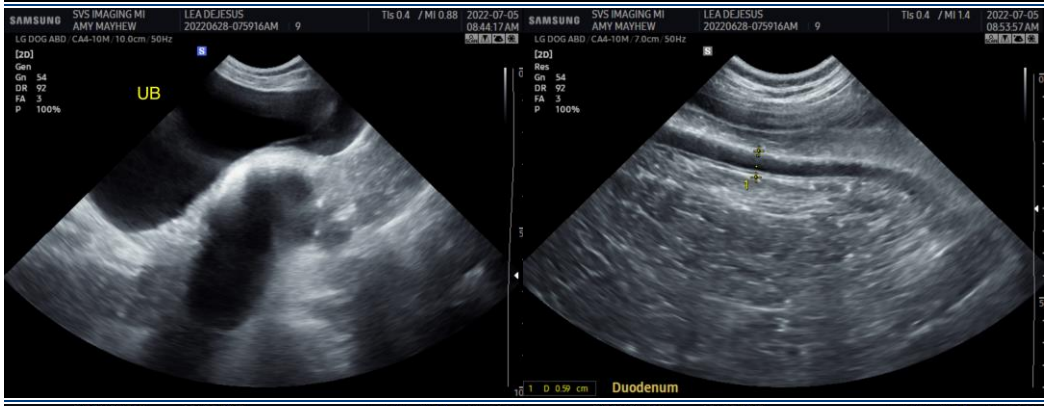

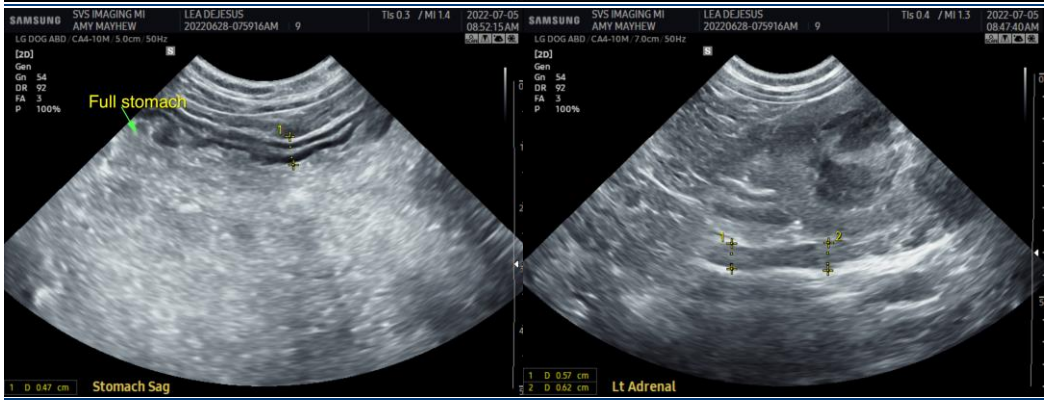

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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