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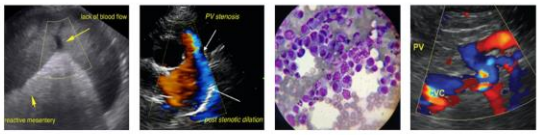

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Bailey Ronshak

SPECIES

Canine

BREED

Min Schnauzer

SEX

MN

AGE

2011

WEIGHT

22

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Shoop

INVOICE

14235

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Bloody diarrhea began during boarding, bloodwork revealed diabetes, intermittent appetite, BG not responsive to insulin dosage NPH

Albumin 1.7, ALP 452, TBili 1.0, Phos 1.1, Glucose 221, Globulin 3.8, Unremarkable CBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention, which limited full evaluation of the urinary bladder walls. The urethra was normal in structure and tone to a depth of 2.0 cm.

The residual prostate was without pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal small cortical cysts were present In both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.6 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 2.1 cm length x 0.67 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 1.8 cm length x 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with no evidence of inflammatory or neoplastic criteria.

Liver/ Gallbladder

The liver exhibited generalized enlargement with primarily symmetrical yet rounded hepatic contour. Mild generalized nonuniform hepatic parenchyma exhibiting moderate coarse echotexture was present with evidence of minor parenchymal remodeling. Intermittent nondisruptive, well-demarcated, mildly hyperechoic intraparenchymal nodules were present with an example measuring 1.9 cm in diameter. Moderate, nondependent yet nonorganized, mildly hyperechoic gallbladder debris was present. The gallbladder walls were sonographically normal without evidence of inflammatory criteria, as well as no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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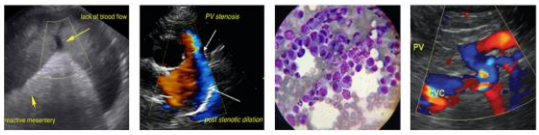

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic yet primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.28 cm.

The small intestine presented intact to mildly prominent generalized wall layering owing to subjective propensity for mildly prominent mucosa. The mucosa was uniform without evidence of mucosal speckling, striations, or fogging. The small intestinal wall width measured 0.29 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.35 cm.

Pancreas

The pancreas was indistinctly visualized yet exhibited potential for mild prominent size exhibiting mild heterogenous to hypoechoic parenchyma in the area of the proximal left pancreatic limb caudal to the stomach. Subtle evidence of peripancreatic mild hyperechoic mesentery was noted.

Free Abdomen

No evidence of omental lymphadenopathy or peritoneal free fluid was present.

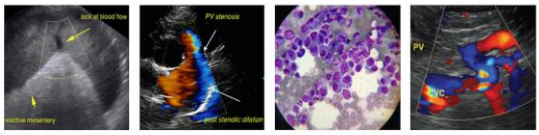
ULTRASONOGRAPHIC FINDINGS

- Subnormal urinary bladder
- Bilateral mild chronic renal changes with focal cortical cysts
- Gastroenterocolitis pattern with gastric ingesta
- Hepatomegaly exhibiting generalized mild nonuniform parenchyma with intermittent mild uniform hyperechoic intraparenchymal nodules - although nonspecific, nodules are suggestive of lipogranulomas or nodular hyperplasia, metabolic / reactive / vacuolar (diabetic) hepatopathy suspected
- Moderate gallbladder debris (non-mucocele)
- Suspect low-grade to mild pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta may indicate recent meal ingestion. However, given reported intermittent appetite or if documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed emptying could be considered.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full urinary work-up ideally on a sterile urine sample to include urinalysis and culture and sensitivity is recommended. Assuming normal clotting status, screening hepatic FNA could be considered.



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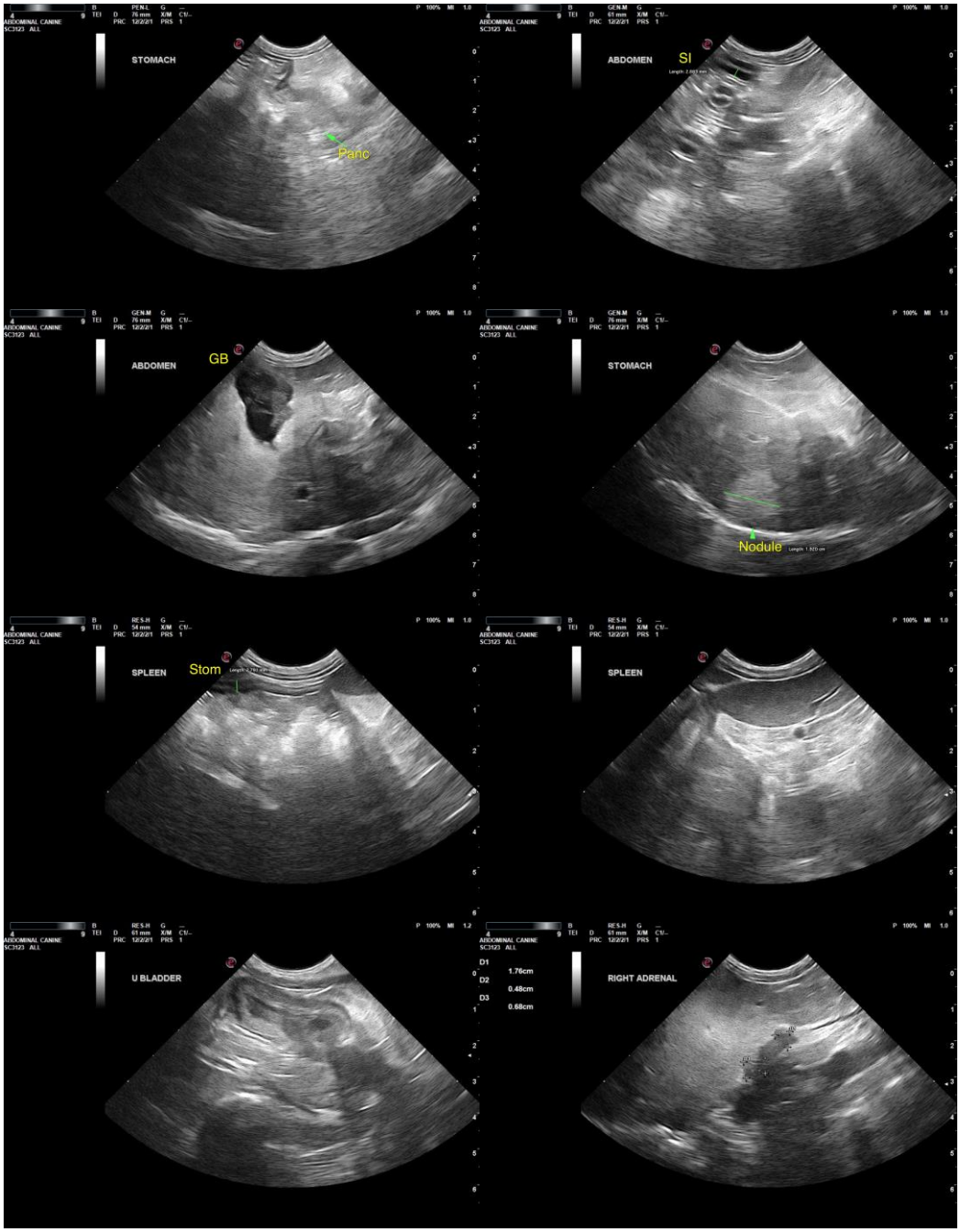
No evidence of adrenomegaly or adrenal neoplastic criteria was noted. Gastrointestinal support and therapy for colitis would be reasonable.



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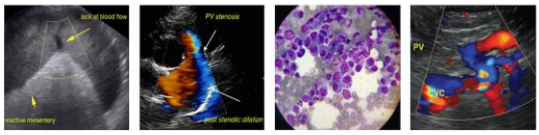

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services