



PATIENT

Cookie Formosa

SPECIES

Canine

BREED

Mixed

SEX

MI

AGE

14 yr

WEIGHT

36 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Astoria Vet Group

INVOICE

11075ag

DATE

07/08/2022

PRESENTING CLINICAL SIGNS

History: Diabetic Dog- 11.5 units BID , but this morning o gave 10.5 unit @ 6:37 am. O had to hand feed him this morning. Cookie has been having diarrhea for 1 day- Stool is watery and mucus, but no blood. Inappetence /decrease appetite Vomited on Tuesday Drinking water normally/ Urinating normally o checked for ketones- neg gave Cerenia + Gabapentin+ Flagyl (GAVE TODAY OR YESTERDAY) hx of pancreatitis Diet: 1/4 cup of chicken , i/d, and w/d mixed BID

Abnormal PE/Chem/CBC/UA Results: Advised x ray- reveal suspicious area with a mass like effect- could be distended pylorus, could be mass, could be the pancreas is angry and has inflammation. Vet Screen (as of July 8, 2022) AST (SGOT) 406IU/L 15-66 IU/L ALT (SGPT) 1912IU/L 12-118 IU/L Alk Phosphatase 2302IU/L 5-131 IU/L Total Bilirubin 0.4mg/dL 0.1-0.3 mg/dL Glucose 279mg/dL 70-138 mg/dL Sodium 137mEq/L 139-154 mEq/L Chloride 99mEq/L 102-120 mEq/L Cholesterol 1095mg/dL 92-324 mg/dL CBC: WNL Urine Protein Creatinine Refex (as of May 29, 2022) Test Result Reference Value Protein 58mg/dL - mg/dL Creatinine 89.9mg/dL - mg/dL Protein/Creatinine Ratio 0.6 Urinalysis-Complete (as of May 29, 2022) Protein 2+ Glucose 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint areas of medullary mineral were noted. The left kidney measured 5.7 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with asymmetrical contour and nonhomogeneous to variably echogenic parenchyma. Intermittent small intraparenchymal cysts were noted along with a focal area of mid parenchymal mineralization. The prostate measured 3.0 cm in diameter. No evidence of peri prostatic inflammation was noted.

The left and right testicles were overtly normal in size exhibiting mild heterogeneity expected for age.

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 0.61 cm width in the cranial pole and 0.68 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in 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



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parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 with primarily anechoic luminal content. Mildly prominent to hypoechoic gallbladder walls were noted, the gallbladder wall measured 0.20 cm in width. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic nonshadowing ingesta/chyme extending into the area of the pylorus with minor pyloric distention and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.40 cm in width.

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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 0.45 cm in width.

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

Pancreas

The area of the pancreas base and right pancreatic limb exhibited indistinct prominent size and capsule asymmetry with heterogeneous to mildly mixed echogenic parenchyma. Subtle evidence of peri pancreatic reactive mesentery in the right cranial abdomen was present.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Possible cranioventral intra-abdominal lipoma exhibiting focal areas of possible nodular fat necrosis.

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy-metabolic/reactive/vacuolar (diabetic) hepatopathy, inflammatory i.e. cholangiohepatitis possible. No evidence of neoplastic criteria
- Suspect minor cholecystitis
- Prominent to non-homogeneous pancreas-low grade chronic to chronic active pancreatitis possible, no evidence of significant pancreatic pathology
- Retained gastric ingesta-potential for metabolic gastric stasis
- Mild prostatomegaly exhibiting cystic to focally mineralized parenchyma-chronic benign prostatic hyperplasia vs possible prostatitis, emerging neoplastic criteria cannot be excluded
- Possible cranioventral intra-abdominal lipoma exhibiting focal areas of possible nodular fat necrosis.

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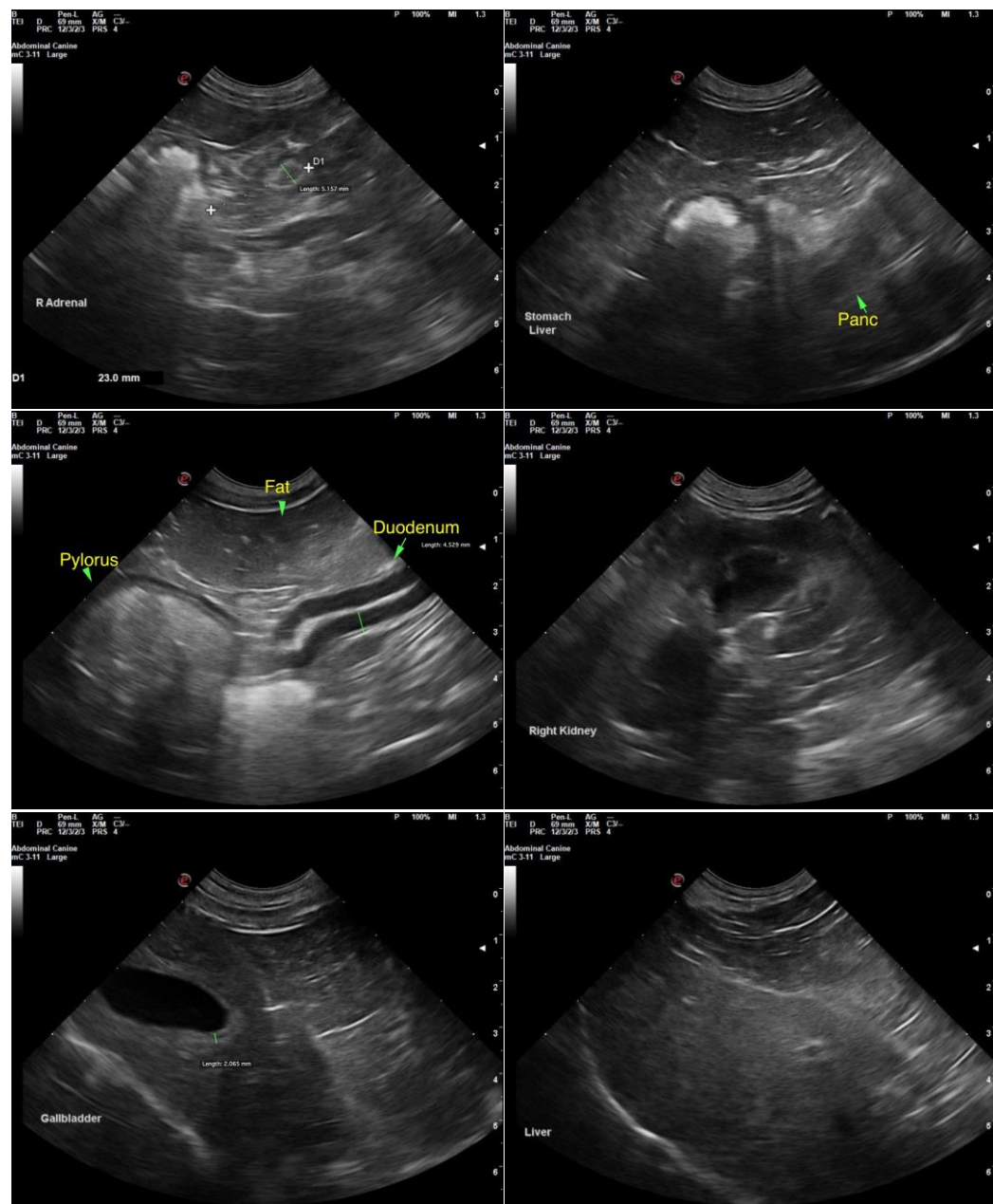
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of abdominal neoplastic criteria was present on this scan. Assuming normal clotting status a hepatic FNA could be considered for screening cytology.

Empirical supportive care for gastroenterocolitis and low grade to chronic pancreatitis would be reasonable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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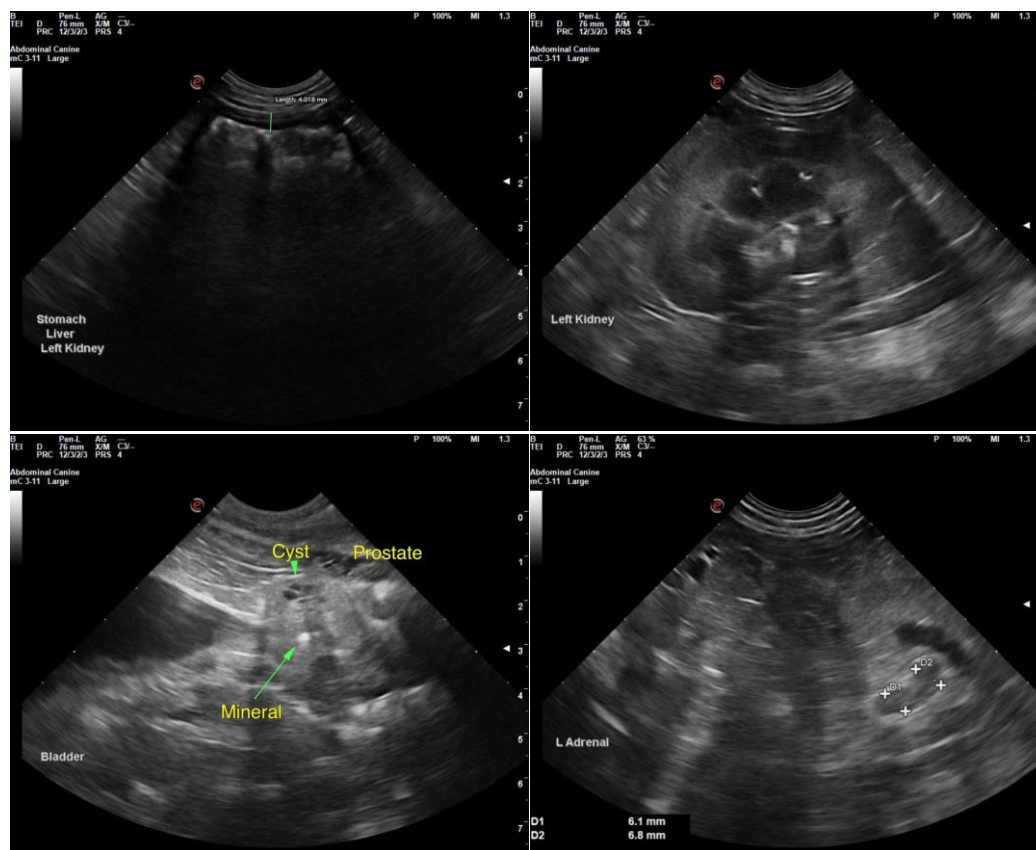
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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