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Clinical Sonography & Telecytology
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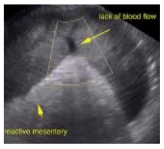
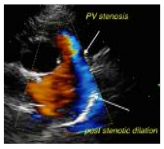
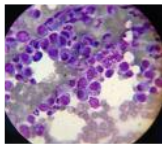
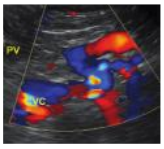




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bo Heeszal

SPECIES

Canine

BREED

Basset Hound

SEX

MN

AGE

13 years

WEIGHT

57.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE

14620

DATE

8/16/22

PRESENTING CLINICAL SIGNS

PU/PD since 9/21. Several UTI found during that time but they have been treated with antibiotic and resolution confirmed with follow up urine culture. Low dose dex suppression test was normal last week. Current Medications Carprofen 50mg q12h, Thyro tabs 0.6mg q12h Primary Question/Differential to Be Answered in This Exam Cause of PU/PD- large adrenals? Neoplasia? Abnormal PE/Chem/CBC/UA Results: Low USG since 9/21 (1.002 to 1.006). 3 day USG from 7/31-8/2, first of morning 1.013-1.015. Mild elevation of ALT(121) and Alkp(144)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine with no evidence of Inflammatory or neoplastic urinary bladder mural changes. No sediment or calculi were noted. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

The residual prostate was without pathology measuring 1.0 cm in diameter.

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. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

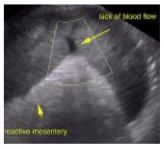
The bilateral adrenal glands were mildly prominent in size exhibiting Intact yet mild asymmetrical capsule margination and nonhomogeneous to nodular parenchyma. An example of a caudal left adrenal nodule measured 0.94 cm x 0.76 cm. The overall left adrenal gland measured 2.4 cm length x 1.0 cm width at the caudal pole. The right adrenal gland measured 3.0 cm length x 1.0 cm width at the caudal pole.

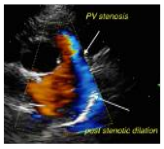
Spleen

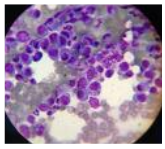
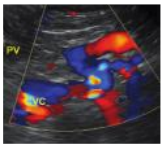
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented 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





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was non-distended in size with 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 contained mild, nonshadowing ingesta/chyme most consistent with post prandial presentation without 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 was empty with no signs of ileus, obstruction, or foreign material.

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 or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent to nodular bilateral adrenal glands
- Benign hepatopathy
- Mild age-related kidneys
- Mild gastric ingesta / chyme - likely recent meal Ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly prominent to nodular bilateral adrenal glands are nonspecific and of unclear clinical significance, given reported negative LDDST. This finding may indicate nonfunctional adenomatous change, benign to age-related hyperplasia, or lipogranulomas, while the potential for emerging neoplastic criteria such as pheochromocytoma, adenocarcinoma, or other, cannot be definitively excluded. Screening BP is advised to assess for evidence of hypertension, which may allude to a pheochromocytoma, is suggested.

Recheck urine C/S if not recently done, as well as baseline UPC for further renal staging could be considered.

Hepatic functionality is assumed to be normal if normal albumin, glucose, BUN, and cholesterol levels are noted. Leptospirosis titer/ PCR could be considered if endemic to the area or clinically indicated.

Sonographic monitoring of the bilateral adrenal glands for evidence of progressive nodular changes with initial recheck ideally in 2-3 months is warranted.

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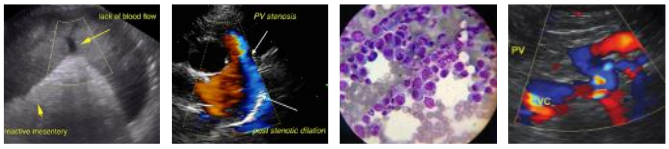

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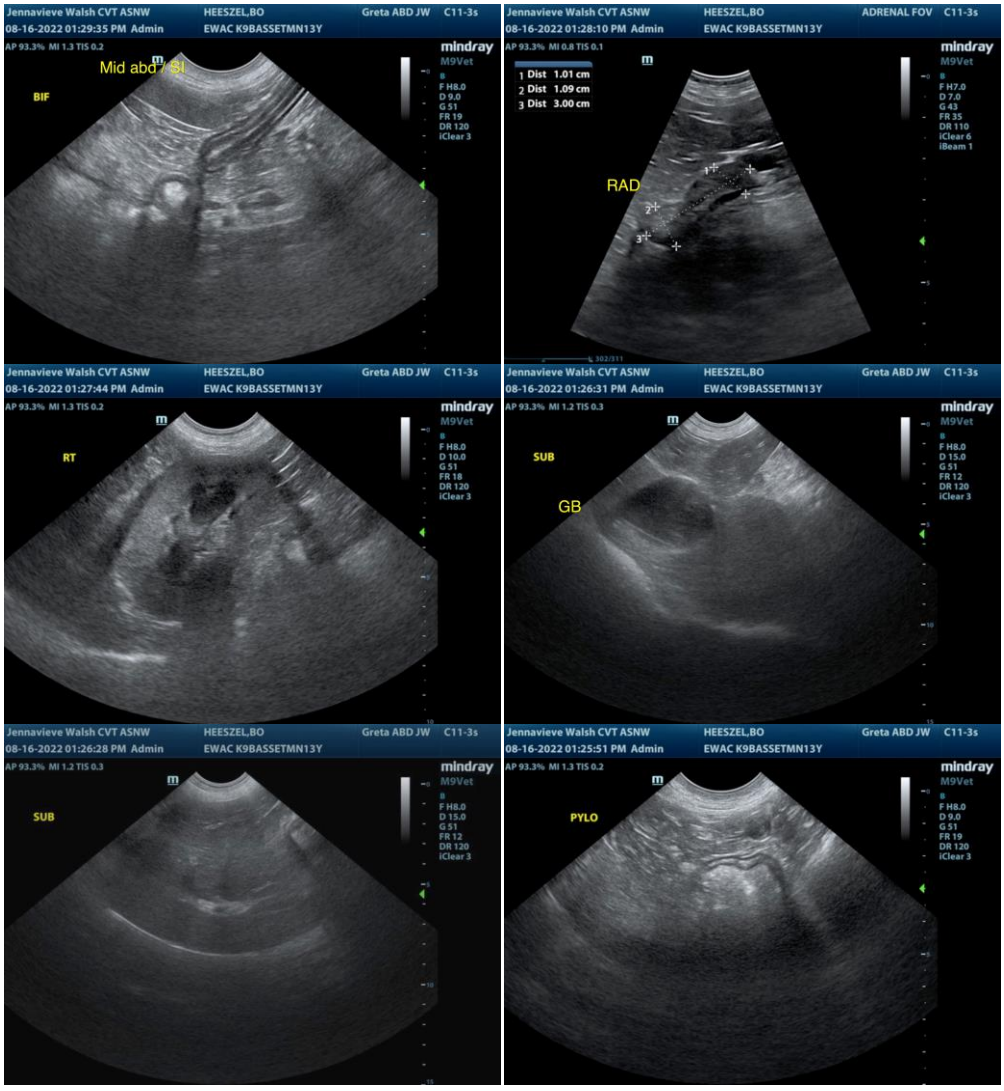
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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



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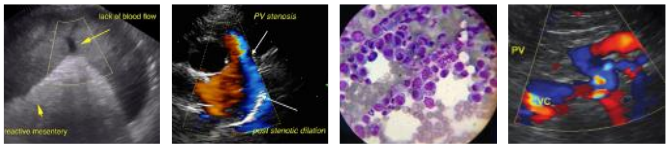

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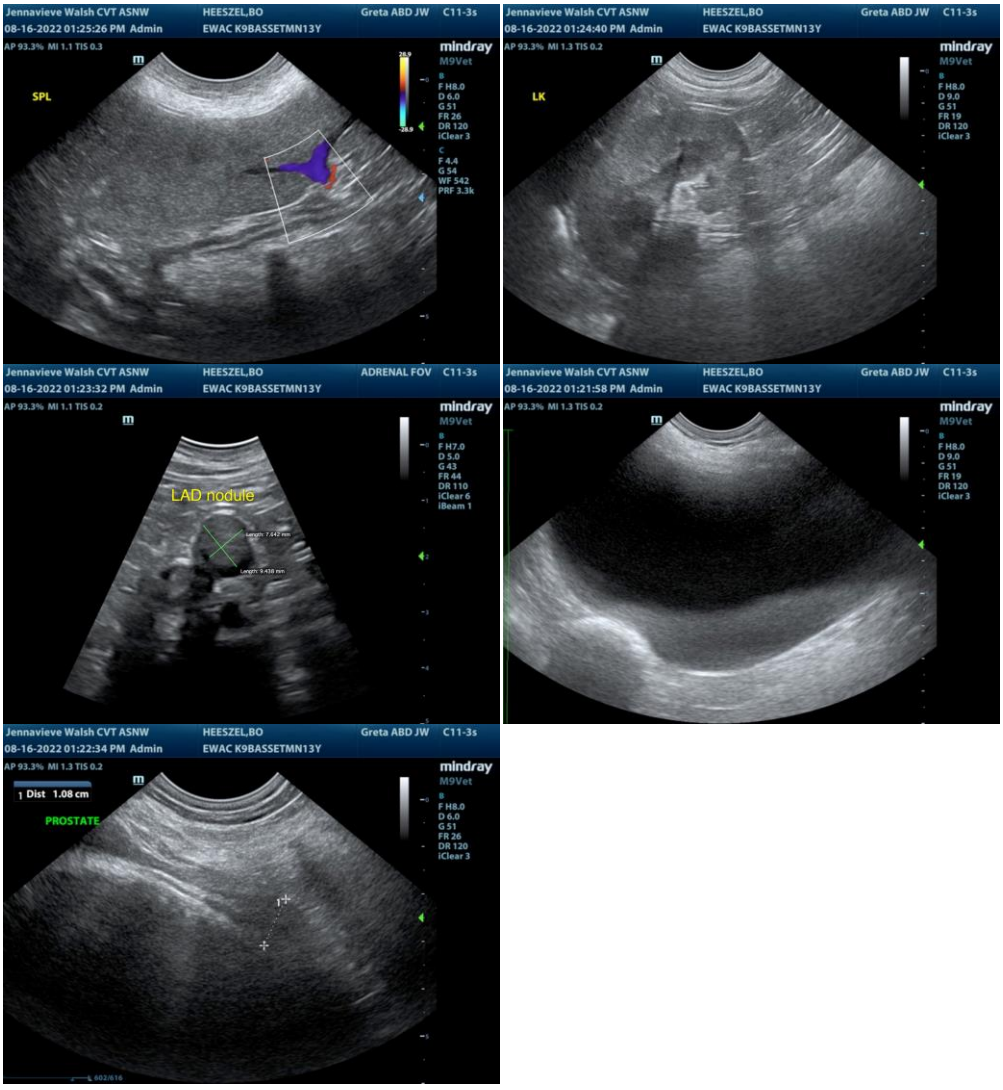

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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