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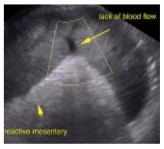
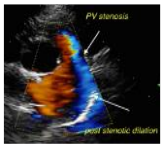
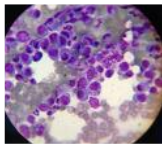
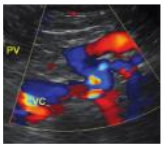
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Demitri Rixen

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

MN

AGE

13 years 6 months

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

14632

DATE

8/17/22

PRESENTING CLINICAL SIGNS

Exam done 7/29/22: Multi-day HX of diarrhea, did offer and eat rice this AM but V+ after. Seems to be similar energy. No change to routine or diet. Same diet for urinary stones O also reports increased thirst over the last couple of weeks QAR. Multiple bouts of small volume mucoid stool. Teeth G2 tarter. Heart- low grade murmur L side of chest, systolic. synchronous pulses. T 101.8. Abd tense Chem elevated ALP, ALT, tbil D+ elevated liver values- RO secondary to gastroenteritis, primary liver, vacoular changes, other Heart murmur Presented today for recheck due to decreased appetite, D+, lethargy

Abnormal PE/Chem/CBC/UA Results: BW from 7/29 (todays BW pending) ALB 4.2 2.5-4.4 G/DL ALP 158* 20-150 U/L ALT 142* 10-118 U/L AMY 1082 200-1200 U/L TBIL 0.7* 0.1-0.6 MG/DL BUN 8 7-25 MG/DL CA++ 11.3 8.6-11.8 MG/DL PHOS 3.6 2.9-6.6 MG/DL CRE 1.0 0.3-1.4 MG/DL GLU 86 60-110 MG/DL NA+ 144 138-160 MMOL/L K+ 4.4 3.7-5.8 MMOL/L TP 7.3 5.4-8.2 G/DL GLOB 3.1 2.3-5.2 G/DL HEM 2+ NIL NIL LIP 3+ NIL NIL ICT 0 NIL NIL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities (estimate 4-5) with distal acoustic shadowing were present in the dependent lumen. The echogenicities were small. An example of an echogenicity measured 0.5 cm diameter. No evidence of concurrent cystitis was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

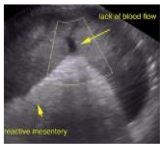
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas of medullary mineral were noted. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

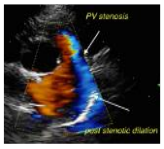
Adrenal Glands

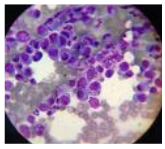
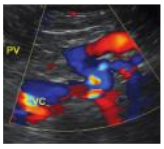
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present primarily in the medial parenchyma adjacent to the hilus. Potential for concurrent areas of medial splenic capsular fibrosis were noted. Normal splenic vascularity was noted. 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. Acute to chronic inflammatory or neoplastic





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changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. A solitary nondisruptive uniform mildly hyperechoic intraparenchymal nodule was present measuring 2.4 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, congealed yet nonorganized luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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 gastric walls were sonographically unremarkable. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The gastric body wall width measured 0.30 m.

The small intestine presented intact wall layering with subjective propensity for mildly prominent segmental small intestinal mucosa layer. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.45 cm width.

Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter.

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. This is likely consistent with age-related pancreatic changes and considered incidental. No evidence of active pancreatitis or other pancreatic pathologies.

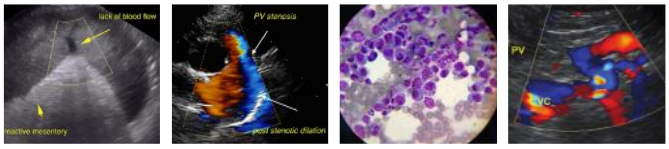
Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder calculi
- Moderate chronic renal changes with mild medullary mineral
- Hepatopathy with solitary nonspecific yet subjectively benign intraparenchymal nodule - nodule suggestive of lipogranuloma or focal nodular hyperplasia
- Moderate gallbladder debris (non-mucocele)
- Overtly normal stomach containing mild Ingesta/chyme



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- Intact yet segmentally prominent small bowel walls - suggestive of segmental inflammatory enteropathy

Secondary Findings

- Benign splenic nodules - consistent with probable myelolipomas

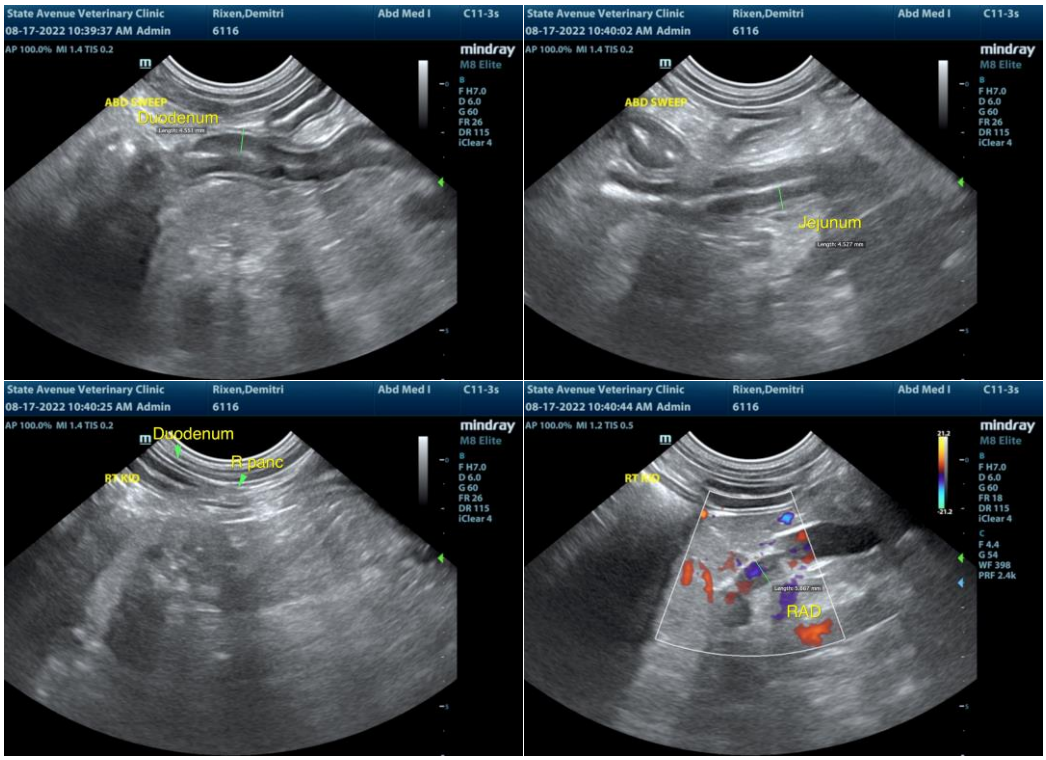
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes suggestive of segmental inflammatory criteria. Suspected concurrent mild colitis is likely, given the reported diarrhea description and pattern. Fresh fecal analysis to rule out parasitic ova / Giardia +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Assuming normal clotting status, screening hepatic FNA for cytology could be considered. Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial.

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



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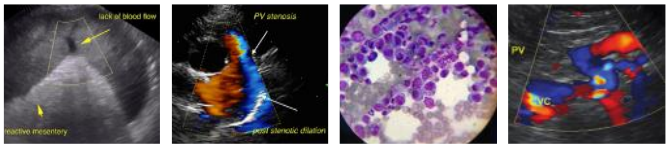

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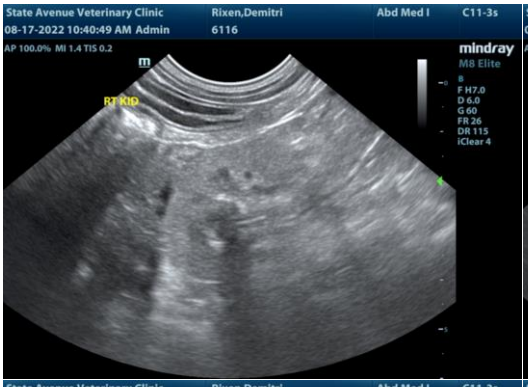

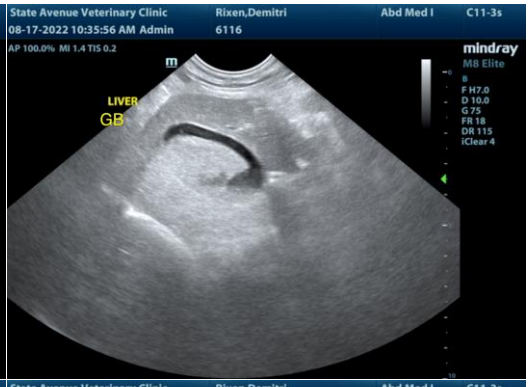

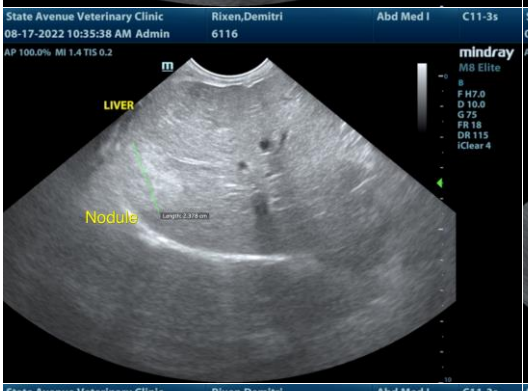

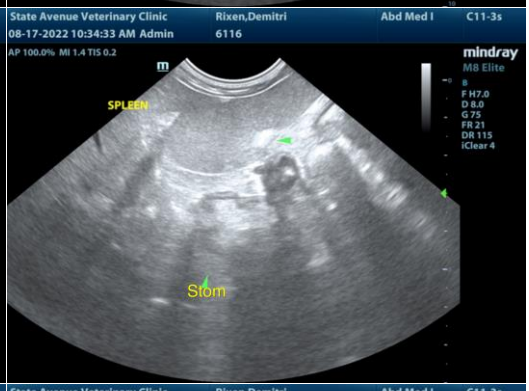

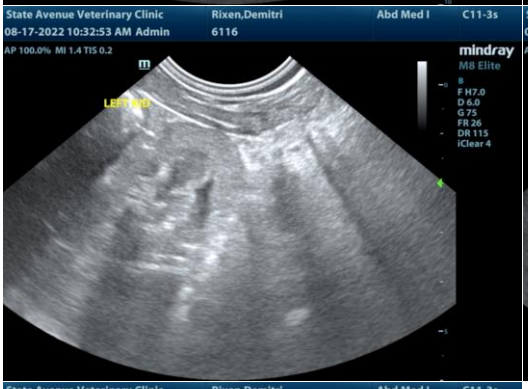

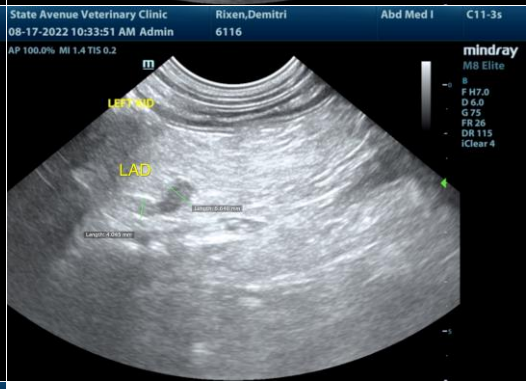

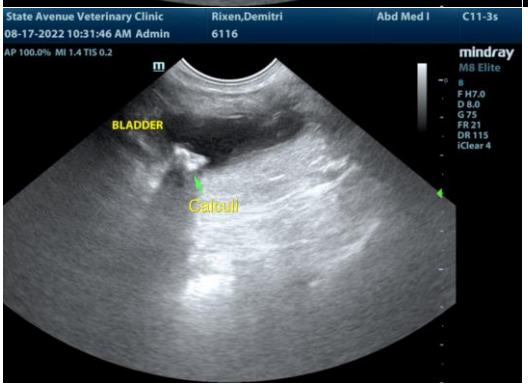

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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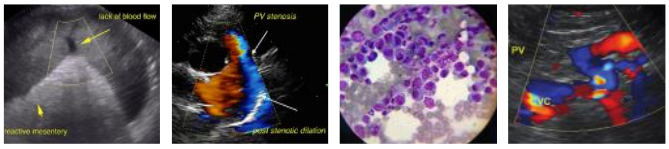

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com