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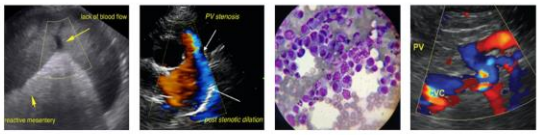

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Siggy Fennell

SPECIES

Canine

BREED

Beagle

SEX

F/S

AGE

2010

WEIGHT

29

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. Banzhof

INVOICE

14651

DATE

8/17/22

PRESENTING CLINICAL SIGNS

Lethargy, inappetance Cerenia, Pepcid

CBC- WBC 5.4 with lymphopenia, HCT 51.8, Chemistry Panel- Unremarkable, Na/K ratio 34

4DX-Neg

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 including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

No evidence of pathology was noted In the area of the uterine remnant.

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. Pinpoint to focal cortical hyperechoic foci were present in both kidneys, which may indicate pinpoint to focal areas of cortical microinfarction, fibrosis, or emerging mineralization. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

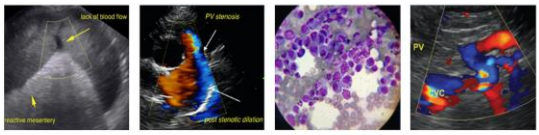
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.53 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.57 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size. The gallbladder walls were sonographically normal. Anechoic content with mild nondependent to mildly congealed yet



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nonorganized hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no 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

- Mild chronic renal changes exhibiting pinpoint to focal hyperechoic cortical foci
- Minor hepatic parenchymal remodeling
- Nondependent mildly congealed hyperechoic gallbladder debris
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as a definitive cause of the patient's lethargy and Inappetence.

Potential for very early gallbladder mucocele is possible yet clinical significance at this stage is unknown, given the lack of hepatic enzyme elevations or cholestasis.

Adrenal screening to rule out occult Addison's Disease, given the vague clinical signs, could be considered. Three view chest radiographs, as well as a thorough muscular / skeletal and neurological examination to assess for or rule out occult nonabdominal disease as a contributing factor to the patient's clinical signs, are recommended. As-needed supportive care is recommended.

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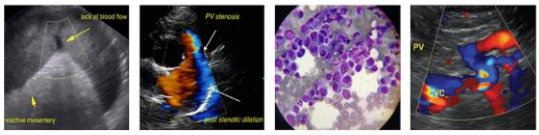

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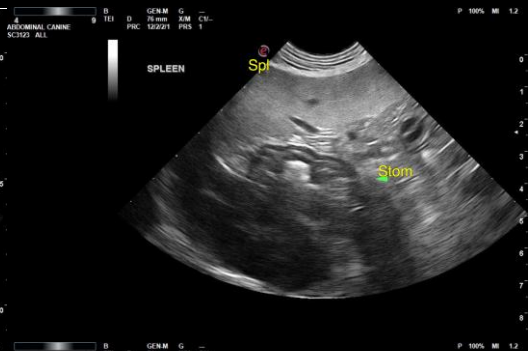

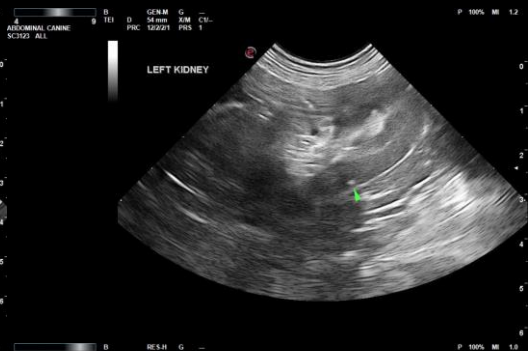

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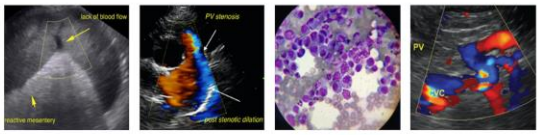

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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