



PATIENT

Jack Kerwein

PRESENTING CLINICAL SIGNS

Diabetic patient- not eating ~1 week duration. Concern for intra-abdominal neoplasia. Current meds: Novolin - N 5.5u BID

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 46, SDMA 20.5, Glu 265, Triglyc 446, PLT 99,000 UA: pH 5.0, trace protein, trace glucose SG: 1.017

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Miniature Poodle

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. The apical urinary bladder wall measured 0.73 cm in width. No sediment or calculi. No urinary bladder tumors.

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and moderate loss of corticomedullary definition was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Small bilateral cortical cysts and mild pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.5 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

19lb

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size based on caudal pole width measurement in light of body weight with mild asymmetrical contour and heterogenous to indistinctly nodular parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 2.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 2.4 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited possible borderline enlargement with areas of medial capsule asymmetry. Mild splenic parenchyma heterogeneity with a solitary non-disruptive non-homogenous hypoechoic nodule measuring 1.6 cm in diameter was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Heart and Paw Lake
Hopatcong

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 was mildly distended in size with normal appearing wall. Anechoic content with moderate non-dependent mildly organized mildly striated hyperechoic gallbladder sediment was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr Marmolejo

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Gastrointestinal

DATE

08/21/2023



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The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild non-obstructive duodenal ileus was present.

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

Pancreas

BREED

Miniature Poodle

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

13yr

- Cystitis pattern.
- Moderate chronic renal changes with small cortical cysts and minor pyelectasia.
- Mildly enlarged irregular indistinctly nodular to cystic left adrenal gland- nonspecific.
- Borderline splenomegaly with heterogenous parenchyma, non-disruptive non-specific splenic nodule-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded.
- Hepatomegaly-sonographically consistent with benign criteria, diabetic/vacuolar hepatopathy pattern.
- Gallbladder mucocele.
- Possible mild gastroduodenitis.
- Remodeled pancreas-potential chronic pancreatitis vs patient/age related variant, no evidence of active pancreatitis.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jessica Miller

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assuming normal clotting status and using a 25g needle, a splenic nodule and parenchyma FNA for screening cytology could be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate or spec cPL is recommended to assess for occult disease as a contributing factor.

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A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma although the left adrenal appearance is suggestive of benign criteria. Sonographic monitoring of the left adrenal gland for evidence of progressive enlargement with initial recheck in 4-6 weeks is likely idea. Sonographic reassessment of the gallbladder is recommended if progressive cholestasis. Ursodiol therapy may be considered.

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Dr Marmolejo

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/>.

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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>

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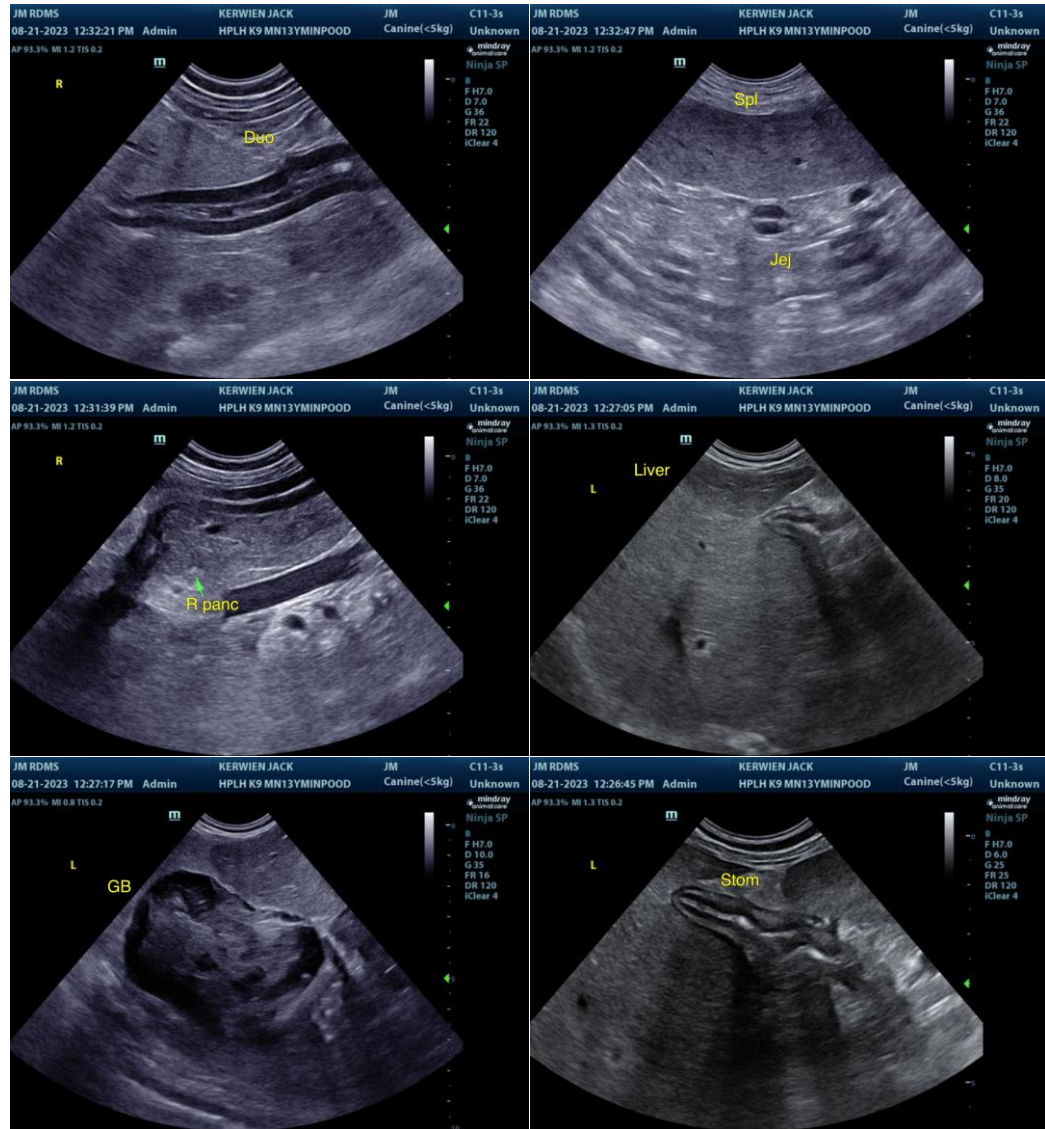
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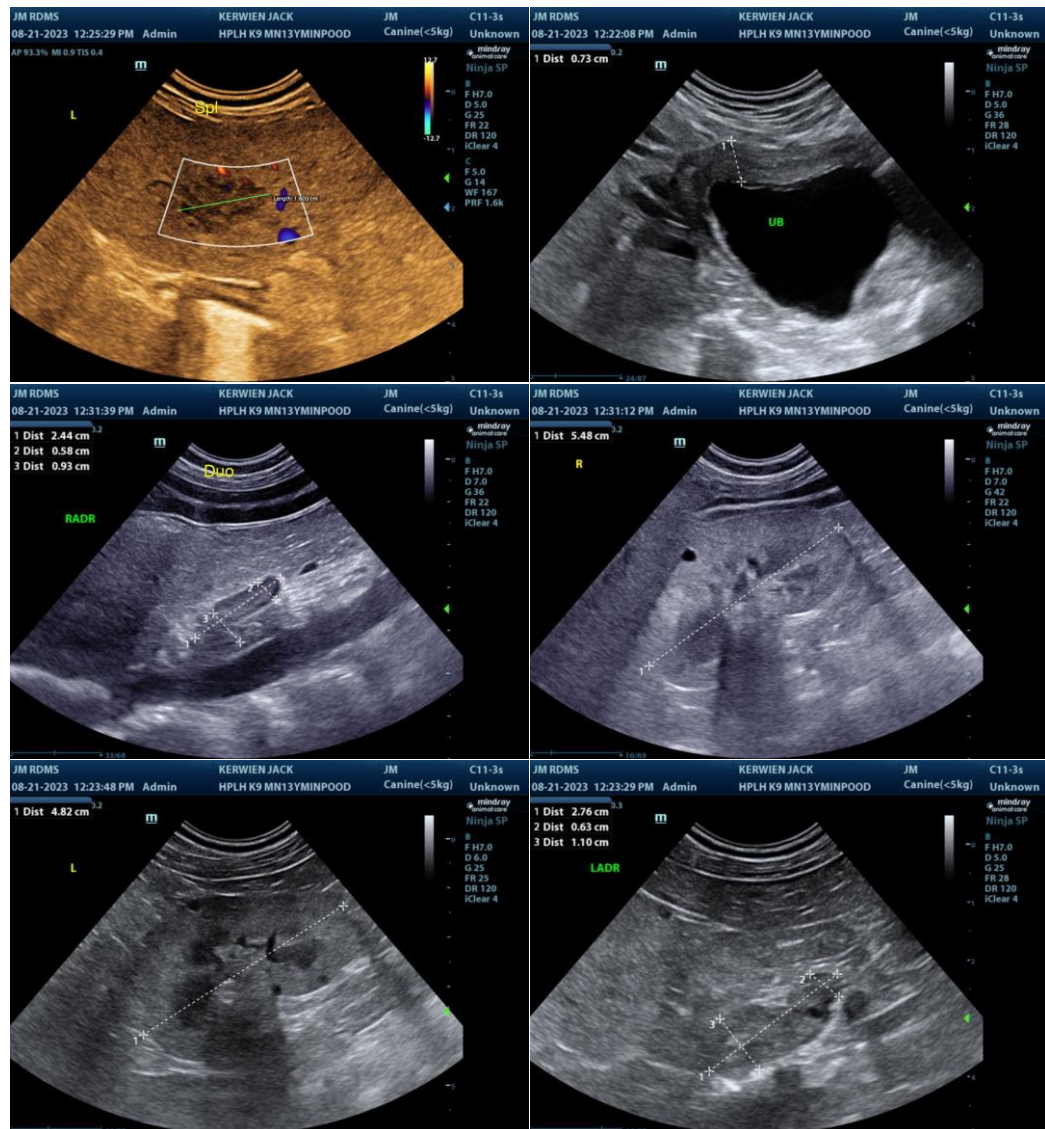
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com