

**PATIENT**

Honey Sauerberg

SPECIES

Canine

BREED

Basset Hound

SEX

SF

AGE

10 yrs

WEIGHT

56 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Grace Zhang

INVOICE

14686

DATE

8/24/22

PRESENTING CLINICAL SIGNS

-8/9/22 presented for lethargy, inappetent, seeming uncomfortable started that morning. Night before, was acting fine and ate dinner as usual. Has history of spinal pain, glaucoma, elevated cPL, and sensitive stomach (eating Hill's I/D)

Abnormal PE/Chem/CBC/UA Results: Painful cranial abdomen, subjectively distended & slightly firm. LN: WNL. CBC: mild decreased platelets ($159 \times 10^9/L$) Chem: mild decreased TP (5.3g/dL) & Globulin (1.8g/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 6.6 cm in length. The right kidney measured 6.3 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 0.47 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 3.3 cm length x 0.75 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. Several small hyperechoic nodules were noted in the medial parenchyma adjacent to the medial capsule and hilus. 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

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended. The gallbladder lumen was primarily occupied by nondependent yet nonorganized, mildly hyperechoic debris. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted. 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 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 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

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Benign splenic nodules - consistent with benign myelolipomas with potential for focal areas of medial capsule fibrosis
- Mild hepatomegaly - subjectively benign
- Nondependent yet nonorganized hyperechoic gallbladder debris (non-mucocele)
- Heterogeneous pancreas
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

Given the lack of reported hepatic enzyme elevations, the mild hepatomegaly was nonspecific yet sonographically consistent with benign hepatomegaly. Potential for vacuolar hepatopathy is suspected.

The pancreas may indicate age-related pancreatic changes with minor parenchymal remodeling owing to previous inflammatory episode. The potential for low-grade chronic pancreatitis may be suspected if abdominal discomfort is primarily subxiphoid / cranial abdominal.

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Thorough muscular/skeletal examination is recommended to rule out potential for referred abdominal pain. As-needed GI supportive and conservative therapy for potential chronic pancreatitis would be reasonable.

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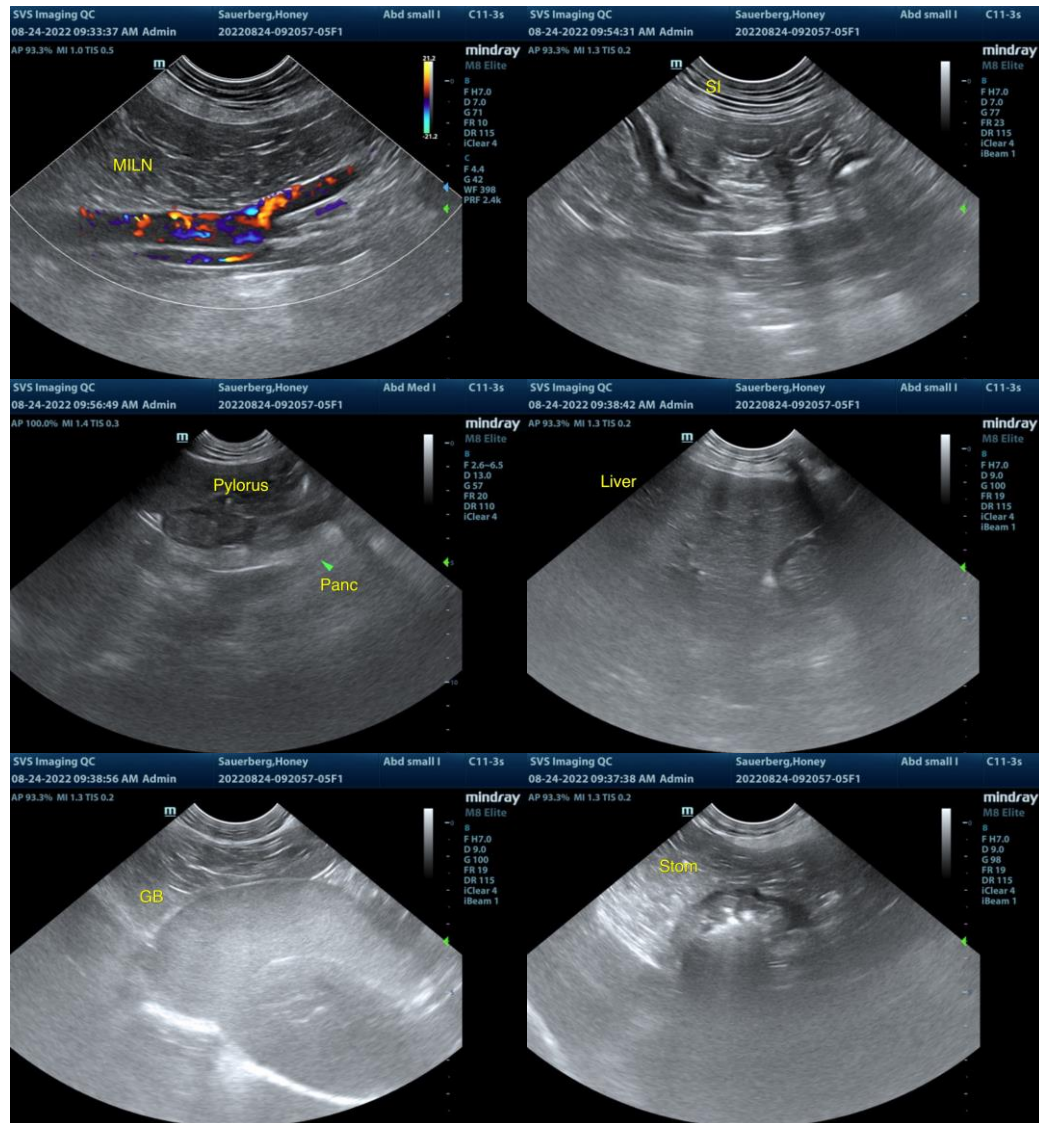
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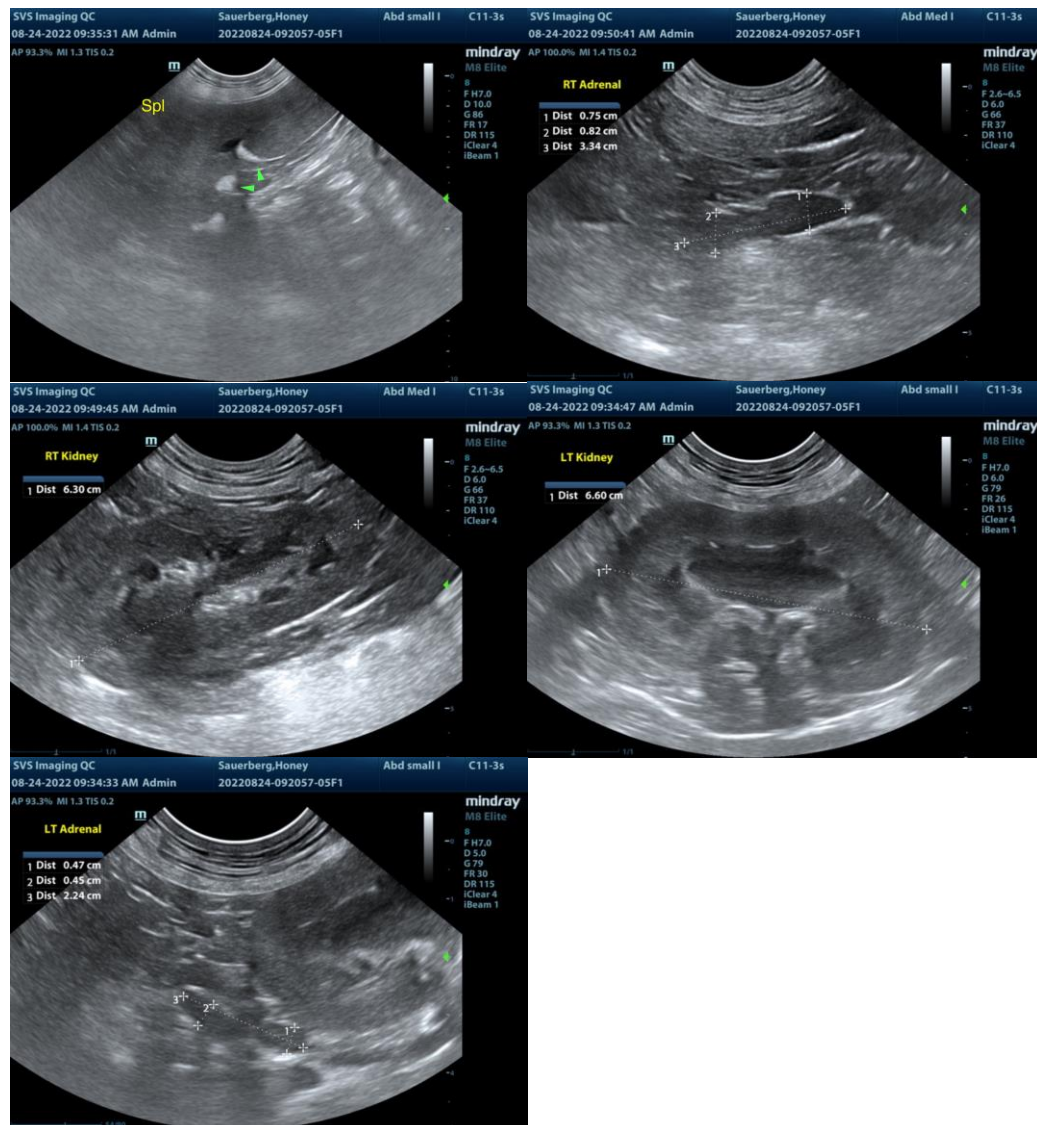
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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