



PATIENT

Max Morel

PRESENTING CLINICAL SIGNS

Chronic diarrhea. Distended abdomen

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Miniature Poodle

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

SEX

M/N

The area of the aortic trifurcation was free of pathology.

AGE

14 years

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient.

WEIGHT

13.2 kg

No evidence of pelvic dilation was present. Pinpoint areas of medullary mineralization were noted. The left kidney measured 6.4 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was enlarged in size exhibiting mildly rounded capsule contour with maintained capsule integrity and mildly nonhomogeneous parenchyma exhibiting pinpoint hyperechoic parenchyma foci. No overt evidence of vascular invasion was noted. The right adrenal gland measured 1.8 cm width at the caudal pole and 1.0 cm width at the cranial pole.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

Spleen

The spleen was normal in size with areas of mild capsule asymmetry and generalized parenchyma heterogeneity including multifocal pinpoint hyperechoic splenic foci which, although nonspecific, may indicate pinpoint areas of splenic microinfarction, fibrosis, or emerging mineralization. No evidence of splenic neoplastic criteria was noted.

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Sasa Karagic

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.

INVOICE

14697

DATE

8/24/22

The gallbladder was non-distended in size containing moderate, non-dependent, mildly congealed, and nonhomogeneous to pinpoint mineralized luminal debris extending into the gallbladder neck. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, mildly progressively shadowing ingesta / chyme. No obvious evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact yet segmental to generalized subjective mildly prominent wall layering owing to propensity for mildly prominent mucosa. Intermittent duodenojejunal mucosal speckling was present. Segmental intestinal chyme was present without evidence of mechanical obstructive pattern. The duodenum wall measured 0.4 cm width. The jejunum wall measured 0.4 cm width.

BREED

Miniature Poodle

SEX

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

M/N

Pancreas

AGE

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

14 years

WEIGHT

Free Abdomen

13.2 kg

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

Primary Findings

- Bilateral chronic renal changes with pinpoint medullary mineral
- Mild hepatomegaly - subjectively benign, suspect vacuolar hepatopathy pattern
- Moderate nondependent focally mineralized gallbladder debris (non-mucocele)
- Gastric ingesta
- Intact yet subjective prominent small bowel walls with mild segmental mucosal speckling
- Right adrenomegaly with pinpoint hyperechoic parenchyma foci

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Alpine 24/7

Secondary Findings

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- Multifocal hyperechoic splenic parenchyma foci - benign

Dr. Sasa Karagic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

The small intestine exhibited subtle mural changes which, although nonspecific and a potential for a patient or age-related variant, may indicate underlying chronic inflammatory enteropathy. In patients with chronic gastrointestinal signs, dietary intolerance / food allergy, dysbiosis, IBD, low-grade to chronic pancreatitis which may present sonographically normal, or less likely infiltrative neoplasia are possible. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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The right adrenomegaly may indicate adenomatous change, benign hyperplasia, with potential for emerging neoplasia i.e., pheochromocytoma, adenocarcinoma, or other. Screening BP to assess for evidence of hypertension, which may allude to a pheochromocytoma, is recommended. Sonographic



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monitoring of the enlarged right adrenal gland for evidence of progression +/- adrenal work up if clinically Indicated is recommended.

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Hepatosupportive medications including Denamarin and Ursodiol are suggested if evidence of hepatic enzyme elevations or cholestasis. Concurrent sonographic reassessment of the gallbladder is recommended if progressive cholestasis or cranial abdominal /subxiphoid discomfort on palpation.

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SEX

M/N

AGE

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WEIGHT

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IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

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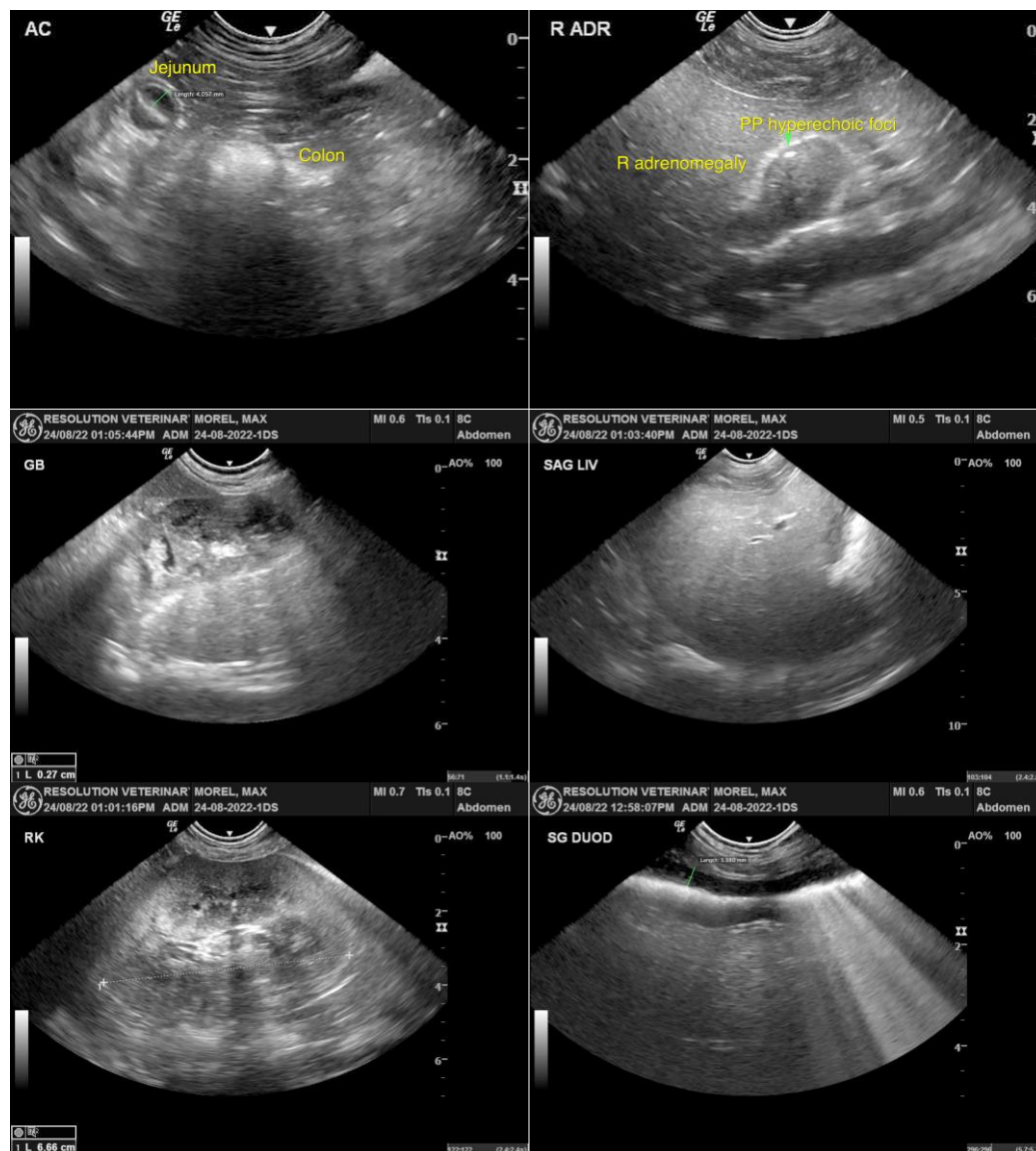
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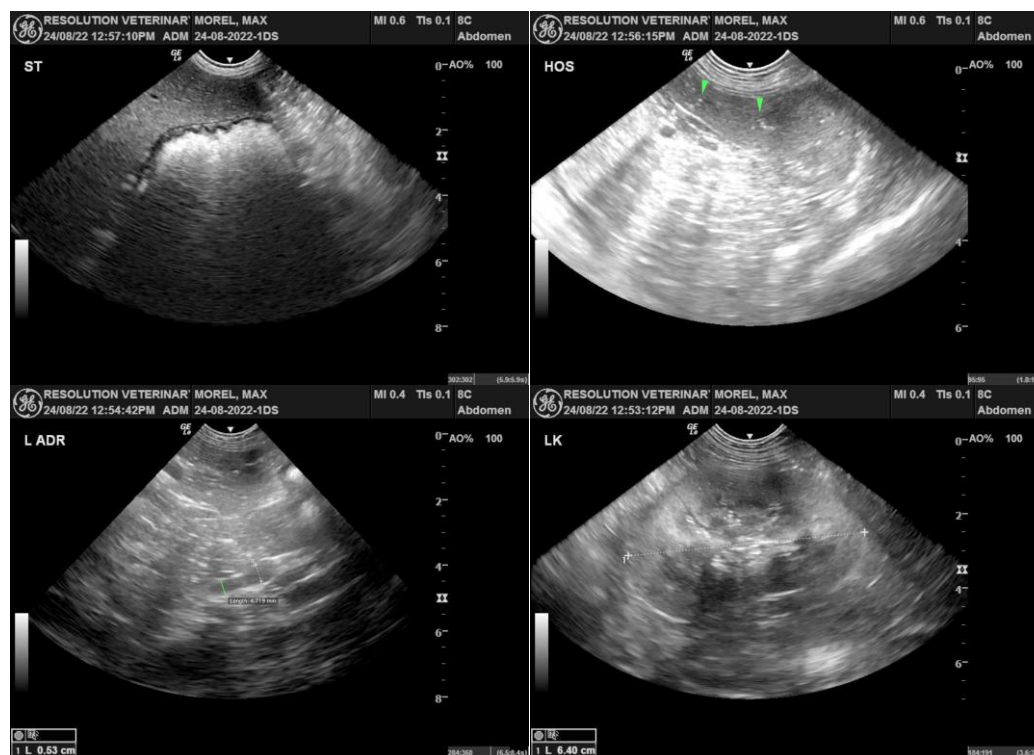
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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