



PATIENT PRESENTING CLINICAL SIGNS

Buddy Radjija

History: - originally presented for hot spot - re-presented 2 days later: ADR, vomiting, anorexic, ataxic on Gabapentin, tense abdomen, diagnosed pancreatitis (based on SNAP), sent codeine & mirtazapine for monitoring at home - still not doing well on the 19th: high GLU, suspect DM; IVFs and Fentanyl patch - still not doing well on the 21st: metoclopramide, cerenia, insulin initiated - continues to be inappetent and lethargic Caninsulin (4 IU SID) & Metoclopramide & TD Codeine

SPECIES

Canine

BREED

Maltese

Labs: WBC 18.1 with neutrophilia, monocytosis, platelets 887, glucose 13.4, BUN 18.4, Potassium 3.1, ALP 653, AST 109

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A solitary cystic calculus was present in the urinary bladder, dependent. Minor concurrent non-dependent particulate sediment was present which may indicate concurrent cellular or crystalline debris. The bladder was otherwise normal. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.

AGE

11 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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length. Pinpoint to minor medullary mineral was present. No evidence of pyelectasia or overt pyelonephritis.

WEIGHT

8 kg

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland exhibited generalized enlargement with indistinct parenchymal nodular changes. The nodular changes were primarily uniform and echogenic to mildly non-homogenous. No evidence of mineralization, parenchymal escape or vascular invasion. The left adrenal gland measured 2.5 cm in length x 1.1 cm width at the cranial pole and 1.4 cm width at the caudal pole.

IMAGING

PERFORMED BY

Crystal Hill

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.0 cm in length x 1.3 cm width in the cranial pole and 0.86 cm width in the caudal pole.

HOSPITAL NAME

Grand River VH

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.

REFERRING VET

Hornak

INVOICE

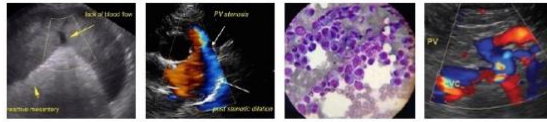
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Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder

DATE

8/25/21



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was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

SPECIES

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with minor retained anechoic fluid.

Canine

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.

BREED

Maltese

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

SEX

The pancreas exhibited mild generalized prominent size with mild asymmetrical contour and mildly hypoechoic to non-homogenous parenchyma compared to adjacent omentum.

Neutered Male

Free Abdomen

AGE

No overt lymphadenopathy or peritoneal effusion was present.

11 Years

ULTRASONOGRAPHIC FINDINGS

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8 kg

- Cystic calculus
- Mild chronic renal changes with minor medullary mineral, no overt pyelonephritis
- Bilateral adrenomegaly with left parenchymal nodular changes-suspect left adrenal adenomatous change or hyperplasia, minor potential for emerging left adrenal neoplasia such as pheochromocytoma or adenocarcinoma possible
- Reactive, metabolic, or vacuolar hepatopathy (diabetic hepatopathy), steroid hepatopathy, cholangiohepatitis possible with less likely potential for neoplasia
- Mild gallbladder debris (non-mucocele)
- Suspect chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal work up with ACTH stimulation test given the potential for diabetes suggested. Monitoring for evidence of hypertension indicated. Assuming normal clotting status, screening hepatic FNA, using a 25-gauge needle, primarily to assess for evidence of inflammatory cells and rule out less likely neoplasia may be considered. Sonographic monitoring specific of the left adrenal gland for evidence of progressive nodular changes suggested. Urine culture and sensitivity on sterile urine sample given the likelihood of glucosuria recommended.

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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/>.

DATE

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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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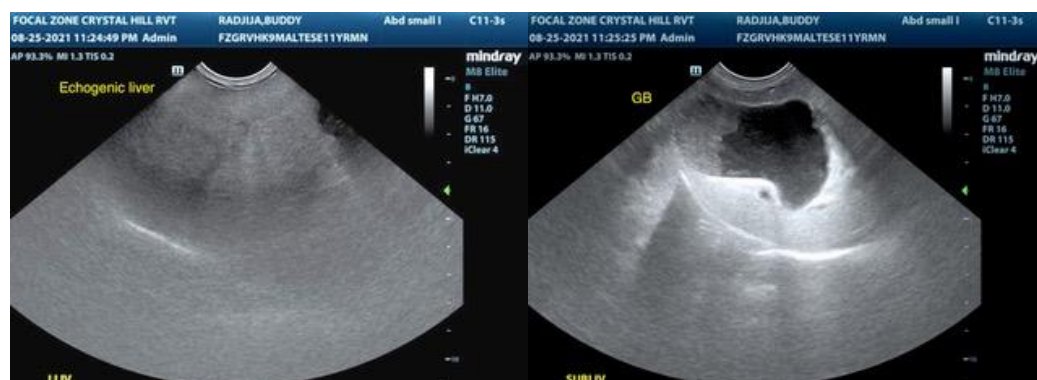
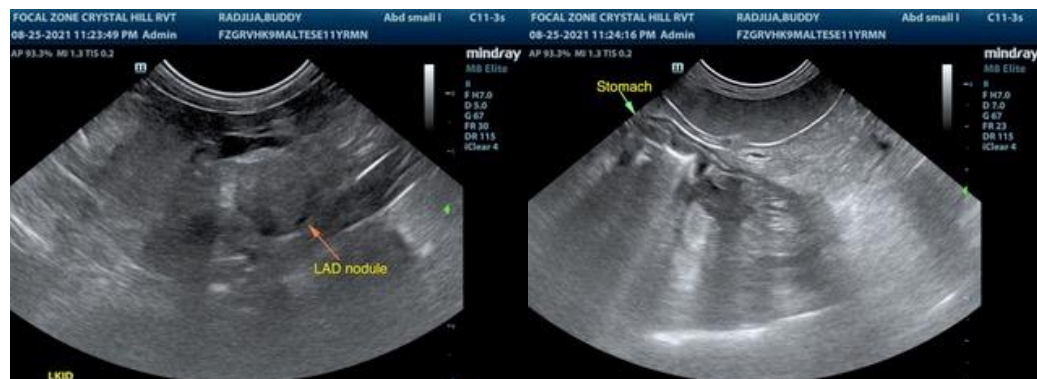
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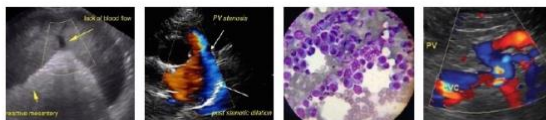
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

SPECIES

Canine

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info@SonoPath.com

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