



PATIENT

Durham Mistarz

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

60.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick-
Rantze

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Mavis McCormick-
Rantze

INVOICE

12747

DATE

8/25/21

PRESENTING CLINICAL SIGNS

History: Durham has had a history of vomiting and pica since Dec. 2020. First seen in Feb 2021 with this report of pica and vomiting. She had been smacking her lips for the last 6- 8 months and vomiting bile for at least 1 – 2 months and it was reported always around 6 pm. She is fed 2 times a day. An ultrasound and radiographs done in March 21. On x-rays poss gastric foreign body seen. Bile Acids done after first u/s; dewormed w/ panacur for a week in March 2021. Had a bout of diarrhea around same time and was treated w/ probiotics and metronidazole for 5 days and it cleared up. A food trial was started April 2021 with Royal Canin HP. The vomiting stopped after starting the HP diet. The pica continues and is currently daily and anything 3 dimensional according to the owner. The owners switched food about 3 weeks ago (reported she had a lot of dandruff on HP) and currently on Purina Proplan sensitive stomach and skin and dandruff problem is gone. Had not had anything to eat since 7 pm the night before the ultrasound.

Abnormal PE/Chem/CBC/UA Results: BW 2/21: cbc wnl/nsf; SDMA 15; creatinine 1.6, BUN normal After first u/s (3/22/21) BA done: pre 1.4; post 4.7 Current BW from 8/23/21: cbc: wnl/nsf; chem: BG 39 (will repeat, think lab error), SDMA 22, creatinine 1.6, BUN 20; Globulin 4.3, ALT 160, AST 69, GGT 14 (all sl elevated, normal last time) UA: normal, no protein; T4 1.7 Radiographs again on 8/23/21 Report Conclusion/Summary: –Mild age-associated airway degeneration is likely incidental. Normal thorax. – Normal gastrointestinal tract. No signs of foreign material or obstruction. –Mild microhepatia is often a normal variant in adult patients but can be further investigated if associated abnormalities are present on blood work. –Bilateral coxofemoral osteoarthritis and subluxation, consistent with canine hip dysplasia. –Mild lumbar intervertebral degeneration is often incidental.

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 were noted. Aortic trifurcation was normal.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 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 1.0 cm width at the caudal pole and 0.52 cm width at the cranial pole. A well-defined, hyperechoic nodule was present in the caudal pole of the left adrenal gland. The nodule was mildly expansive yet no evidence of capsular distortion, escape or vascular invasion. The nodule did not exhibit signs of mineralization or vascular invasion. The caudal left adrenal nodule measured 0.8 cm in diameter. The nodule was uniformly echogenic.

The right adrenal gland was indistinctly visualized but subjectively measured 0.62 cm width caudal pole.

Spleen



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The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was exhibiting (previously noted) mild subnormal size. 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 and common bile duct were not definitively visualized.

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. Subjective mild gastric gas distention was present. The gastric body wall measured 0.36 cm. PICA may also be an indication of underlying gastrointestinal disease.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent to echogenic submucosa and mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.37 cm. The jejunum wall measured 0.32 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Left adrenal nodule-suspect adenoma
- Suspect chronic inflammatory gastroenteropathy
- Previously noted subnormal liver-static
- Benign splenic nodules-consistent with probable benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Minor potential for emerging left adrenal neoplasia such as adenocarcinoma or pheochromocytoma possible yet considered less likely at this time, however, sonographic monitoring of the left adrenal nodule would be ideal for evidence of progression. Additional recheck suggested in 4-6 weeks.

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Given the patient's history, yet although not definitive, chronic gastrointestinal inflammation or potential low-grade IBD suspected. Dietary intolerance/food hypersensitivity or other gastroenteropathy possible given the positive response to dietary therapy. The elevated ALT/AST combination may suggest potential low-grade inflammatory hepatic parenchymal disease. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Continued gastrointestinal supportive care and dietary therapy recommended.

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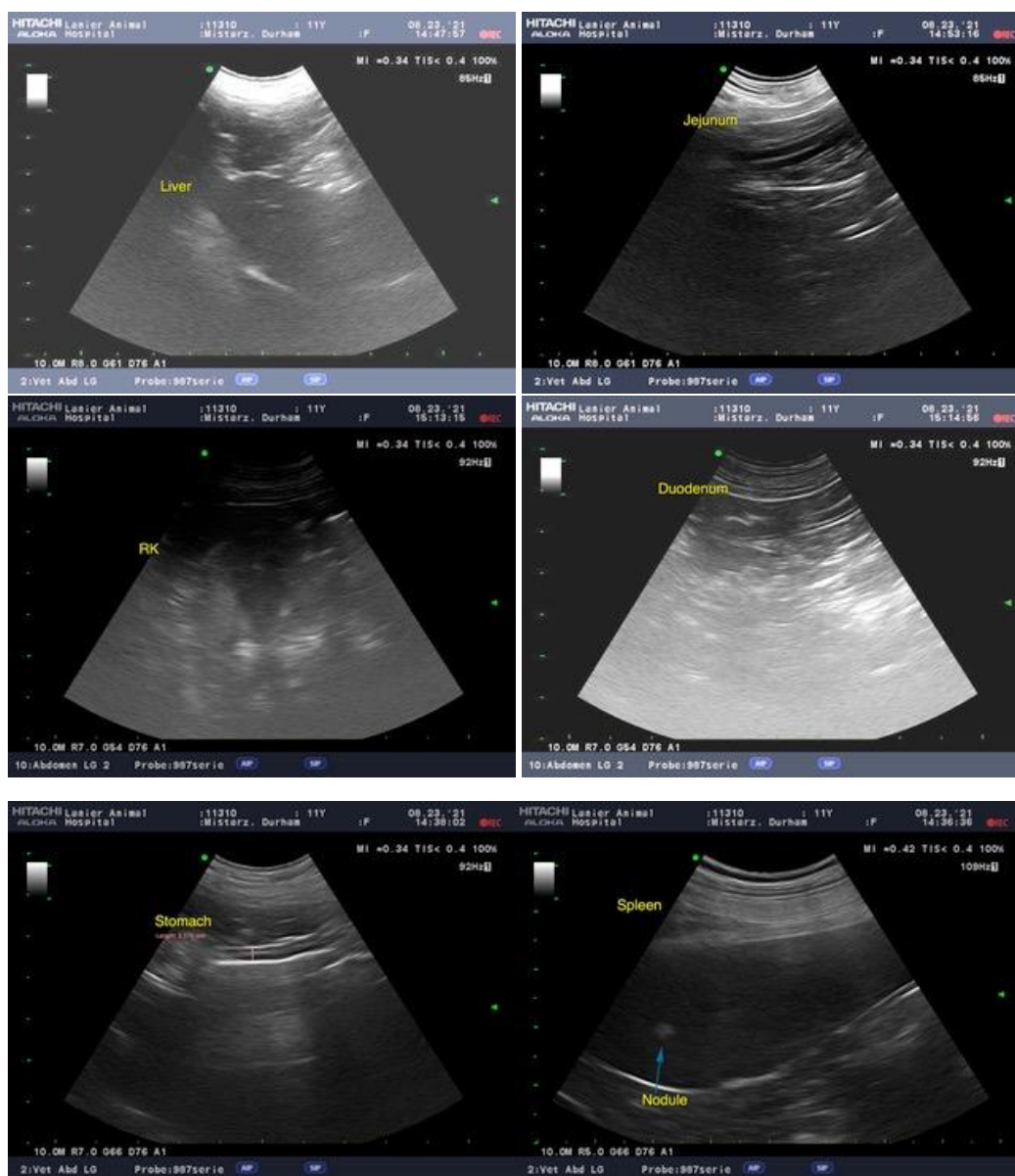
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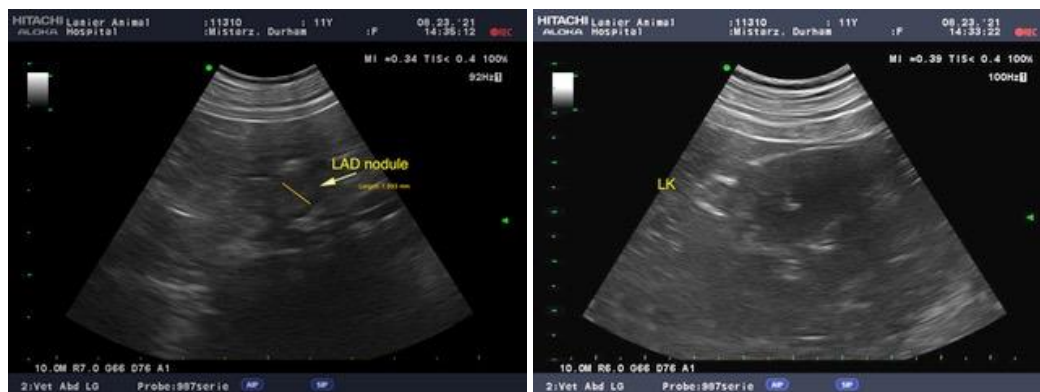
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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