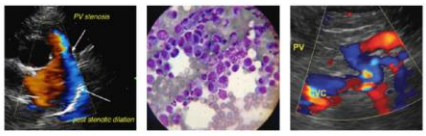
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Neville Thayer

SPECIES
Canine

BREED
Beagle

SEX
NM

AGE
12 yrs

WEIGHT
24 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
14731

DATE
8/26/22

PRESENTING CLINICAL SIGNS

No exam performed today, reviewed bloodwork Rising leukocytosis despite continued enrofloxacin, pred. neutrophilia, lymphopenia- Concerned for infection, sepsis, risk for rupture from mass. New finding on chem- elevated phos rule-out hemolysis vs other parathyroid, osteolysis etc. ALP persistently elevated. Rec. AUS to reevaluate colonic mass, consider UA Addendum 8/26/22 9:14am- Full exam not performed, rectal exam only- temp 101.3, colonic mass larger, irregular, now able to palpate at half finger length from anus previous was full finger length from anus. Diet/Amount: RC GI LF dry free choice Treats: various HWP: Simp trio F/T: Simp trio Meds/Supps: Pred 5mg EOD Enro SID - last dose last night Gaba 100mg BID to TID Traz 50 mg SID P doing well over all. P BMs are regularly abnormal with frank blood, soft, occ normal. Normal urination - obtain urine today for UA ED normally decreased energy recently but will still play, go outside and run after squirrels, play inside, etc. He just sleeps more. Recent severe weight loss with no decrease of caloric intake. O has no interest in invasive testing or sx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Small cortical cysts were present in both kidneys. The left kidney measured 5.5 cm in length. The right kidney measured 4.8 cm in length.

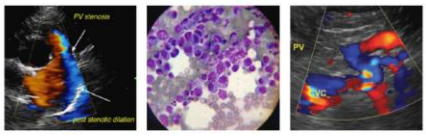
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen exhibited borderline to mild subjective splenomegaly. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of splenic masses or nodules. 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. Normal splenic vascularity was

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Neville Thayer

SPECIES

Canine

BREED

Beagle

SEX

NM

AGE

12 yrs

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

14731

DATE

8/26/22

noted. 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 was mildly enlarged in size with normal structure and contour. 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 was non-distended in size with thin walls and primarily anechoic luminal content. 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.

The distal descending colon and colorectum dorsal to the urinary bladder exhibited moderate to variable thickened walls primarily owing to subjective thickened to echogenic mucosal layer. Ventral distal descending colon to colorectal wall width measured 0.77 cm. Dorsal descending colon to colorectal wall width measured 0.78 cm, respectively, although distinction between the ventral and dorsal descending colon to colorectal walls was difficult. The colon proximal to the thickened descending colon to colorectum exhibited intact wall layering with luminal formed to shadowing fecal matter. No evidence of distal descending colon distention was noted. Abnormal distal descending colon to colorectum width measured approximately 5.0-6.0 cm in length with total width measuring 2.1 cm.

Pancreas

The pancreas was normal in size with areas of mild capsule asymmetry exhibiting nonuniform, echogenic to mildly hyperechoic parenchyma exhibiting intermittent, indistinct, hypoechoic nodular changes.

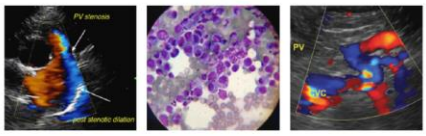
Free Abdomen

Intermittent medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.51 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Persistent to progressively thickened distal descending colon / colorectum- neoplastic criteria is favored, potential for persistent progressive chronic significant colitis is possible
- Intermittent mild subjectively benign medial iliac lymph nodes
- Age-related hepatosplenic changes - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Chronic interstitial nephrosis renal pattern with small cortical cysts

IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Neville Thayer

SPECIES

Canine

BREED

Beagle

SEX

NM

AGE

12 yrs

WEIGHT

24 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

14731

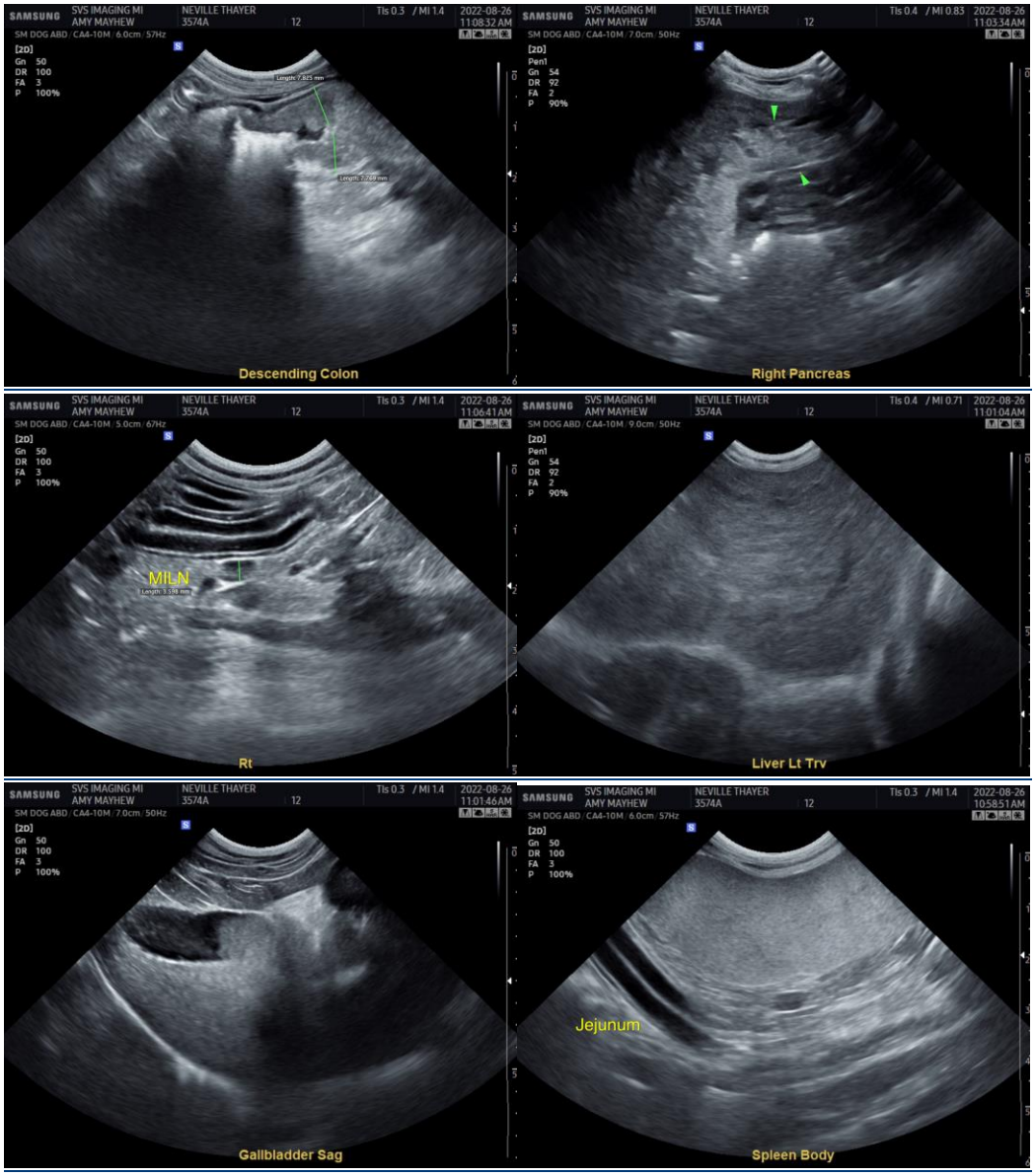
DATE

8/26/22

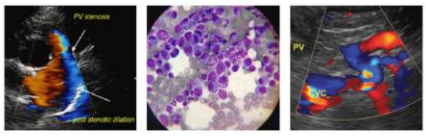
- Nonhomogeneous hyperechoic to nodular pancreas - age-related pancreatic changes, parenchymal remodeling owing to previous inflammatory episode, chronic pancreatitis, areas of pancreatic nodular hyperplasia, possible neoplastic criteria considered unlikely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colorectal endoscopic biopsies are required for a definitive diagnosis. Empirically, as-needed supportive care, which may include dietary therapy, fiber supplementation, and as-needed antibiotics for potential chronic colitis, and continued monitoring would be appropriate. No overt evidence of regional metastasis, although sonographic monitoring of the distal descending colon, colorectum, and medial iliac lymph nodes going forward is recommended.



IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Neville Thayer

SPECIES
Canine

BREED
Beagle

SEX
NM

AGE
12 yrs

WEIGHT
24 lbs.

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

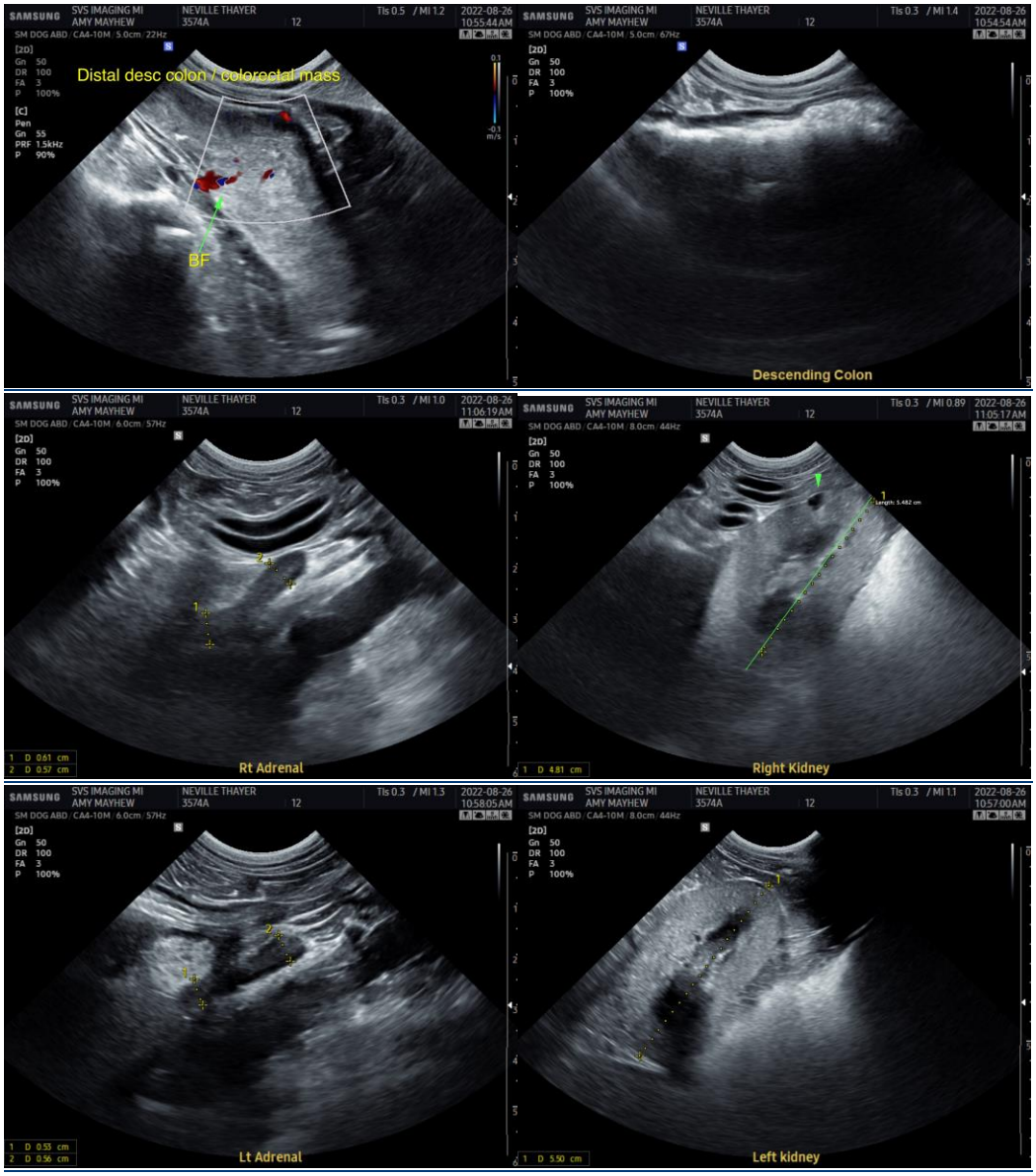
IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Family Pet Practice

INVOICE
14731

DATE
8/26/22



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