



PATIENT

Tobey Scardino

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

11 Years

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

INVOICE

25353

DATE

9/13/21

PRESENTING CLINICAL SIGNS

Bleeding from the mouth for the last few days- coming from upper L canine it appears- will drip and then clot and then drip- severe dental disease but this just started. Had diarrhea - owner reports some looked black- improvement since being on metro

Abnormal PE/Chem/CBC/UA Results: severely overweight, severe dental disease, clot of blood by upper left canine HCT 33% on Friday, 28% today Retic 108, normal platelets, BUN 56, creat 0.8, glob 4.6, amylase 3443

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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.96 cm.

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. Mild pyelectasia noted in both kidneys without left or right ureter distention. The left kidney measured 5.5 cm. The right kidney measured 6.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were indistinctly visualized with the left adrenal gland subjectively measuring 0.72 cm at the caudal pole. The right adrenal gland subjectively measured 0.77 cm at the caudal pole. No overt evidence of adrenal tumors.

Spleen

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 nodular changes. 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

The liver exhibited generalized enlargement with subjective symmetrical yet rounded hepatic contour. Generalized, non-uniform mildly echogenic parenchyma was present with moderate coarse echotexture and evidence of parenchymal remodeling. Subtle echogenic nodules noted, likely consistent with areas of hyperplasia, small lipogranulomas, or potential fibrosis. No hepatic masses or nodules. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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. Gastric body wall measured 0.56 cm.



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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental small intestinal mucosal speckling was present. Duodenum wall measured 0.44 cm. Jejunum wall measured 0.41 cm.

SPECIES

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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. Low-grade or chronic pancreatic inflammation may be present given the amylase elevation, yet ultrasonographically normal.

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Free Abdomen

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No evidence of intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes with bilateral mild pyelectasia
- Hepatomegaly with generalized non-uniform parenchyma/parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Non-specific small bowel mucosal speckling – patient or age related variant with potential for current or resolving enteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Correlation with urinalysis to assess for prerenal versus renal azotemia suggested.

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The presentation of the liver is non-specific given the lack of reported hepatic enzyme elevations. Vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis (given the presence of mild gallbladder debris), early fibrosis/cirrhosis, or other hepatopathy possible. Neoplasia is considered a less likely differential diagnosis. Assuming normal clotting status (yet likely dependent upon further monitoring of the CBC), hepatic sampling via ultrasound guided FNA using 25-gauge needle could be considered for screening cytology.

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No overt evidence of intestinal tumors or overt ulceration, yet potential for minor to resolving ulceration given the potential for melena. Metronidazole and gastroprotectant medications suggested. Continued monitoring of hematocrit levels +/- CBC and assessment for evidence of agglutination may be considered.

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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.

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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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info@SonoPath.com

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