

**PATIENT**

Max Nolte

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

53 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

13202

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: During routine annual exam owner mentioned that belly looked more bloated and may be drinking more.

Abnormal PE/Chem/CBC/UA Results: Quick view ultrasound in house saw small amount abdominal free fluid. BUN 8, Anion Gap 32, ALT 195, ALP 1547, GGT 35, Lipase 499, Creatine Kinase 211, T4 WNL, 4dx HWT negative, Pre and Post bile acids WNL

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. Aortic trifurcation was normal.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

Normal size and margination was 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. Subtle dystrophic medullary mineral present. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 7.6 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.80 cm width at the caudal pole and 0.90 cm width at the cranial pole. The right adrenal gland measured 0.82 cm width at the caudal pole and 1.2 cm width at the cranial pole.

Spleen

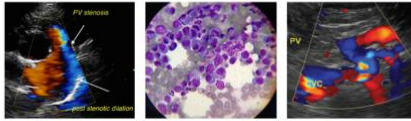
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the primarily medial parenchyma and adjacent to the medial capsule. The capsule was 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 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 was non distended in size with echogenic, nonmineralized biliary sludge, primarily in the mid to cranial lumen, non-dependent yet non-organized. 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 contained moderate, echogenic, with some areas exhibiting distal acoustic shadowing ingesta as well as

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intermittent non-shadowing hypoechoic echoes, an example of hypoechoic echo within the gastric ingesta measured 2.2 cm diameter . No evidence of mechanical pyloric outflow obstruction.

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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 jejunum wall measured 0.46 cm.

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

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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.

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Free Abdomen

No intraabdominal masses, lymphadenopathy or overt peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subjective mild prominent adrenal glands – non-specific
- Hepatopathy with uniformly echogenic parenchyma- subjectively benign
- Mild gallbladder debris (non-mucocele)
- Benign splenic nodules- myelolipomas, previous infarcts, areas of capsular fibrosis possible

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DABVP (Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Without evidence of peritoneal effusion, the bloated abdominal presentation may be owing to hepatomegaly. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Full adrenal work up including screening UCCR or LDDST may be considered if clinical suspicion of hyperadrenocorticism. Additional considerations for the liver, aside from steroid hepatopathy, may include vacuolar hepatopathy, inflammatory hepatic or hepatobiliary process with less likely potential for neoplasia. Screening hepatic FNA for cytology using a 25 gauge needle would be warranted. If clinically indicated, leptospirosis titers/PCR given the elevated liver enzymes and possible polydipsia may also be considered. Empirically, hepatosupportive medications including denamarin and ursodiol may prove beneficial.

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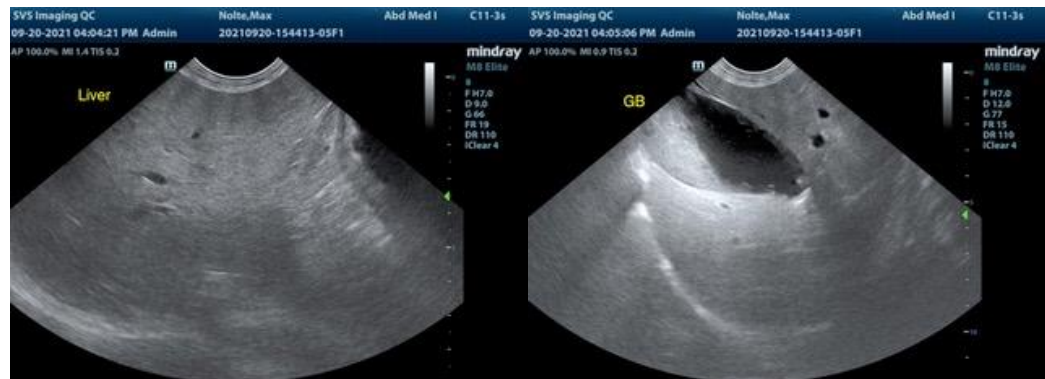
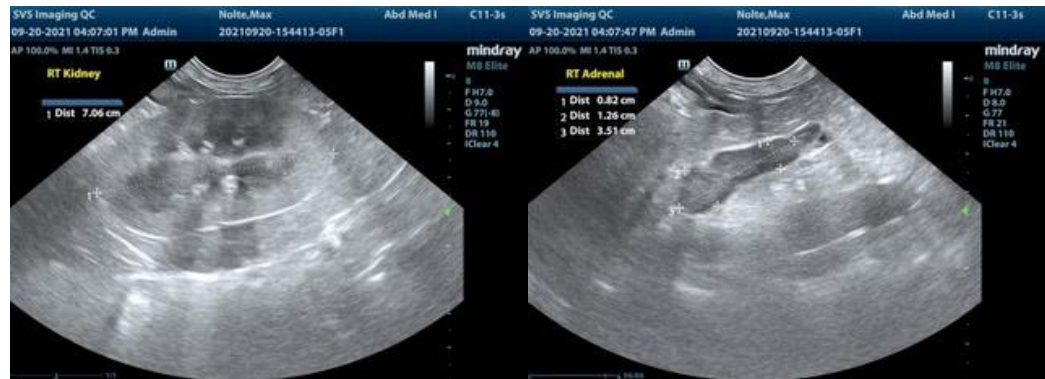
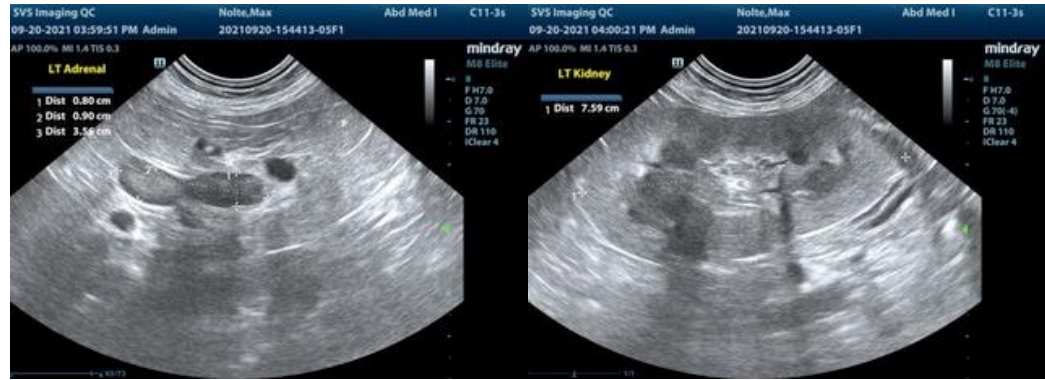
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Clinical Sonography & Telectology

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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