



PATIENT

Kanye Hay-Hanscom

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

15 years

WEIGHT

18.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Rideout

INVOICE

15003

DATE

9/27/22

PRESENTING CLINICAL SIGNS

Dog has had large bowel diarrhea for about a month. Improves a little on metronidazole but relapses. No weight loss. Stool is mucous-y and yellow tinged Appetite down but no vomiting
Abnormal PE/Chem/CBC/UA Results: Mild elevation in liver enzymes for the last 6 months : ALP 238 ALT 137 Hyposthenuria for last year (ranging between 1.013 and 1.021) with no azotemia Current Medications None at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal tone. Primarily anechoic urine with multiple, primarily small, dependent, calculi were present in the dependent lumen with no evidence of a concurrent cystitis pattern. The urethra exhibited normal structure and tone to a depth of 2.0 cm. An example of a calculus in the urinary bladder measured 0.54 cm in diameter.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Multiple, variably sized, cortical to corticomedullary cysts were present along with focal areas of nonobstructive medullary mineral to small renoliths. An example of a left kidney cyst measured 1.8 cm in diameter. An example of a right kidney cranial cyst measured 4.1 cm in diameter respectively. The cysts were thinly walled containing anechoic fluid. The left kidney measured 4.2 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry were present in the adrenal glands without suspicion for overt neoplasia. The left adrenal gland was mildly prominent in size based on caudal pole measurement and in light of the patient's body weight, measuring 0.7 cm at the cranial pole and 0.74 cm width at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.49 cm width at the caudal pole. No overt evidence of neoplastic adrenal criteria was noted.

Spleen

The spleen was normal in size and contour with subtle generalized splenic parenchyma heterogeneity. A solitary mildly expansive, hypoechoic nodule was noted mid to cranial spleen measuring 1.5 cm in diameter. The nodule did not distort the splenic capsule.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



PATIENT	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.
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SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	
Terrier Mix	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.
SEX	Normal visible colon wall layers were present with generalized semi-formed to soft fecal matter, consistent with patient history.
MN	
AGE	<i>Pancreas</i>
15 years	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	<i>Free Abdomen</i>
18.75 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Multiple, small, cystic calculi • Bilateral chronic to polycystic renal changes with nonobstructive medullary mineral / small renoliths • Nonspecific splenic nodule - hyperplasia, hematopoiesis, focal splenitis, infarct, small hematoma, potential for emerging neoplastic criteria cannot be excluded • Benign hepatopathy exhibiting minor parenchymal remodeling • Overtly normal gastrointestinal tract • Sonographically unremarkable colon containing semi-formed fecal matter
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Sara Hansen	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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Dr. Rideout	Hydrolyzed diet trial with potential fiber supplementation and high colony count probiotics such as Provable +/- empirical deworming may prove beneficial.
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Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial, although continued monitoring of hepatic enzymes given relatively low-grade hepatic enzyme elevation would be reasonable.

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If accessible and assuming normal clotting status, FNA cytology of the splenic nodule using a 25-gauge needle is warranted for further assessment. Sonographic monitoring of the splenic nodule with initial recheck in 4 weeks to monitor for evidence of progression, would be a more conservative approach.

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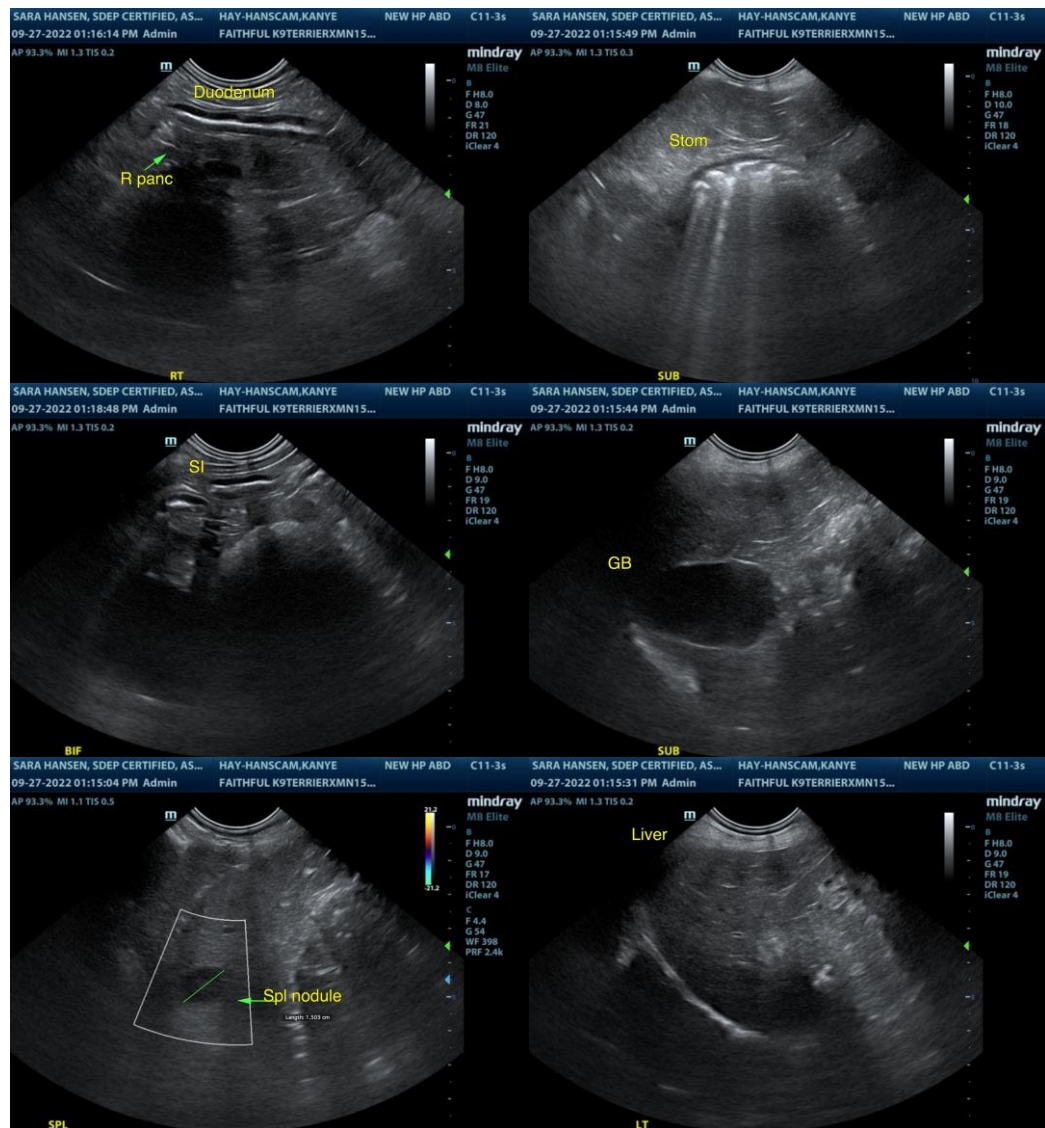
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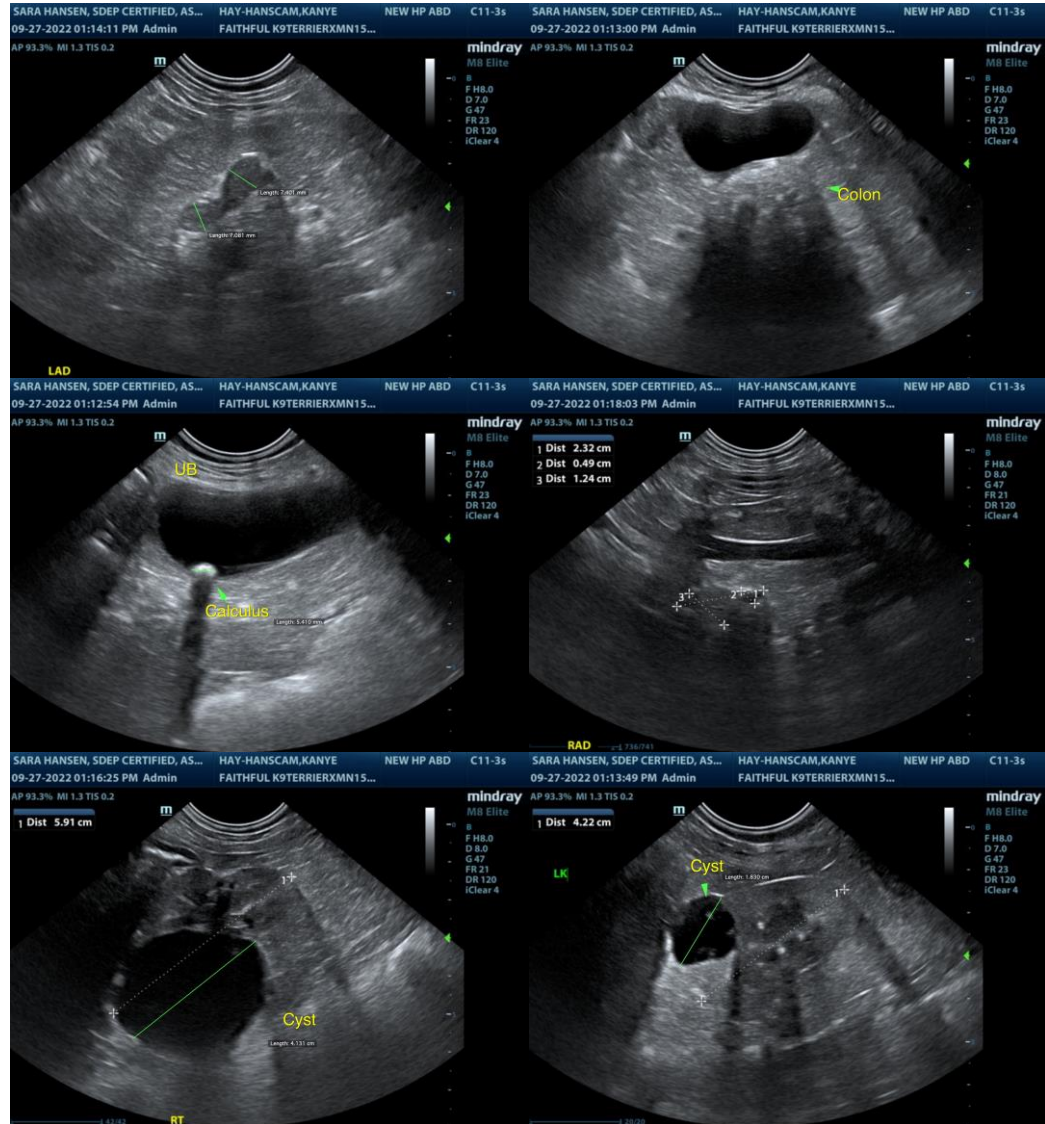
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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