



PATIENT PRESENTING CLINICAL SIGNS

Chelsea Glasmire History: Difficult to regulate diabetic, large liver
 Medication: Humulin 3u BID

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Focal dependent mineral was present in the urinary bladder lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Chihuahua

SEX The area of the aortic trifurcation was free of pathology.

FS

AGE 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. Pinpoint to focal areas of medullary mineralization were present. No evidence of overt pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.85 cm in length.

11 years

WEIGHT Adrenal Glands

9.1 Pounds Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 1.1 cm width at the caudal pole and 0.86 cm width at the cranial pole. The right adrenal gland measured 0.82 cm width at the caudal pole and 0.57 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Subtly expansive, hypoechoic to nonhomogeneous nodule noted in the caudal aspect of the spleen, measuring 1.0 cm in diameter, was present. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Stanglein VC

Liver/ Gallbladder

REFERRING VET The liver presented increased in size. The liver exhibited generalized mildly non-uniform echogenic parenchyma 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 mildly prominent to echogenic gallbladder walls, containing mild luminal debris. The cystic and common bile ducts were normal.

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DATE

9.29.2021



PATIENT

Gastrointestinal

Chelsea Glasmire

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Chihuahua

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

FS

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

11 years

Primary Findings

WEIGHT

9.1 Pounds

- Focal urinary bladder dependent luminal mineral
- Mild chronic renal changes with pinpoint to focal medullary mineral
- Bilateral adrenomegaly
- Hepatomegaly with generalized mildly nonuniform echogenic parenchyma - steroid or other vacuolar hepatopathy, cholangiohepatitis, lipidosis, less likely neoplasia possible
- Suspect mild cholecystitis
- Heterogeneous pancreas - potential for minor pancreatic remodeling owing to previous inflammation or low-grade to chronic pancreatitis possible
- Splenic nodule - hematopoiesis, hyperplasia, focal splenitis, granuloma, or neoplasia possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Urine culture and sensitivity on a sterile urine sample, if not done, is recommended. Full adrenal workup with ACTH Stimulation test, in light of the diabetes, adrenomegaly, and appearance of the liver, is warranted.

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Dr. Green

FNA, assuming normal clotting status, of the splenic nodule using a 25-gauge needle is recommended for further clarification. Sonographic monitoring with initial recheck in 3-4 weeks would be a more conservative approach.

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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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Chelsea Glasmire

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

11 years

WEIGHT

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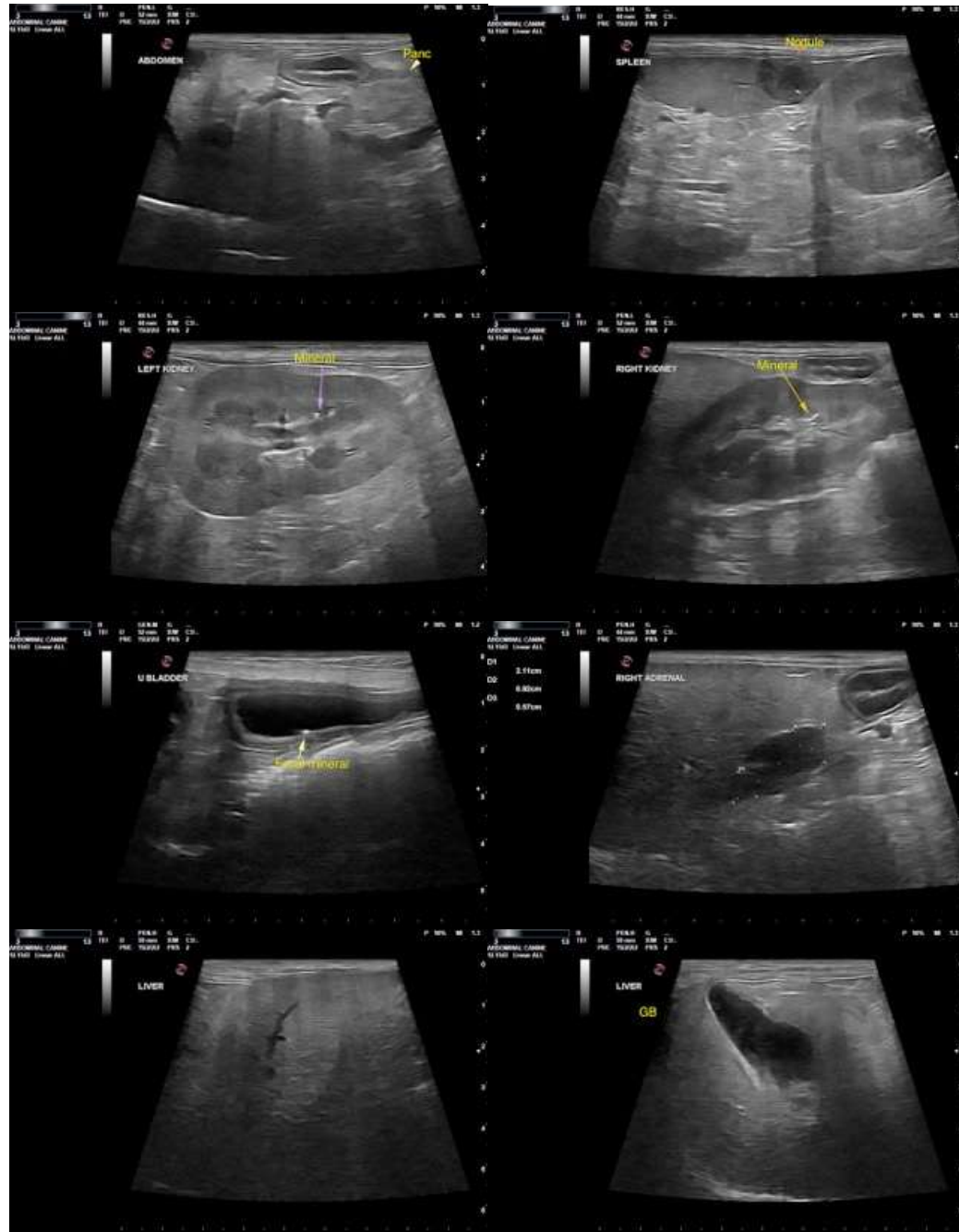
Dr. Green

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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.

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