

PATIENT

Josie McLean

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

14 Years

WEIGHT

67 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Kara Wallisch

INVOICE

24028

DATE

8/21/23

PRESENTING CLINICAL SIGNS

History: Been eating less and less activity. Current meds: Denamarin and Carprofen

Abnormal PE/Chem/CBC/UA Results: Recent Chem: ALP 1000s Bilirubin 0.5 ALT normal (ALP elevated significantly since 2 weeks prior to this blood draw... sorry I can't get exact numbers, the Antech portal is down).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.59 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Left kidney is normal in size (7.61 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (6.69 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.78 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be well visualized in these images.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 3.0 cm x 2.2 cm non-capsule-disrupting heterogenous, primarily hypoechoic mass in the mid spleen. Splenic vasculature appears normal.

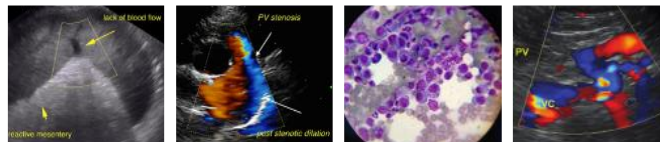
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete heterogenous, primarily hypoechoic (in addition to some hyperechoic) nodules of varying sizes "moth-eaten". Visible vasculature and biliary tree appear normal without distension or congestion.

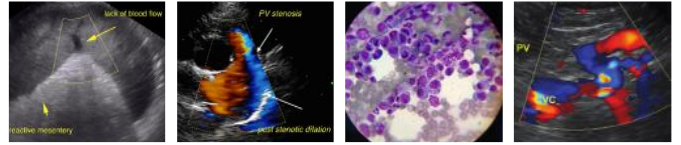
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



PATIENT	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Josie McLean	
SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Canine	Pancreas
BREED	The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Labrador	Free Abdomen
SEX	A small amount of anechoic free fluid is noted in these images. There is no apparent lymphadenopathy.
Spayed Female	
	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Nodular Liver - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
14 Years	
WEIGHT	<ul style="list-style-type: none"> The splenic mass could represent a benign lesion, such as a cyst, hematoma, extramedullary hematopoiesis, etc., however, given the concurrent liver pathology, infiltrative neoplasia, i.e., round cell neoplasia vs other cannot be ruled out.
67 Pounds	
INTERPRETED BY	<ul style="list-style-type: none"> Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Chronic cystitis- Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
Brian Klug	
HOSPITAL NAME	<ul style="list-style-type: none"> Small amount of free fluid of unknown origin.
Sondel Family VC	
	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
Kara Wallisch	Fine needle aspirates of the liver, as well as the splenic nodule are recommended if patients coagulation status is appropriate, to look for evidence/more definitively diagnose possible infiltrative neoplasia vs benign disease.
INVOICE	
24028	Additionally, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
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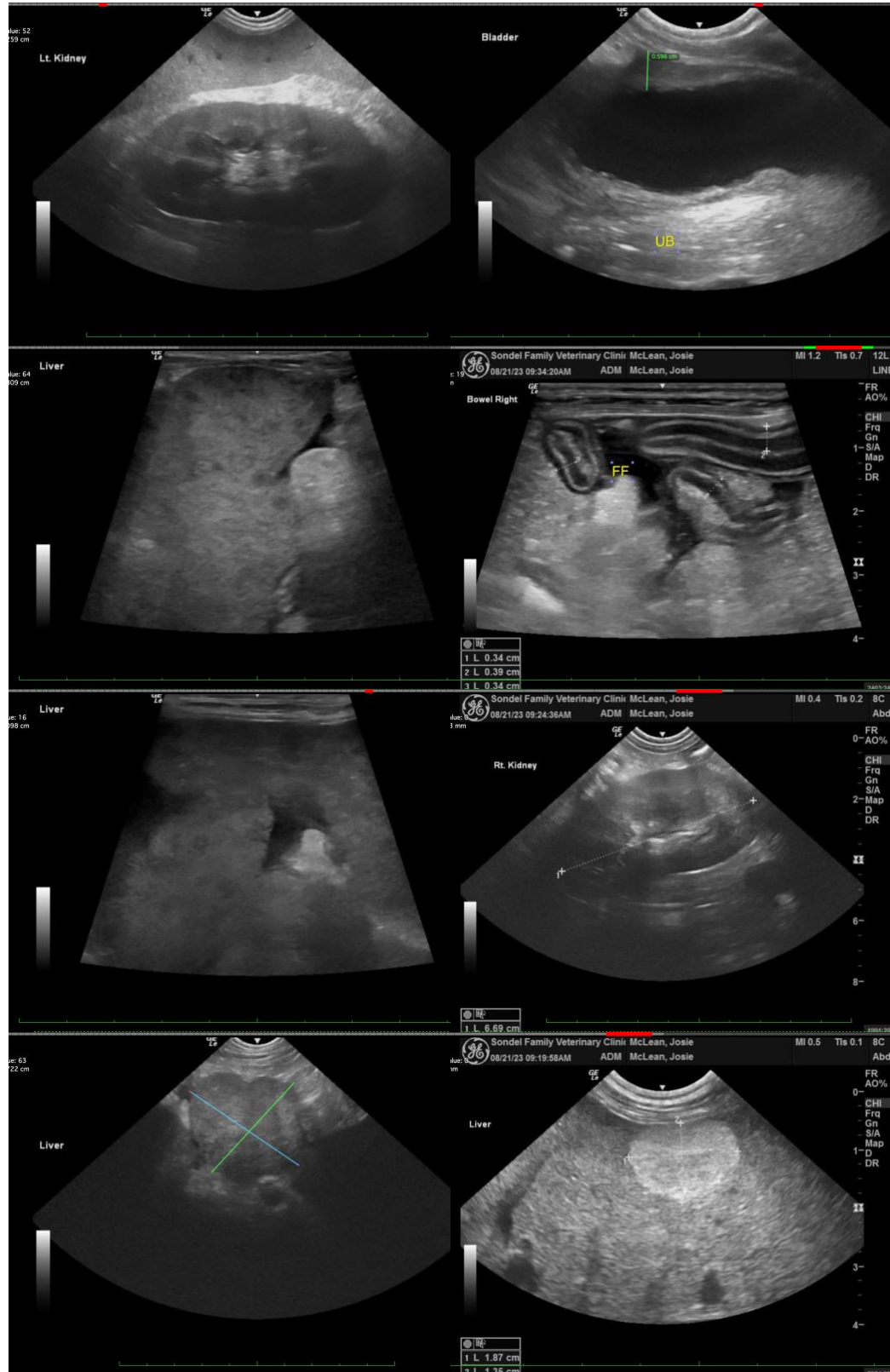
Kara Wallisch

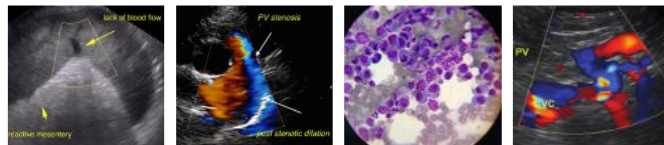
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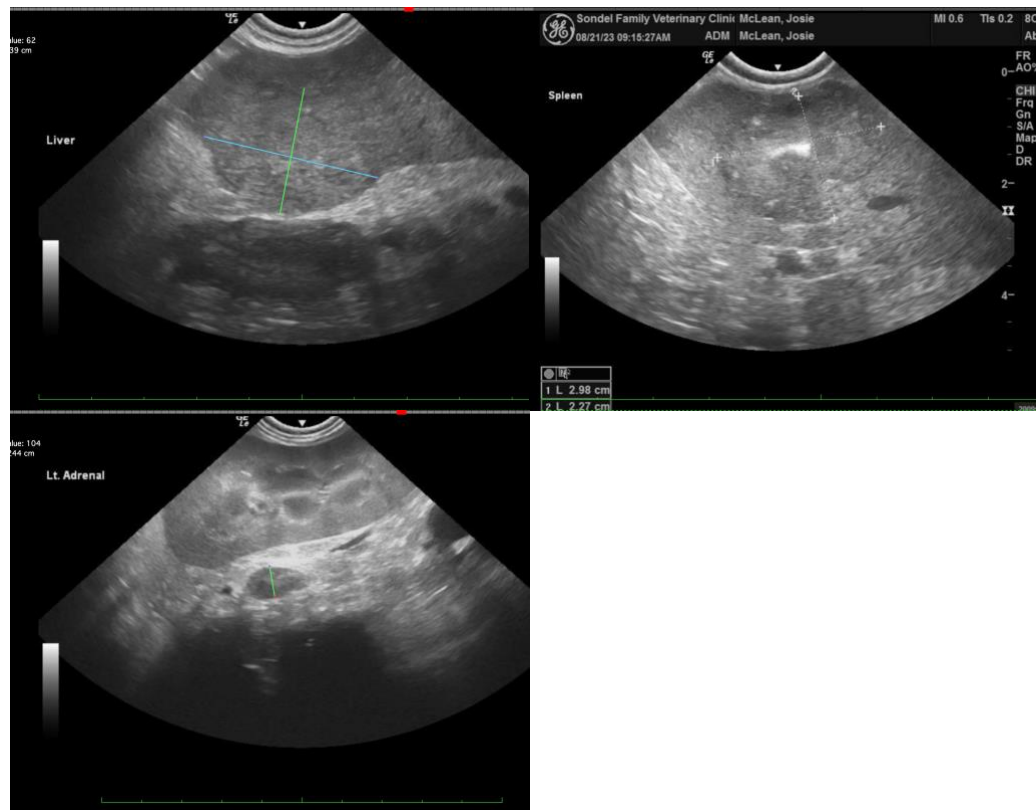
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com