

**PATIENT**

Toby Vens

SPECIES

Canine

BREED

Schnauzer Mix

SEX

NM

AGE

14 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Joyce Werening

INVOICE

15821

DATE

1/12/23

PRESENTING CLINICAL SIGNS

Weight loss and decreased appetite over the last couple weeks.

Abnormal PE/Chem/CBC/UA Results: Radiographs done at another clinic last week WNL 12/30/22 CBC unremarkable, ALT 242, ALKP 567

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 was noted.

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 pelvic dilation was present. A large to expansive caudal right kidney thinly walled cyst measuring 4.5 cm in diameter was present containing primarily anechoic fluid with minor echogenic sediment or debris. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplastic criteria or adrenal tumors. The left adrenal gland measured 1.8 cm length x 0.71 cm width at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.54 cm width at the caudal pole.

Spleen

The spleen was normal in size with mild generalized splenic parenchyma heterogeneity. A small to discrete, cystic-appearing nodule in the cranial spleen measured 0.6 cm in diameter. No splenic masses were visualized.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Subjective non-disruptive, nonhomogeneous, hyperechoic mass noted in the caudate liver lobe measuring approximately 5.0 cm in diameter was present. The gallbladder was mildly distended in size containing anechoic content with no gallbladder luminal debris. No evidence of

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gallbladder or peripheral gallbladder inflammation or evidence of post hepatic obstructive criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

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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.

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.

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

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Pancreas

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

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Free Abdomen

No omental masses, evidence of lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS**WEIGHT**

20 lbs.

- Moderate chronic renal changes with large thinly walled caudal right kidney cyst
- Overtly normal gastrointestinal tract
- Heterogeneous pancreas - patient / age-related parenchymal remodeling or remodeling secondary to previous inflammatory episode, potential for chronic pancreatitis
- Small solitary cystic appearing splenic nodule - subjectively benign
- Hepatopathy with caudate lobe nonuniform hyperechoic intraparenchymal mass - nonspecific, vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, granuloma, caudate lobe or generalized infiltrative neoplasia are all potentials

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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Screening hepatic parenchyma and caudate lobe mass FNA cytology is warranted for further assessment.

Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas which may allude to chronic pancreatic inflammation is suggested.

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A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss. Empirically, as-needed GI support is recommended.

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svsmobileimaging.com 309-737-3070



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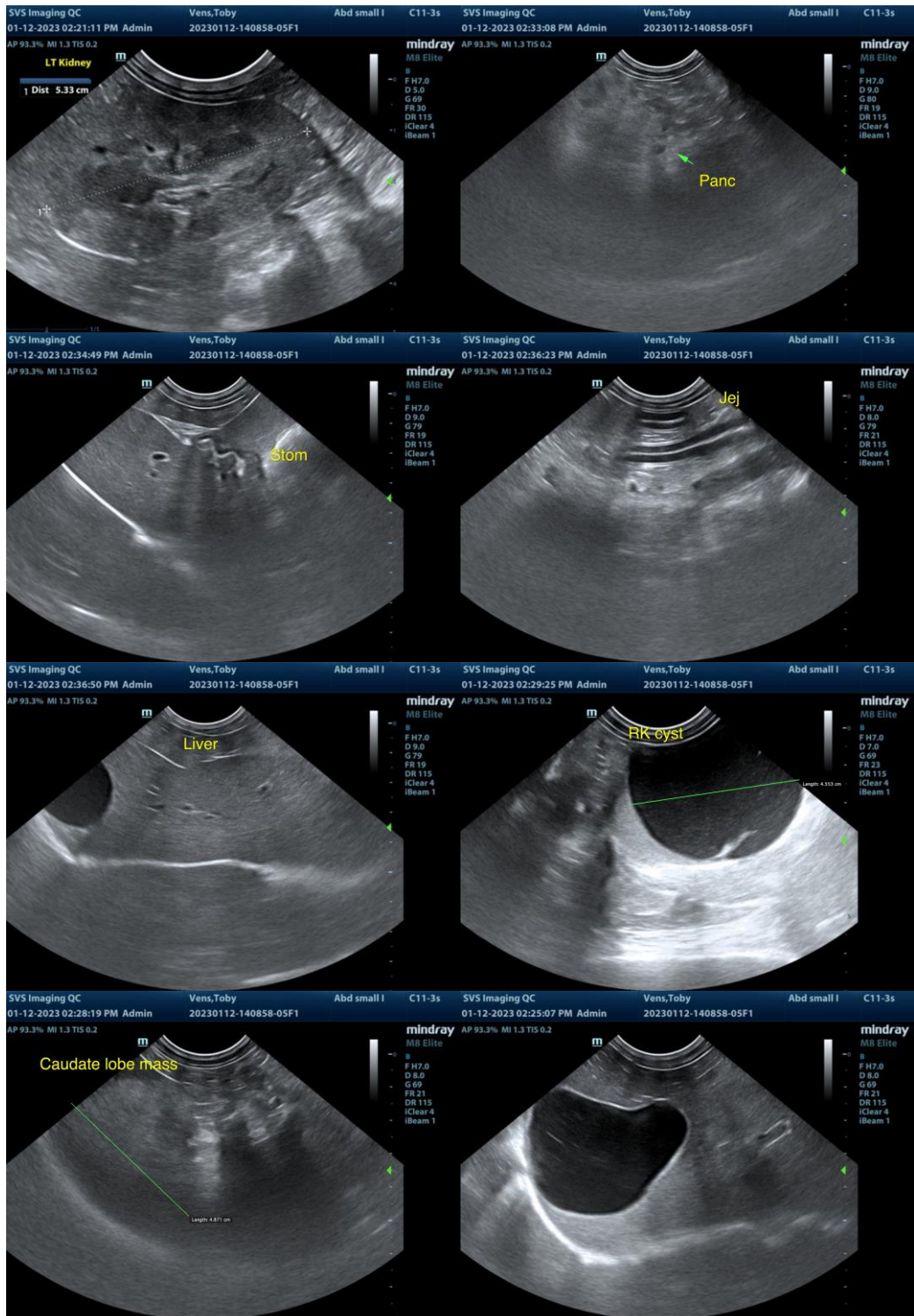
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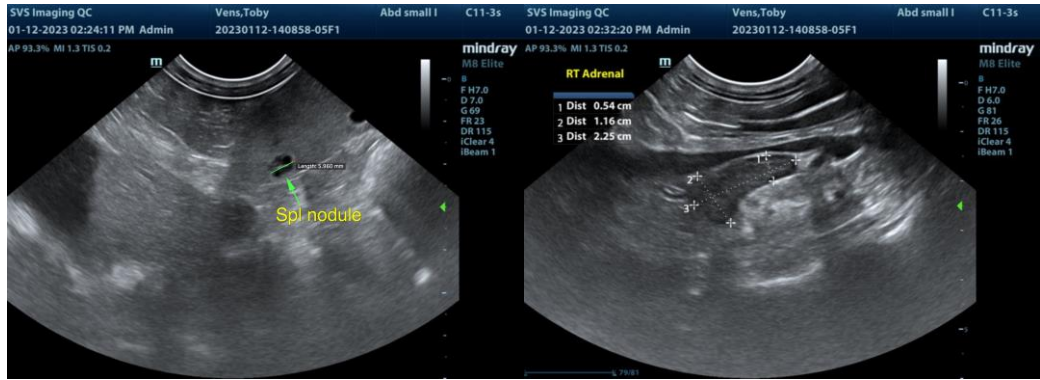
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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