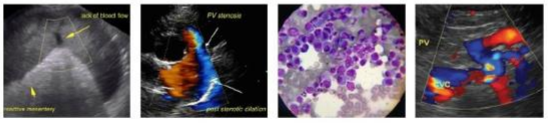
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sylvia Johnson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

24.4 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Wehrman

INVOICE

13484

DATE

1/18/22

PRESENTING CLINICAL SIGNS

History: p is scheduled for mass removal tomorrow; p presenting for pre-op BW and IV fluids; p has a history of elevated kidney values and o wanted a day of fluid therapy prior to anesthesia. Pale at intake. asymptomatic

Abnormal PE/Chem/CBC/UA Results: HCT - 34.3%, RBC - 5.52M/uL, Sodium - 152mmol/L, TBIL - 2.1mg/dL, SDMA 17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. No overt pathology associated with the uterine remnant directly dorsal to the urinary bladder.

Normal size and mild asymmetrical 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 demarcation, expected for the age of the patient. Areas of nonobstructive medullary mineral to renolithiasis in both kidneys along with mild bilateral pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild primarily mid to cranial enlargement, exhibiting nonhomogeneous to indistinctly nodular parenchyma. No evidence of parenchymal mineralization. The left adrenal gland measured 3.0 cm in length x 1.9 cm width at the cranial pole with and 1.0 cm width at the caudal pole.

The right adrenal gland exhibited ill-defined nonhomogeneous to nodular parenchyma with potential for ill-defined mass in the mid to cranial right adrenal gland, measuring 2.3 cm x 2.2 cm. Overall, the right adrenal gland measured 3.1 cm in length x 0.58 at the caudal pole.

Potential for vascular invasion associated with either the left or right adrenal gland cannot be excluded.

Spleen

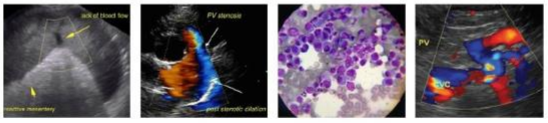
The spleen was normal in overall size with mild asymmetrical contour and generalized parenchyma heterogeneity, exhibiting several variably echogenic intraparenchymal nodules. Several of the nodules exhibited central hyperechogenicity with hypoechoic periphery. An example of a splenic nodule measured 0.83 cm in diameter.

Liver

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild mobile nondependent yet nonorganized gallbladder debris. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sylvia Johnson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

24.4 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Wehrman

INVOICE

13484

DATE

1/18/22

Gastrointestinal

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 gastric body wall measured 0.39 cm.

The duodenum and jejunum exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio to the level of the ileum. The ileum exhibited mild retained fluid with focal nonspecific hyperechoic to subtly shadowing luminal echo, measuring approximately 1.0 cm in diameter.

Normal shadowing fecal matter was noted within the sonographically unremarkable proximal colon. A possibility of a small linear echo between the ileal shadowing echo and proximal colon lumen possible, although not definitive. This may also indicate potential mucus.

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.

Free Abdomen

No overt lymphadenopathy. Small pockets of scant primarily periintestinal anechoic free fluid were present. Unspecified nonhomogeneous mass lesion was noted in the area and potentially surrounding the iliac trifurcation, measuring approximately 5.3 cm x 2.0 cm. Potential for minor cystic component associated with the unspecified mass. Subtle evidence of regional reactive mesentery was present.

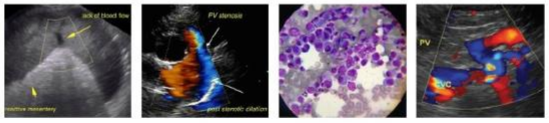
ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous mass lesion at the level of the iliac trifurcation- atypical potentially chronic medial iliac or sublumbar lymphadenopathy (chronic hyperplasia, lymphadenitis, other), unspecified emerging neoplasia (such as sarcoma or other) with less likely potential for nonobvious uterine remnant pathology possible.
- Nonspecific splenic nodules- myelolipomas, nodular hyperplasia, previous infarcts, primary versus metastatic neoplastic nodules possible
- Moderate chronic renal changes, exhibiting nonobstructive medullary mineral and bilateral pyelectasia.
- Bilateral adrenomegaly, exhibiting nonuniform to nodular parenchyma, more prominent in the right adrenal gland- adenomatous change, hyperplasia, primary versus metastatic neoplasia with potential for mixed pathology is possible.
- Mild gallbladder debris (non-mucocele)
- Mild ileal stasis with possible small nonobstructive hair-like luminal echo
- Scant primarily periintestinal peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sylvia Johnson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

24.4 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Wehrman

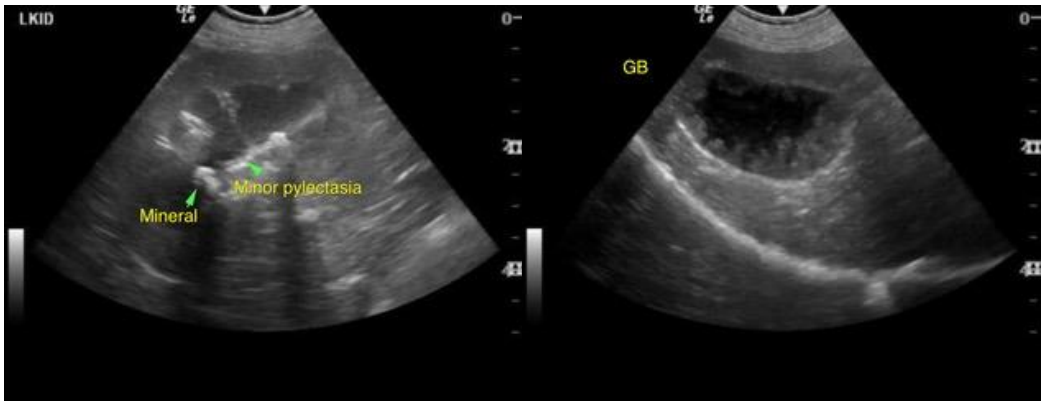
INVOICE

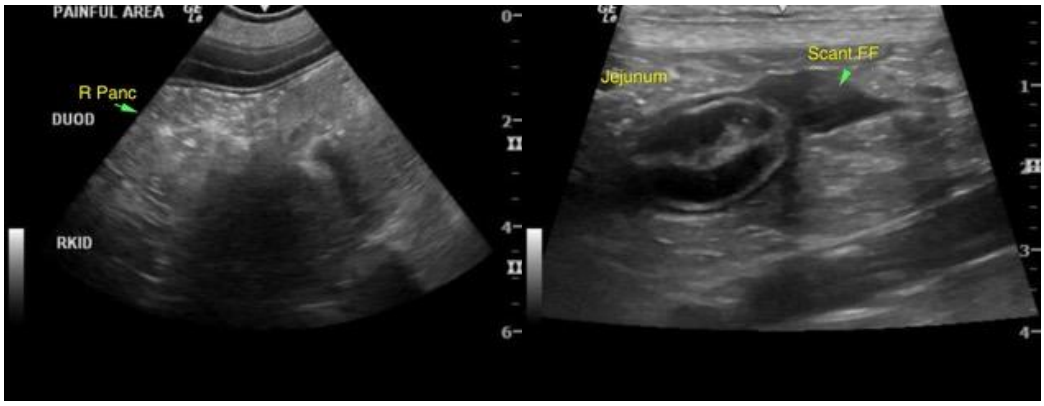
13484

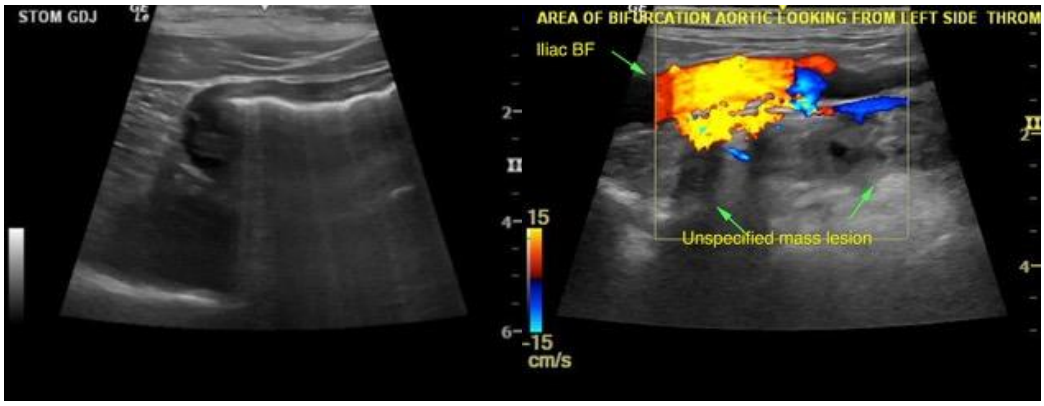
DATE

1/18/22

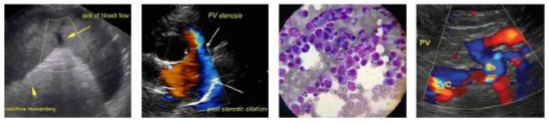
Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA of the unspecified iliac trifurcation mass as well as splenic nodules could be considered. Screening blood pressure recommended given the bilateral nodular adrenomegaly and potential for unilateral to bilateral adrenal masses. Potential for ileitis with possible small nonobstructive hair-like density could be present, yet this did not appear to be overtly obstructive. However, given the reported positive murphy sign in this location of the abdomen, continued monitoring is warranted. Sonographic monitoring of the unspecified iliac trifurcation mass, splenic nodules, bilateral adrenal glands and area of the ileum would be a more conservative approach. Three-view chest radiographs recommended.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sylvia Johnson

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

24.4 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

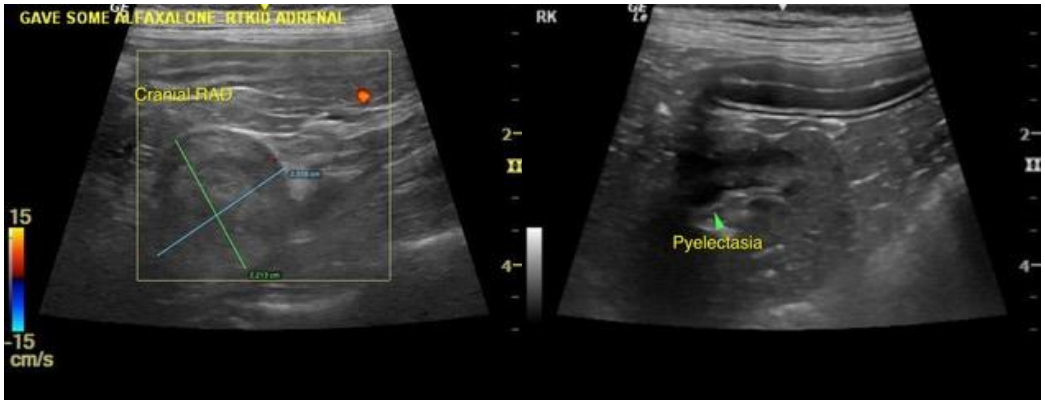
Dr. Wehrman

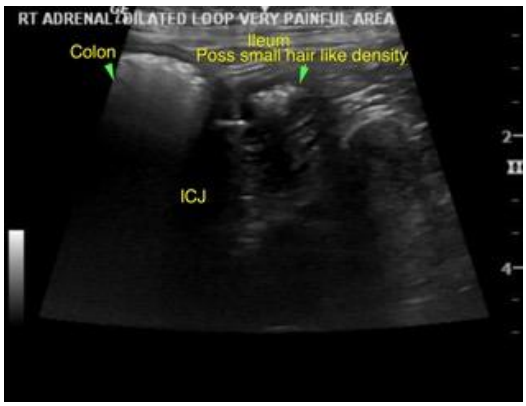
INVOICE

13484

DATE

1/18/22





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