



PATIENT PRESENTING CLINICAL SIGNS

Bentley Allius P has high blood pressure, sudden onset of rear leg pain last few days and non-regenerative anemia that was noted 012/10/23.

SPECIES Abnormal PE/Chem/CBC/UA Results: Hematocrit 10/29/22 at 46.9, 01/10/23 at 31.8, 01/17/23 at 37.4
Canine

BREED Current Medications Amlodipine 2.5mg - 1tab PO SID, Telmisartan 40mg - 1/2tab PO SID, Clavamox 625mg - 1/4tab PO BID.
Poodle Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

MN The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

AGE

9yr

WEIGHT

25lb

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. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.6 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy. Subjective normal distal aortic/iliac blood flow on color Doppler.

The area of the residual prostate appeared normal and free of pathology measuring 0.8 cm in width.

IMAGING PERFORMED BY

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.52 cm width at the cranial pole. The discernable right adrenal gland was not overtly visualized.

HOSPITAL NAME

Creekside Veterinary
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Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. 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.

REFERRING VET

Dr. Eggert

INVOICE

12770ag

Liver/Gallbladder

DATE

01/23/2023

The liver exhibited subjective mild enlargement, symmetrical capsule contour and generalized mild non-uniform parenchyma with intermittent non-disruptive hypoechoic nodules. An example of a liver nodule measured 1.1 cm in diameter. 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



PATIENT

anechoic luminal content with mild dependent echogenic debris. The cystic and common bile ducts were normal.

Bentley Allius

Gastrointestinal

SPECIES

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.

Canine

BREED

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.

Poodle Mix

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

SEX

Pancreas

MN

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

AGE

9yr

Free Abdomen

WEIGHT

An unspecified irregular non-homogenous focally mineralized mass was present in the mid to cranial abdomen caudal to the stomach measuring ~ 6.0 cm x 4.0 cm. The mass was not overtly connected to the caudomedial spleen and did not overtly involve the regional intestinal tract.

25lb

Peripheral mild hyperechoic mesentery was present. No peritoneal effusion was present.

INTERPRETED BY

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

- Unspecified non-homogenous focally mineralized mid to cranial abdominal mass
- Bilateral moderate chronic renal changes
- Mild hepatomegaly exhibiting non-uniform discretely nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable spleen

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The unspecified abdominal mass is most consistent with neoplastic criteria. Although not definitive, potential for non-obvious adrenal origin is of high concern given patient's hypertension with potential for pheochromocytoma or similar. A urine catecholamine level may be considered for further assessment. Non-adrenal origin of the mass cannot be excluded.

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Potential for regional vascular invasion associated with the unspecified mass cannot be excluded.

Dr. Eggert

Given this presentation and assuming no evidence of pathology on three view chest radiographs, abdominal CT is likely ideal if possible for further assessment. An extremely guarded prognosis is indicated.

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ABOUT SONOPATH CT SERVICES:

DATE

01/23/2023

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141



PATIENT

Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

Bentley Allius

<https://sonopath.com/services/sonopath-ct-services>

SPECIES

Canine

BREED

Poodle Mix

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REFERRING VET

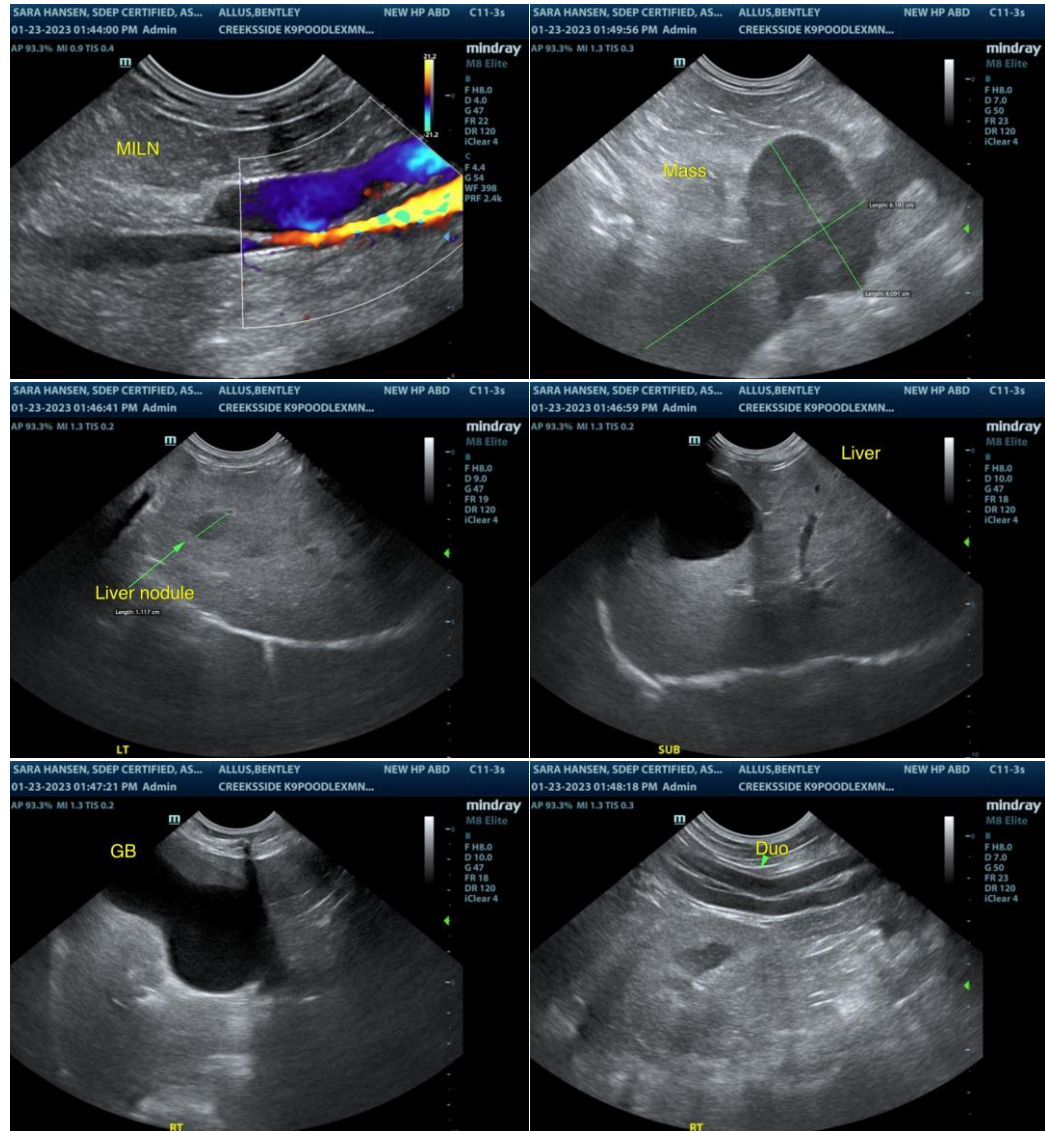
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Bentley Allius

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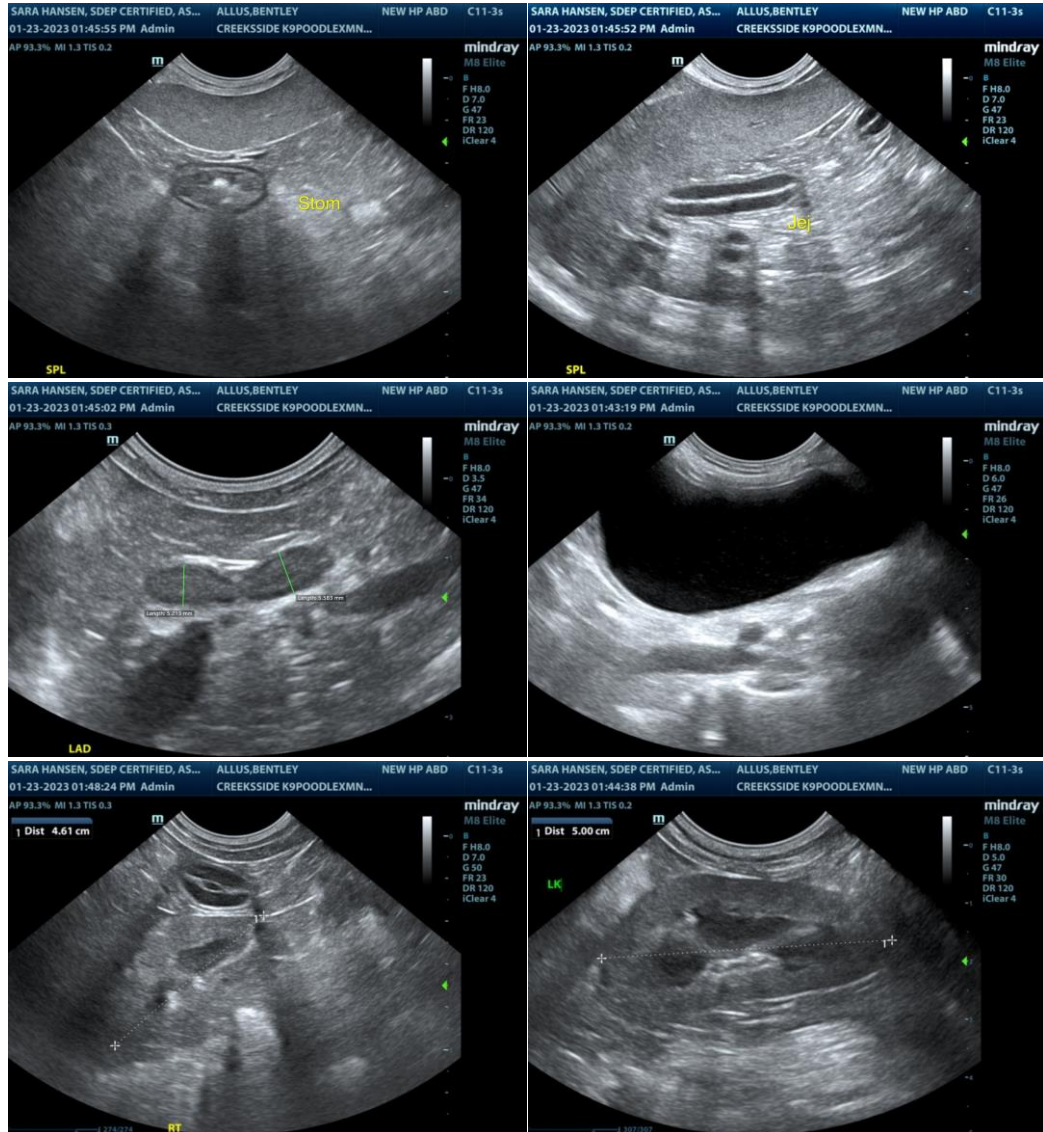
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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