

**PATIENT**

Zoey Reynolds

SPECIES

Canine

BREED

Lab Mix

SEX

F/S

AGE

10 years

WEIGHT

82 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETFamily Pet Practice-
Dr. Craig**INVOICE**

15905

DATE

1/24/23

PRESENTING CLINICAL SIGNS

AUS and Chest V/D radiograph on 1/24/23. Senior screening.

Abnormal PE/Chem/CBC/UA Results: 1. BAR 3. Incipient cataracts OU 4. mild ceruminous debris AU 5. Mild generalized tartar, 208 crown fx, no PE 6. No audible murmur 7. Panting throughout exam- Per O intermittent cough x 1 month, no recent exposure to dogs outside of home- recommend thoracic radiographs- O elected to register for senior wellness plan- will schedule AUS in near future as well- recommended annual thoracic rads and AUS. 8. 3 masses documented today- see body map- Left ear base- dermal cystic mass with clear fluid - submitted FNA to ANT today, obtained with 20g, drained mass today, reviewed may refill, smears and white top with fluid submitted to ANT Right inguinal region SQ soft fluctuant round mass- Submitted FNA to ANT today, obtained with 20g Ventral sternum- soft fluctuant mass prev aspirated as lipoma. O noted some growth, not bothersome to P 9/10. Abdomen soft/normal. O requested anal gland expression- both anal sacs very large, expressed normal material bilaterally. 12. Hx of Bilateral TPLO's, getting around well per O, keeps up with other dog in home, O continues dasuquin 13. watch weight- reviewed keeping at lean BCS for stifles, occasionally steals other dog's food.

wellness panel- Submitted to ANT Thoracic radiographs- VHS 10- wnl, normal thorax **Reviewed no v/d or D/V views for view for complete eval of thorax- plan to obtain additional view with trazodone premed at time of AUS visit O declined radiologist review.

ALP 554, Platelets 421, Urine specific gravity 1.006, negative protein and glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 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 6.7 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole. A discrete, nondisruptive nodule measuring 1.1 cm length x 0.86 cm width was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The overall right adrenal gland measured 1.1 cm width at the cranial pole and 0.67 cm width at the caudal pole.

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Spleen

The spleen was normal in size and contour with mild parenchyma heterogeneity exhibiting normal echogenicity. A solitary, discrete, non-disruptive, hyperechoic nodule was present in the cranial spleen measuring 0.3 cm in diameter. The nodule is benign, consistent with small myelolipoma, emerging mineralization, or small previous infarct. No splenic neoplastic criteria.

Liver/ Gallbladder

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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild to moderate, variably echogenic, dependent, mildly organized to congealed gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing, along with gastric luminal gas. The stomach was otherwise normal.

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.

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

Pancreas

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - suggestive of vacuolar hepatopathy
- Moderate nondependent to variably congealed gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Focal discrete benign hyperechoic cranial splenic nodule
- Nonspecific yet subjective benign nondisruptive cranial right adrenal nodule - suspect adenoma



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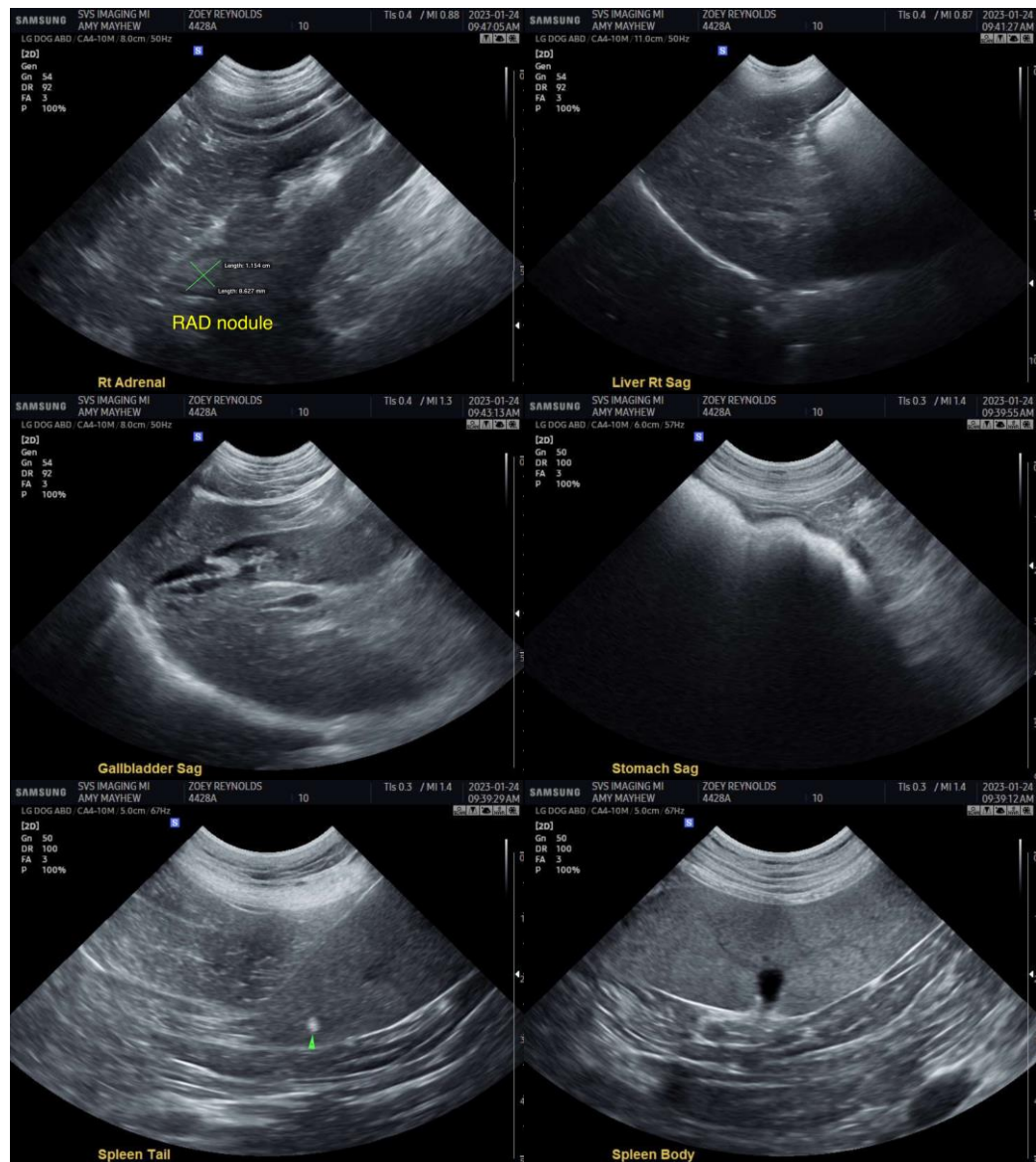
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Technically, the potential for emerging aggressive pathology associated with the discrete cranial right adrenal nodule such as emerging pheochromocytoma cannot be definitively excluded, although thought less likely based on sonographic appearance. Assessment of systemic BP for evidence of hypertension, which may allude to a more aggressive emerging right adrenal pathology, is recommended. Ideally, sonographic monitoring of the right adrenal nodule for evidence of progression is recommended.



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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



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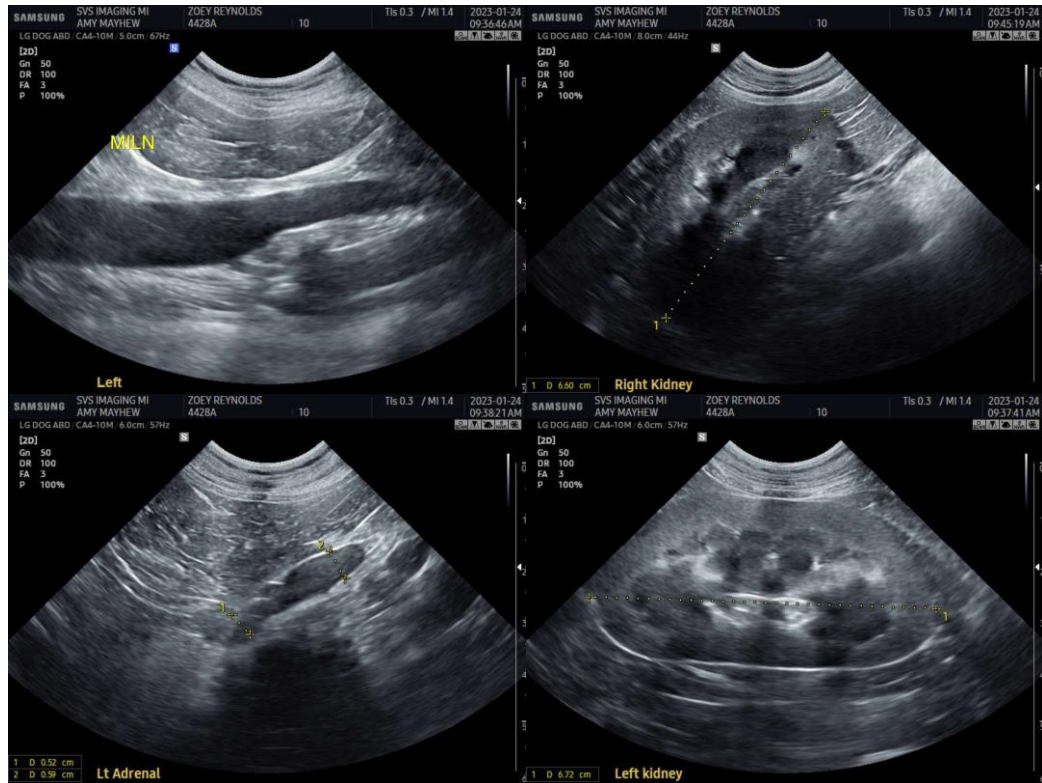
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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