



PATIENT PRESENTING CLINICAL SIGNS

Cookie Bernier Hx of hematuria, bladder wall mass, cadet braf was negative 12/2021.

SPECIES Current meds: Apoquel 5.4mg SID, Cytopoint injections.

Canine Abnormal PE/Chem/CBC/UA Results: Sg 1.022, ph 8.5, pro +2, wbc 4-10, rbc 4-10, stuvite 4-10.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Poodle **Urinary System**

SEX The urinary bladder was normal in size and tone exhibiting primarily sonographically normal urinary bladder wall layering with a solitary ventroapical polyp. The polyp was primarily homogeneous without evidence of mineralization measuring approximately 1.0 cm x 0.34 cm. Anechoic urine was present with no sediment or calculi.

FS

AGE The area of the aortic trifurcation was free of pathology.

11 years

WEIGHT 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. Scant right kidney pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.1 cm in length. Pinpoint medullary mineral along with pinpoint hyperechoic cortical foci, which may indicate cortical mineralization, fibrosis, or micro infarction, were noted.

25 lbs.

Adrenal Glands

The bilateral adrenal glands were mildly prominent normal in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.68 cm width in the caudal pole. The right adrenal gland measured 0.51 cm width in the cranial pole and 0.58 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild parenchyma heterogeneity. A discrete, nondisruptive nodule was noted in the caudal splenic parenchyma measuring 0.72 cm in diameter.

Liver/ Gallbladder

The liver was enlarged with symmetrical to rounded hepatic contour exhibiting generalized mild nonuniform increased parenchyma echogenicity with intermittent to multiple discrete hypoechoic nondisruptive nodules. The gallbladder was non-distended in size containing primarily anechoic content with moderate, variably hyperechoic gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. The debris was nonorganized. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Tami Ilovich, DVM

INVOICE

15977

DATE

1/26/23



PATIENT

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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

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.

BREED

Poodle

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

Pancreas

SEX

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

FS

Free Abdomen

AGE

No overt lymphadenopathy or peritoneal effusion was present.

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

25 lbs.

- Ventroapical urinary bladder polyp, no overt urinary bladder mass
- Moderate chronic renal changes exhibiting scant pyelectasia
- Bilateral mild irregular adrenomegaly
- Heterogeneous spleen with discrete, nondisruptive nodule - subjectively benign
- Hyperechoic liver with intermittent discrete hypoechoic intraparenchymal nodules
- Moderate gallbladder debris - not overtly consistent with mucocele criteria
- Pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Although nonspecific, the hepatic presentation is suggestive of vacuolar hepatic changes with suspect discrete areas of parenchymal hyperplasia, hematopoiesis, or similar. Inflammatory hepatic criteria or less likely infiltrative neoplasia is possible.

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Adrenal workup with LDDST or ACTH Stimulation test may be considered if clinical signs suggestive of Cushing's Syndrome are present. Correlation with an assessment of hepatic enzymes is recommended. Hepatosupportive medications if evidence of hepatic enzymes may prove beneficial. Screening hepatic FNA cytology could be considered if Cushing's Syndrome is not of clinical concern. Sonographic gallbladder reassessment is recommended if evidence of progressive cholestasis or cranial abdominal / subxiphoid discomfort.

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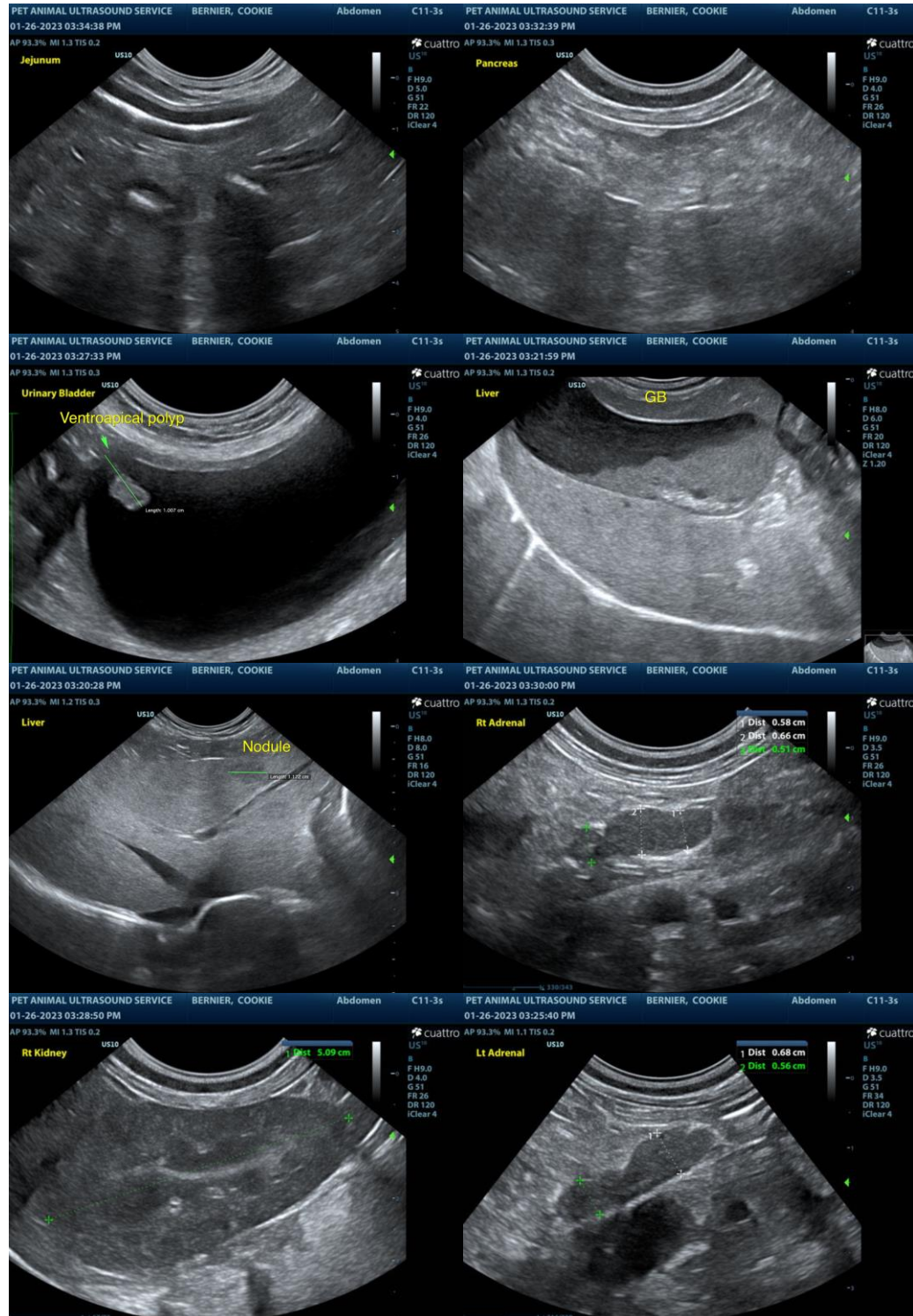
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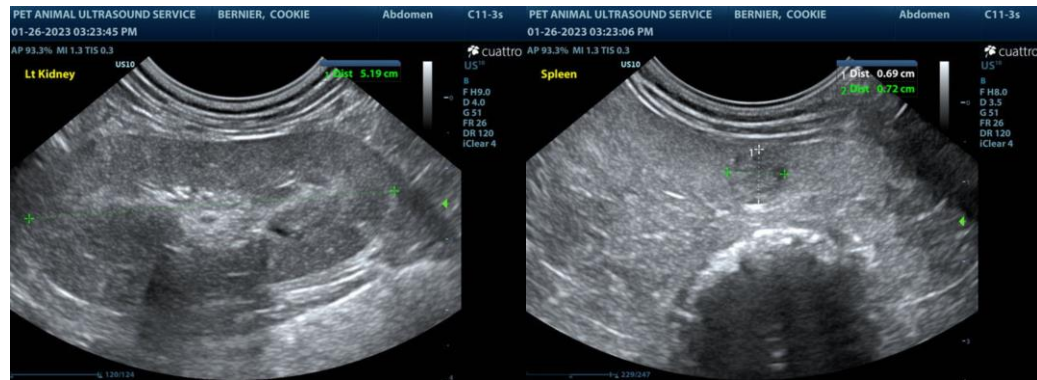
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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