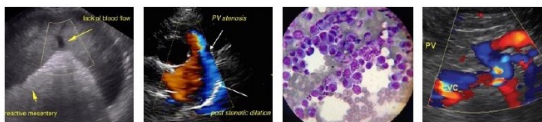


|  |   |
|--|---|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>  |
| Hershey Brewster   | Weight loss Anorexia sinus arrhythmia Gastroenteritis. Seemed sore and nauseous when scanning over kidneys especially, lots of lip licking.   |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: Hct 0.35, WBC 13.0 w/minor monocytosis, BUN 14.3, Crea 154, SDMA 18, Alb 23, normal liver enzymes, Amylase 2971, Spec CPL <30.   |
| Canine   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| <b>BREED</b>   | <b>Urinary System</b>   |
| Labrador Retriever                                       | 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 were noted.   |
| <b>SEX</b>   | The area of the aortic trifurcation was free of pathology.  |
| Spayed Female  | 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.9 cm. The right kidney measured 6.2 cm.   |
| <b>AGE</b>   | <b>Adrenal Glands</b>   |
| 9 Years  | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm at the cranial pole and 0.53 cm at the caudal pole.  |
| <b>WEIGHT</b>  | The right adrenal gland was indistinctly visualized, subjectively measuring 0.67 cm at the caudal pole.   |
| 28.3 kg  | <b>Spleen</b>   |
| <b>INTERPRETED BY</b>                                    | The spleen was normal in size and overall contour. Generalized splenic parenchyma heterogeneity noted with isoechoic to discreet, non-expansive cranial and caudal splenic nodules. Example of caudal splenic nodule measured 2.2 cm diameter.  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | <b>Liver</b>  |
| <b>IMAGING PERFORMED BY</b>                              | The liver presented mild to moderate generalized enlargement with primarily maintained symmetrical contour and generalized parenchymal remodeling. Multifocal, variably, mixed echogenic to centrally hypoechoic intraparenchymal nodules were present. Example of liver nodule measured 1.6 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. |
| Crystal Hill   | <b>Gastrointestinal</b>   |
| <b>HOSPITAL NAME</b>                                     | The stomach presented intact yet subjective mild prominent wall layering. Ventral gastric body wall measured 0.60 cm. The stomach was primarily empty with mild luminal gas.  |
| Haldimand AH   | 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. Intermittent minor to subtle jejunal mucosal speckling noted. Jejunum wall measured 0.39 cm.   |
| <b>REFERRING VET</b>                                     | Normal visible colon wall layers were present with apparent formed feces in lumen.  |
| Dr Rode  |   |
| <b>INVOICE</b>   |   |
| 35150  |   |
| <b>DATE</b>  |   |
| 1/27/22  |   |



**PATIENT** *Pancreas*

Hershey Brewster

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.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, lymphadenopathy or effusion.

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Non-specific moderate chronic renal changes
- Hepatomegaly exhibiting multifocal yet non-specific intraparenchymal nodules
- Subtle to discreet cranial and caudal splenic nodules
- Mild gastroenteritis pattern – potential for non-specific inflammatory gastroenteropathy
- Sonographically unremarkable pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 Years

Full urinary workup including urinalysis, urine culture and sensitivity (if evidence of inflammatory cells or potential infection) and baseline UPC recommended. Assessment of systemic blood pressure suggested.

**WEIGHT**

28.3 kg

The hepatosplenic nodules may indicate a benign process such as areas of hyperplasia, hematopoiesis, granulomas, or similar. Potential for hepatic, splenic, or hepatosplenic neoplastic nodules cannot be definitively excluded. Assuming normal clotting status and using 25-gauge needle, hepatosplenic nodule FNA (if accessible) would be ideal for screening cytology. Monitoring for evidence of progression would be a more conservative approach.

**INTERPRETED BY**

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

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

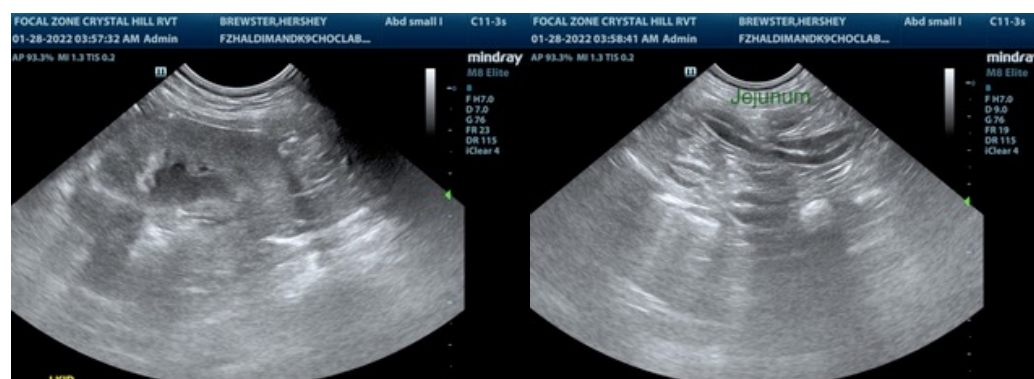
**IMAGING PERFORMED BY**

Crystal Hill

Resting cortisol to rule out occult Addison's disease, given the mild anemia and hypoalbuminemia, is warranted. Empirically, as needed gastrointestinal support, which may include novel protein or hydrolyzed diet, antiemetics, and gastroprotectants, is recommended.

**HOSPITAL NAME**

Haldimand AH



**REFERRING VET**

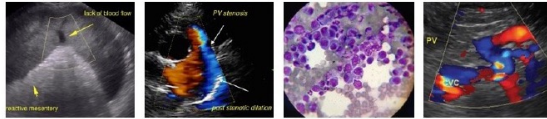
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**PATIENT**

Hershey Brewster

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

28.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Haldimand AH

**REFERRING VET**

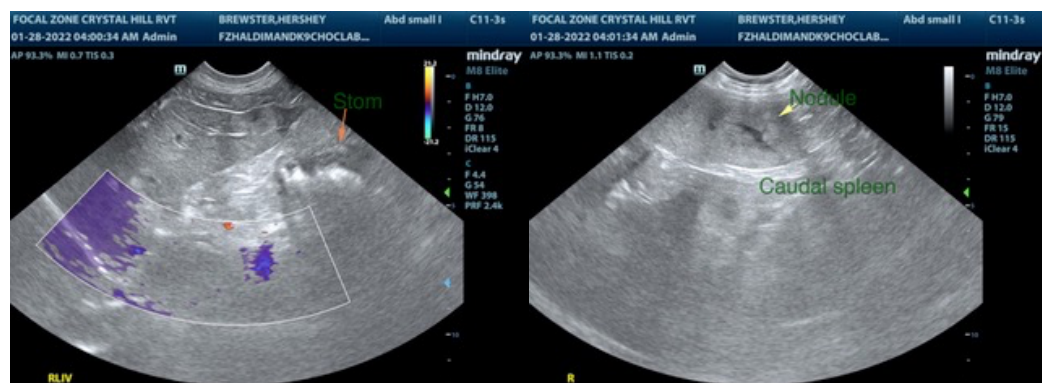
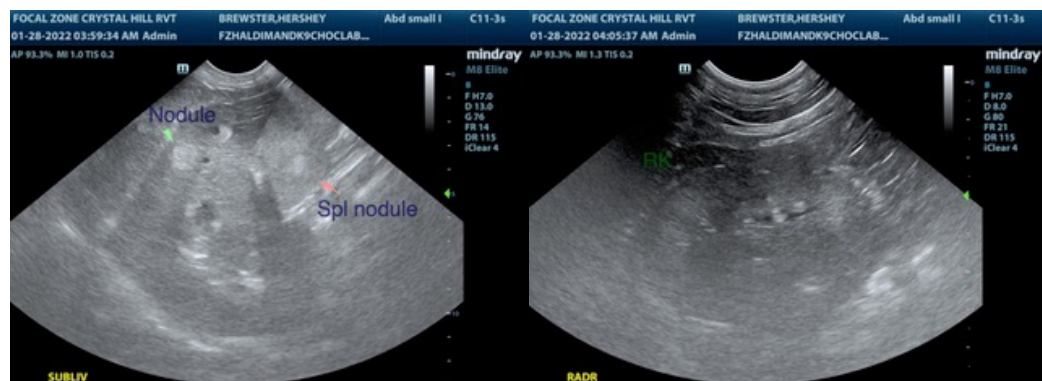
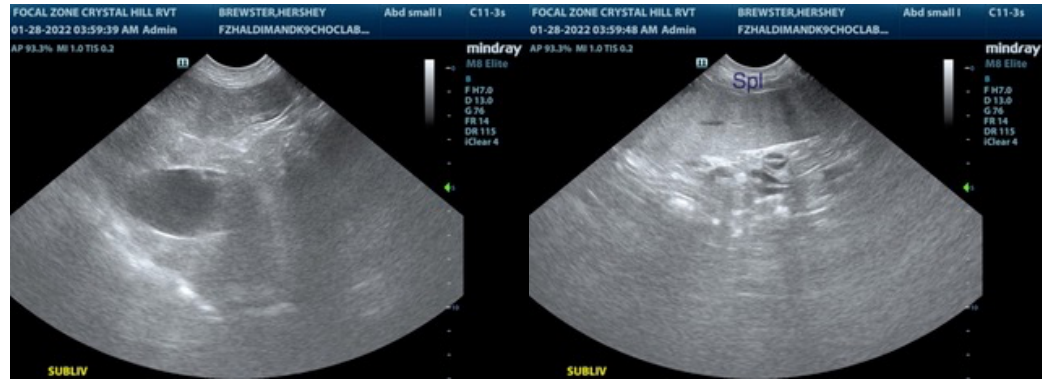
Dr Rode

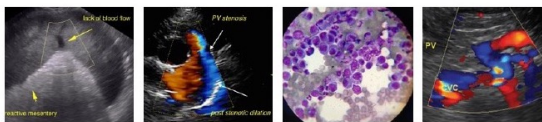
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**PATIENT**

Hershey Brewster

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.

**SPECIES**

Canine

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

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

28.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Haldimand AH

**REFERRING VET**

Dr Rode

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