



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tootsie Ripp	Decreased appetite, liver enzyme elevation Abnormal PE/Chem/CBC/UA Results: ALKP 158, ALT 167
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Lab	
<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 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 7.0 cm. The right kidney measured 7.0 cm.
<b>AGE</b>	<b>Adrenal Glands</b>
11 Years	A focal, well defined, hyperechoic nodule was present in the caudal pole of the left adrenal gland, non-expansive. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured approximately 1.1 cm x 0.8 cm. This is likely suggestive of a benign process such as adenoma, granuloma or myelolipoma if no clinical signs of adrenal disease are currently present. Potential emerging aggressive neoplasia cannot be ruled out. Therefore, recheck ultrasound every 3-6 months is suggested to monitor for changes in size or appearance. A screening blood pressure is suggested. The overall left adrenal gland measured 1.0 cm at the cranial pole and 1.2 cm at the caudal pole.
<b>WEIGHT</b>	No overt pathology in the area of the right adrenal gland.
76 Pounds	<b>Spleen</b>
<b>INTERPRETED BY</b>	An expansive, hypoechoic to non-homogeneous mass occupied the splenic tail. The mass measured approximately 6.5 cm x 5.0 cm. The mass distorted the caudal splenic capsule. No overt evidence of splenic mass rupture or parenchymal escape. Regional perisplenic and perihepatic reactive mesentery noted. The remainder of the spleen exhibited maintained finely textured homogeneous parenchyma and symmetrical capsule contour.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The liver presented generalized enlargement with diffuse nodular parenchymal changes, exhibiting multifocal, variably sized to expansive hypoechoic to mixed echogenic nodules. Some nodules distorted the hepatic capsule and appeared to impinge somewhat on the gallbladder. Example of hepatic nodule measured 3.4 cm diameter. The gallbladder was normal in size with mild luminal debris.
Jessica Miller	
<b>HOSPITAL NAME</b>	
Summit Dog & Cat Hospital	
<b>REFERRING VET</b>	
Dr. Levitian	
<b>INVOICE</b>	<b>Gastrointestinal</b>
33986	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.
<b>DATE</b>	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.
1/5/22	Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

**Pancreas**

Tootsie Ripp

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

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Lab

- Non-specific left adrenal nodule – suspect adenoma.
- Hepatomegaly exhibiting diffuse variably sized to echogenic nodular parenchyma
- Expansive hypoechoic caudal splenic mass
- Mild chronic renal changes

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for definitive diagnosis, presentation of the liver and spleen is consistent with multicentric hepatosplenic neoplasia with considerations including round cell neoplasia (lymphoma, mast cell neoplasia, etc.), sarcoma or other.

**AGE**

11 Years

Assuming normal clotting status, hepatic parenchyma +/- splenic mass FNA using 25-gauge needle could be considered for screening cytology and potential for oncology consult. Unfortunately, given the extent of hepatic pathology, this case appears to be non-surgical. 3-view chest radiographs could be considered for further staging. Potential for non-neoplastic hepatosplenic etiology (i.e., hepatitis with significant nodular to regenerative hepatic changes) or benign splenic mass such as hematoma, hyperplasia or hematopoiesis possible, yet considered significantly less likely.

**WEIGHT**

76 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

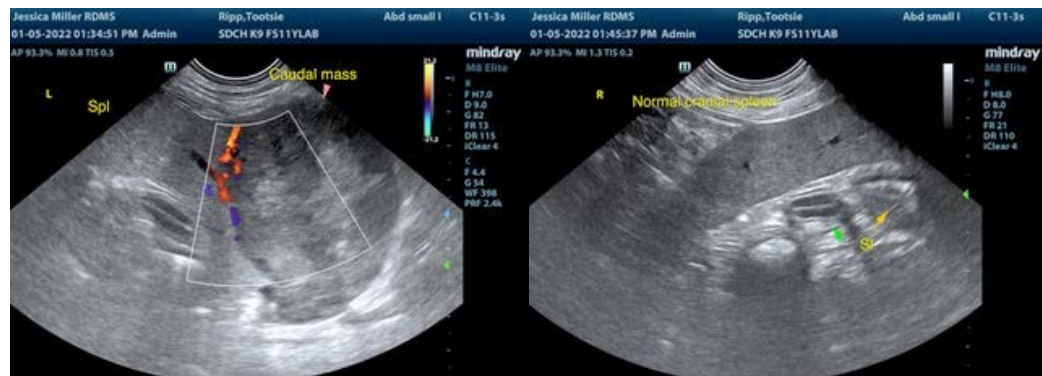
Dr. Levitian

**INVOICE**

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**DATE**

1/5/22





**PATIENT**

Tootsie Ripp

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

76 Pounds

**INTERPRETED BY**

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DVM, DABVP  
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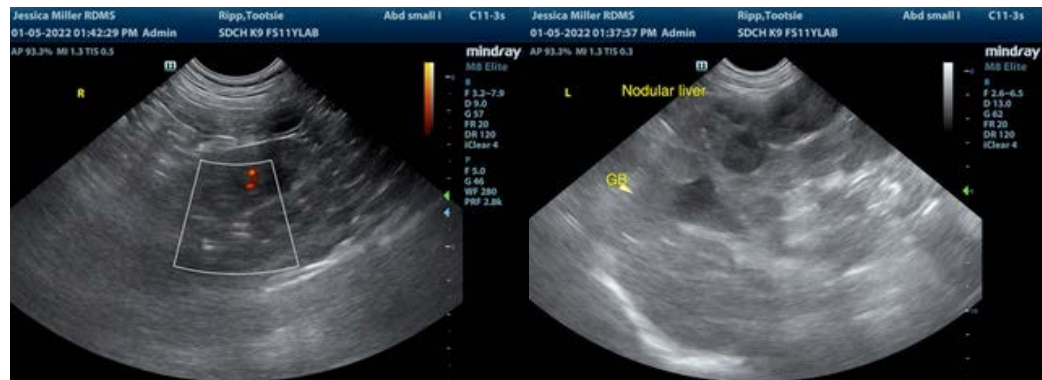
Dr. Levitian

**INVOICE**

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**DATE**

1/5/22



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