



**PATIENT**

Leela Scott

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed Female

**AGE**

11 Years 9 Months

**WEIGHT**

76 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amy & Kyle

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Stephanie Welch

**INVOICE**

20400

**DATE**

1/5/23

**PRESENTING CLINICAL SIGNS**

History: Presented for evaluation of growths, has too many to count, including many along mammary chain. Concern for neoplasia. Today 3 view chest radiographs and abd. ultrasound obtained. FNA not yet performed. Hypercalcemia and elevated ALP on BW

Abnormal PE/Chem/CBC/UA Results: Elevated Ca : 12.5 Alkphos : 1923

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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. Aortic trifurcation was normal.

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 7.0 cm in length. Minor medullary mineral was present.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.58 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.54 cm at the caudal pole.

**Spleen**

The spleen exhibited was normal in size and contour with mild parenchyma heterogeneity. Discrete hyperechoic perihilar medial parenchymal nodules were noted, consistent with probable benign myelolipomas or potential areas of medial capsule fibrosis and considered incidental. No evidence of splenic neoplastic criteria.

**Liver**

The liver exhibited subjective mild enlargement, maintained symmetrical capsule contour and mild increased hepatic parenchyma echogenicity compared to falciform fat, exhibiting moderate coarse echotexture. Focal to intermittent discretely hypoechoic nondisruptive intraparenchymal nodules were noted. An example measured 1.3 cm in diameter. No hepatic masses were noted.

The gallbladder was non-distended in size with anechoic content and mild to moderate nondependent nonorganized variably echogenic sludge. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta/chyme was present.



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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.

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***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 was evident.

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***Free Abdomen***

No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Mild chronic renal changes with minor medullary mineral
- Hepatopathy, exhibiting mild parenchyma hyperechogenicity with focal/intermittent nondisruptive discrete intraparenchymal nodules- subjectively benign, vacuolar hepatopathy, potential inflammatory disease, i.e., cholangiohepatitis, discrete areas of intraparenchymal nodular hyperplasia, hematopoiesis, or similar is likely. Neoplastic parenchyma or nodular criteria is considered less likely.
- Mild gallbladder debris- not consistent with mucocele criteria
- Benign splenic changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely subjective mild geriatric abdomen without evidence of significant visceral pathology. Given the hypercalcemia, concern for possible extraabdominal neoplasia. Screening hepatic parenchyma and nodule FNA cytology, using a 25-gauge needle could be considered for further assessment. Hepatosupportive medication, including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the mild hepatic parenchymal changes with initial recheck in 3-4 weeks, or based on oncology recommendations, would be a more conservative approach.

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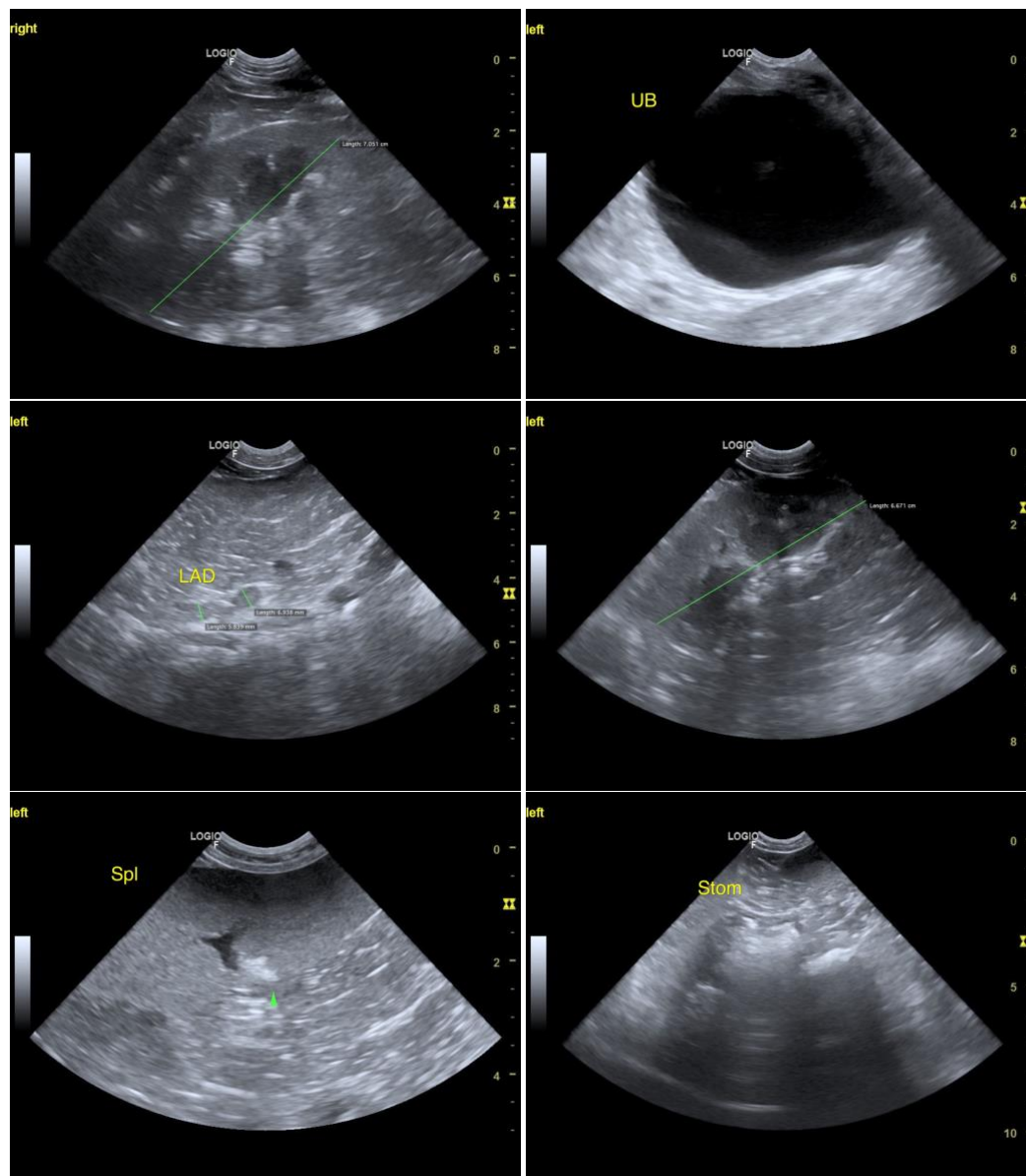
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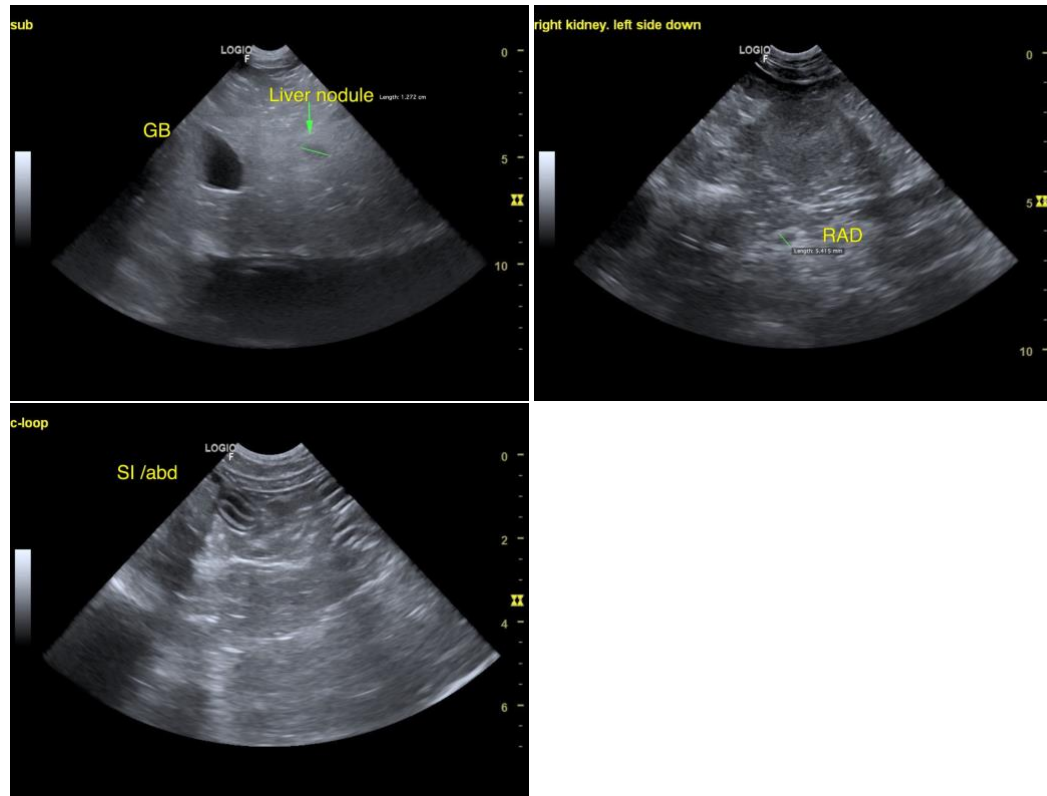
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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