



**PATIENT PRESENTING CLINICAL SIGNS**

Katie Girolamo

PAWS Request Form: Chief Concern / Provisional Diagnosis: Recurring oral melanoma. Previously removed 6/28/2021 with concern for regrowth due to location of oral mass and inability to remove large margins. Regrowth of the mass and removal again on 12/28/21. Evaluation for metastasis and recent elevation of liver values. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: CBC unremarkable. ALT 415 (10-125) with previous result 161 on 11/23/21. ALKP 1288 (23-212) with previous result 567 on 11/23/21. All other chemistry unremarkable. Current medications (include full name, dosage and frequency): Denamarin Advanced -7-50lb dose - 1/2 tab PO SID Si Mia San (Four Marvels) - 1 tab in AM and 1/2 tab in PM (herbal for liver support) Hoxsey and Boneset 0.4mls PO BID (herbal with anti-cancer properties) Ursodiol 260mg/ml - 0.5mls PO SID Eicosa Caps Small Dogs up to 40 lbs Relevant Radiograph Findings(email radiographs if available): N/A

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

FS

**AGE**

15 years

**WEIGHT**

18 lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology. The visualized medial Iliac lymph nodes were sonographically unremarkable.

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. Probable small cortical infarctions, as well as mild pyelectasia, were present in both kidneys. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland measured 0.71 cm width at the caudal pole.

**Spleen**

The spleen exhibited overall normal size with generalized splenic parenchyma heterogeneity. The spleen primarily maintained a symmetrical to subtly asymmetrical contour. A nonhomogeneous to mildly hypoechoic nodule to small mass was noted in the lateromedial spleen, measuring 2.8 cm x 2.0 cm. A concurrent, subtly echogenic splenic nodule was also present in the mid medial spleen. Normal splenic vascularity was noted.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Sarah Kalivoda

**INVOICE**

12994

**DATE**

1/6/22



**PATIENT** *Liver/ Gallbladder*

Katie Girolamo

The liver exhibited potential for mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, subtle, nonhomogeneously echogenic nodules to small masses were present in the mid liver and around the gallbladder. An example of a liver nodule measured 2.9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor gallbladder debris. The cystic and common bile ducts were normal.

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**Gastrointestinal**

**SEX**

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.

FS

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.

**AGE**

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

**Pancreas**

**WEIGHT**

18 lbs.

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

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion were present.

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**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

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**Primary Findings**

- Nonspecific, variably echogenic splenic nodules to small masses
- Hepatopathy exhibiting parenchymal remodeling and intermittent subtle, nonhomogeneous nodules to small masses

**HOSPITAL NAME**

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**Secondary Findings**

- Bilateral moderate chronic renal changes with mild pyelectasia and likely cortical infarctions

**REFERRING VET**

Dr. Sarah Kalivoda

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

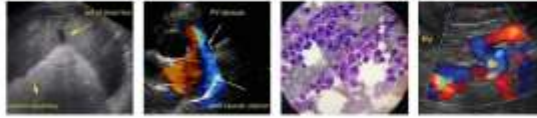
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The hepatosplenic parenchymal changes including subtle, nonhomogeneous hepatosplenic nodules to small masses may indicate benign / age-related processes such as hyperplasia, lipogranulomas, splenitis, nodular regeneration, while the possibility of primary vs. metastatic hepatosplenic neoplasia, given the patient's history, cannot be excluded.

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Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle concentrated in areas of nonspecific parenchymal nodules to small masses is warranted for screening cytology and further clarification. Sonographic monitoring of the hepatic/splenic changes for evidence of progression would be a more conservative approach.



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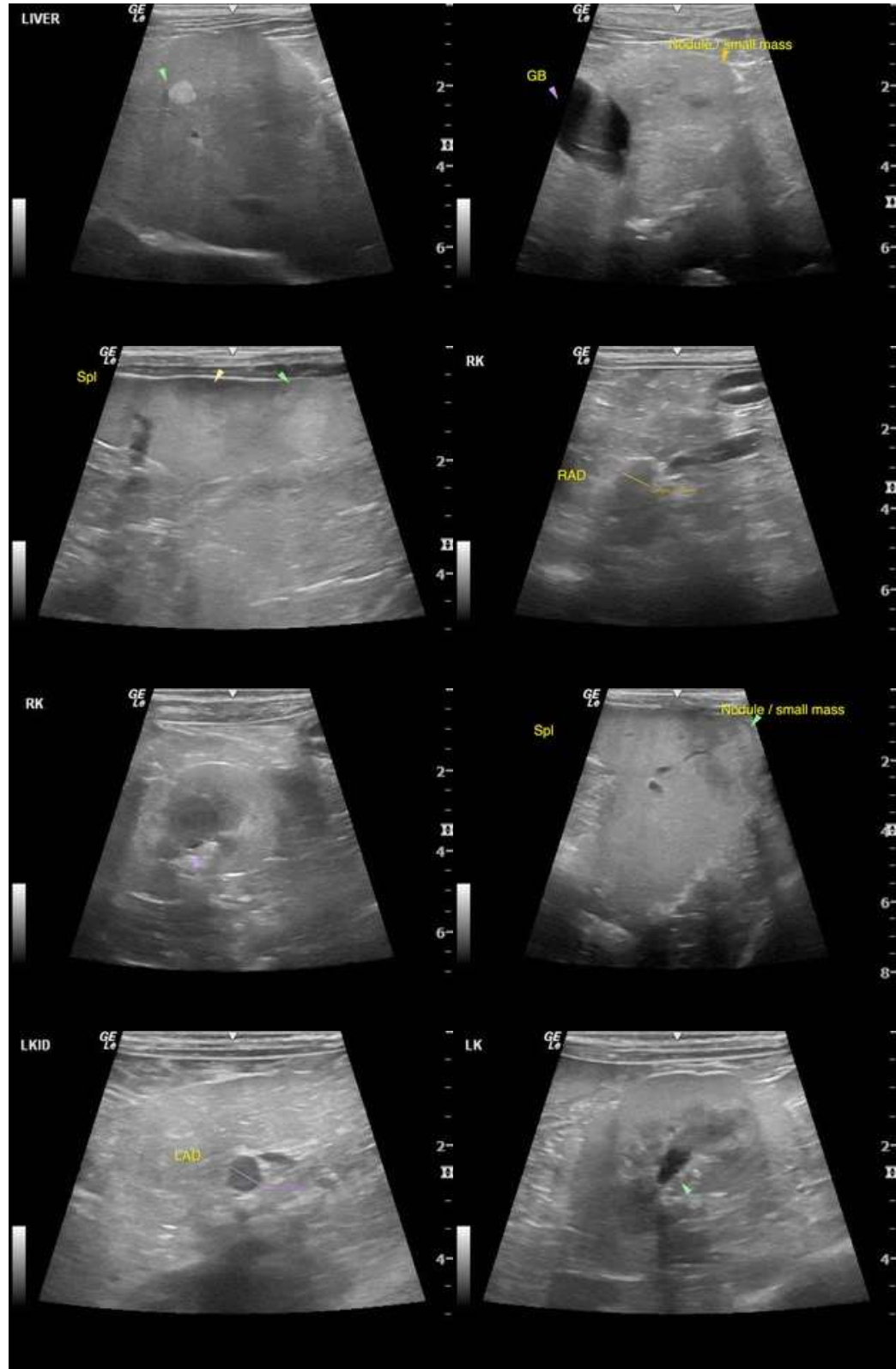
Dr. Sarah Kalivoda

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**PATIENT**

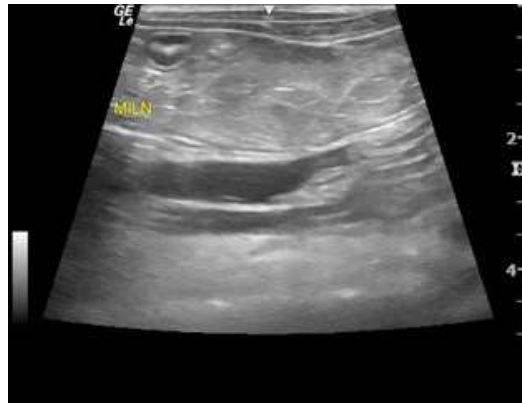
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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