



**PATIENT**

Polly Payne

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

109 lbs.

**PRESENTING CLINICAL SIGNS**

overwt, multiple sq masses present all over, poor appetite since august  
Abnormal PE/Chem/CBC/UA Results: SDMA 18 ALT 519 Alk Phos 276

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology was noted in the area of the uterine remnant or aortic trifurcation.

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 7.4 cm in length. The right kidney measured 7.6 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 2.9 cm length x 0.55 cm width in the caudal pole. The right adrenal gland measured 2.7 cm length x 0.72 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**Liver/ Gallbladder**

The liver was subjectively normal in size, 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, hypoechoic parenchyma nodules were present. An example of a liver nodule measured 2.0 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, echogenic, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Pawsitive Wellness  
VC

**REFERRING VET**

Dr. Popuette

**INVOICE**

12395

**DATE**

10/11/21



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***Gastrointestinal***

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.

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. The jejunum wall width measured 0.48 cm.

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

***Pancreas***

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***

Several, variably sized, anechoic to hypoechoic nodules were noted caudal to the stomach within the omentum or possibly within the area of the proximal left pancreatic limb were present. An example measured 3.8 cm in diameter. No effusion was noted. Increased omental fat was present, yet the omentum exhibited uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Chronic hepatopathy with nonuniform to subtly nodular parenchyma
- Minor gallbladder debris (non-mucocele)
- Nonspecific, anechoic to hypoechoic nodules mid-abdomen caudal to the stomach - cystic lymph node vs. nonspecific lymphadenopathy (hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy), omental cyst, pancreatic cyst vs. nodule or other
- Benign splenic nodules - consistent with probable benign myelolipomas

***Secondary Findings***

- Bilateral chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia as a potential differential diagnosis cannot be excluded.

Ideally, screening FNA of the liver and anechoic to cystic nodules for screening cytology is recommended, yet may not be plausible given the patient's size and body conformation.



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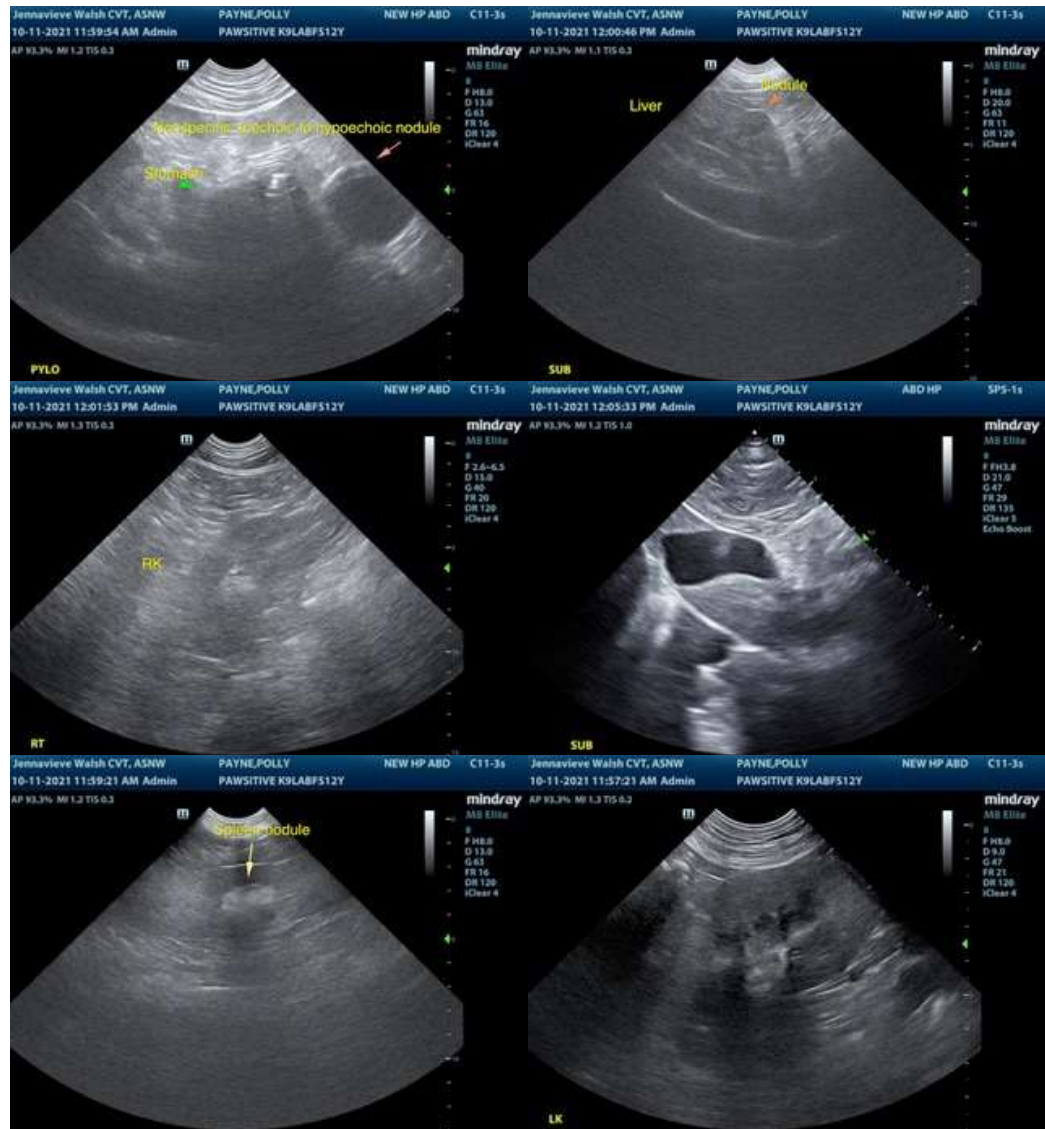
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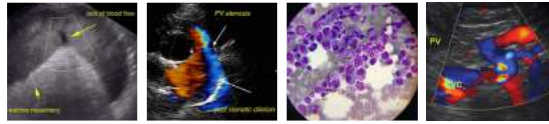
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Assessment for evidence of muscular/skeletal neurologic or thoracic pathology which may result in decreased appetite is recommended. Continued as-needed gastrointestinal support is suggested. If evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.





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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.

**HOSPITAL NAME**  
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VC

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