



PATIENT

Dixie Pinkham

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

13 years

WEIGHT

50

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

17665

DATE

10/12/22

PRESENTING CLINICAL SIGNS

P was examined for recent daily V a couple weeks ago and found to have possible plum sized mass in cranial abdomen. X-rays showed enlarged margin of liver. AUS performed to R/O mass vs hepatitis. BW taken on that day show increased liver values, neutrophilia, mild anemia versus routine BW a month before for routine annual screening. P also found to have lost 8 lbs since February.

Abnormal PE/Chem/CBC/UA Results: 8/12/22. Alb 3.4. Glob 4.6 AST 67 ALP 260 HCT 48 (36-60) neut, mono normal 9/21/22 Alb 2.2 Glob 5.7 AST 299 ALT normal ALP 655 Tbili 0.9 Phos 7.6 (2.5-6.0) K 5.7 (3.6-5.5) neut13k mono 1700 HCT 35 (36-60)

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 was noted. No evidence of medial iliac or sublumbar lymphadenopathy.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm in length x 0.59 cm width in the caudal pole.

The right adrenal gland was mildly enlarged in size, based on caudal pole width measurement, as well as compared to the left adrenal gland, measuring 2.5 cm length x 2.0 cm at the cranial pole in width and 0.84 cm at the caudal pole in width. Subtle nonhomogeneous right adrenal parenchyma noted, without evidence of parenchymal mineralization.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of masses or nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder



PATIENT	The liver revealed moderate generalized enlargement with symmetrical to mildly swollen rounded hepatic contour. Normal hepatic parenchyma echogenicity noted, exhibiting mild to moderate coarse echotexture. Areas of lobar parenchymal swelling noted. No distinct hepatic masses or nodule noted.
Dixie Pinkham	
SPECIES	The gallbladder was non distended in size with mild dependent to nondependent variably hyperechoic debris. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.
Canine	
BREED	<i>Gastrointestinal</i>
Lab	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.
SEX	
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	Normal visible colon wall layers were present with apparent formed feces in lumen.
13 years	<i>Pancreas</i>
WEIGHT	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 were evident.
50	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses, lymphadenopathy or peritoneal free fluid was present.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Alex Emerson DVM	<ul style="list-style-type: none"> • Mild chronic renal changes • Mild asymmetrical to enlarged right adrenal gland- nonspecific. Patient/age-related variant, adenomatous change, benign hyperplasia possible. Potential for emerging neoplastic criteria (i.e., pheochromocytoma or other) cannot be excluded. • Hepatomegaly, exhibiting variable lobar swelling • Mild gallbladder debris • Age-related splenic changes- subjectively benign
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Animal Clinic of Casselberry	The hepatic presentation was nonspecific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, or other hepatopathy with potential for infiltrative neoplasia. Further assessment may include screening hepatic FNA cytology, assuming normal clotting status. Screening blood pressure to assess for evidence of hypertension, which may allude to an emerging right adrenal neoplastic criteria is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. As needed gastrointestinal support is recommended.
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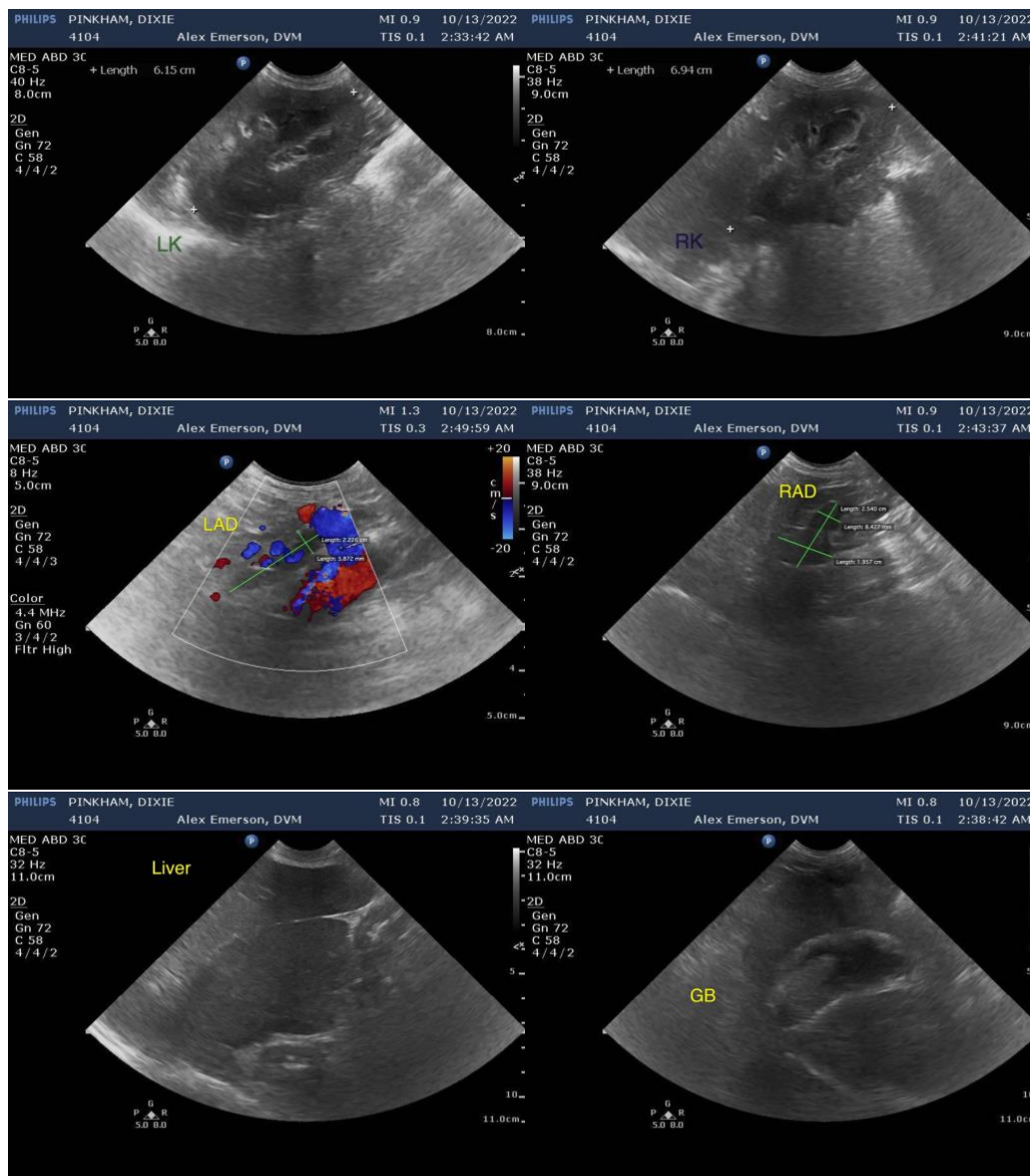
Alex Emerson DVM

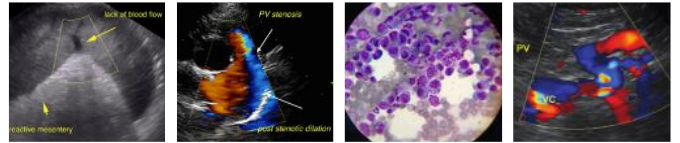
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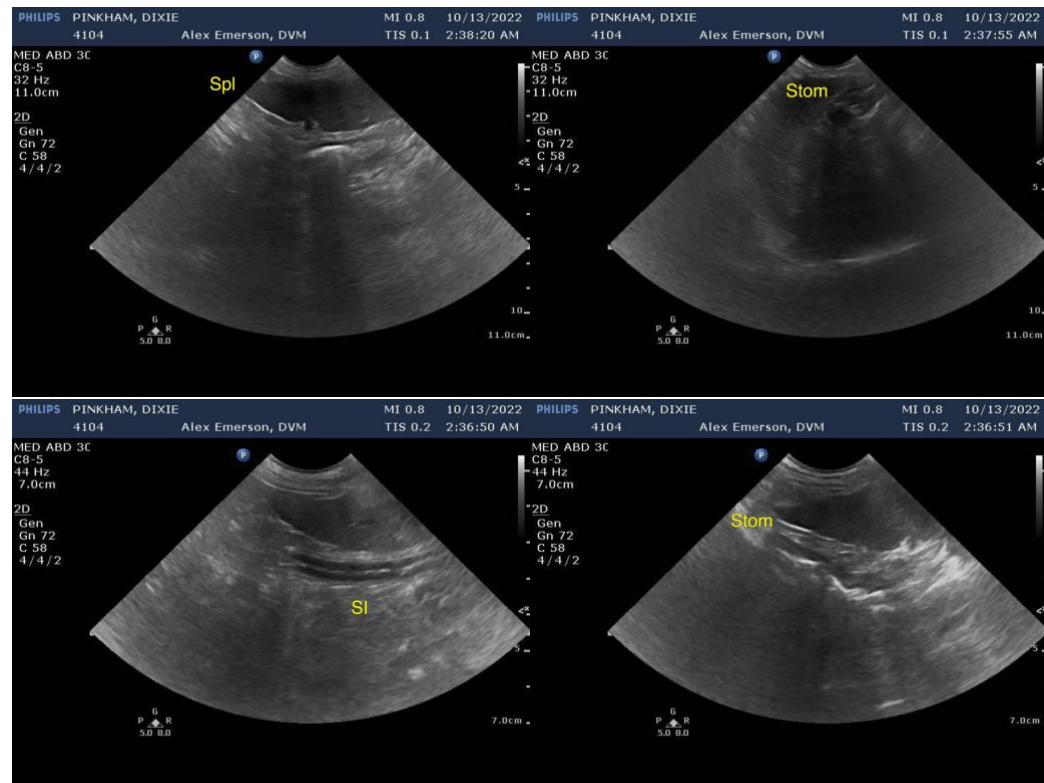
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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