



PATIENT

Tater Tot Taylor

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

11 Pounds

Reason for visit: Follow up for lethargy/v/d, seen at ER for lethargy and v/d the evening of 10/6. Bloodwork run there and FAST ultrasound scan- see documents for prior records. No treatments done there, p sent home with Metronidazole. P is doing a little better per o. Did eat chicken and rice this morning and has had no vomiting today. Still not himself but better. History of liver issues and liver nodules- o reports benign suspected and has been monitored via ultrasound, but no testing/biopsies done prior. P on liver supplements and lowfat diet. Also history of pancreatitis last year. History of bloody diarrhea the year before that. No history of diet change, dietary indiscretion, toxin exposure, etc. Eating/drinking normally: improving Energy level: improving C/S: NO V/D: improving Travel outside of Reno/Tahoe: NO Past Medical History: elevated liver values, pancreatitis, gallbladder issues, anxiety, currently itching right ear Current medications: Metronidazole 125mg PO q12hr, Denamarin 90mg PO q24hr, Ursodiol 300mg 1/4 tab PO q24hr Vaccine status: UTD per o Current diet: Royal Canin GI lowfat- p usually eats this well but doesn't want it currently, occasional table scraps reported- cheese and deli meat Objective: PHYSICAL EXAM BCS: 5/9 Mucous Membranes: pink, tacky, CRT less than 2sec Abnormal PE/Chem/CBC/UA Results: Assessment: Recent history of lethargy, vomiting, diarrhea- open- r/o inflammation, infection, metabolic, endocrine, neoplasia, dietary indiscretion, toxin, foreign body, other History of elevated liver values History of liver masses r/o benign vs malignant History of gallbladder sludge History of pancreatitis Periodontal disease Mature cataract OS SC mass left lateral thorax Plan/Procedure: : -Exam -AD ear cleaning -Otipak 1.5mL AD -Radiographs of abdomen: soft tissue mass or organomegaly cranial abdomen- liver vs spleen vs other. Thickened small intestines. Small mineralization noted to left kidney. -LRS SC fluids 150mL SC -Cerenia 10mg/mL 0.5mL SC -Famotidine 10mg/mL 0.5mL SC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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 were noted.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.90 cm in width.

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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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of non-obstructive medullary mineral were present in both kidneys. The left kidney measured 4.2 cm and the right kidney 4.3 cm.

REFERRING VET

Dr. Jeffrey Pearson

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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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 0.50

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Tater Tot Taylor cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 0.61 cm at the cranial pole and 0.54 cm at the caudal pole. No evidence of adrenal hyperplasia or tumors.

SPECIES *Spleen*

Canine The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Several non-expansive, hypoechoic to non-homogeneous parenchymal nodules were present. Example of splenic nodule measured 0.38 cm. 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.

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Liver

The liver presented normal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Multiple variably sized, hypoechoic parenchymal nodules were present. Example of nodule measured 1.2 cm diameter. Reduced distinction and visualization of the portal structures was present. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

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The stomach presented intact yet subjective mild prominent wall layering with empty lumen and mild luminal gas. Gastric body wall measured 0.42 cm.

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. Intermittent duodenojejunal mucosal speckling was present. Duodenum wall measured 0.40 cm. Jejunum wall measured 0.32 cm.

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LVT

Normal visible colon wall layers were present with subjective semiformal to soft feces.

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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.

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Free Abdomen

No evidence of a cranial abdominal mass, lymphadenopathy or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Mild chronic renal changes with areas of non-obstructive medullary mineral
- Non-specific, non-expansive splenic nodule – focal lymphoid hyperplasia, hematopoiesis, splenitis, acute infarct possible, unlikely potential for emerging neoplasia.
- Chronic hepatopathy with non-uniform to nodular parenchyma
- Partial to emerging gallbladder mucocele
- Gastroenterocolitis, potential resolving inflammatory bowel episode or possible chronic inflammatory enteropathy
- Mild heterogeneous pancreas – age related pancreatic changes, parenchymal remodeling owing to previous inflammation, or low-grade to chronic inflammation possible.

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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. Given the nodular appearance of the parenchyma, possibility of neoplasia cannot be excluded, although thought less likely given the previous history of identified hepatic nodules. Assuming normal clotting status, hepatic FNA using 25-gauge needle would be warranted for screening cytology.

Given the improvement of the patient's gastrointestinal signs, continued as-needed gastrointestinal support with hepatosupportive medications is recommended. Close monitoring for evidence of cranial abdominal or subxiphoid pain on palpation as well as increasing evidence of cholestasis or hepatic enzyme elevations with immediate recheck sonogram (if these clinical signs are noted) is recommended.

Concurrently, sonographic monitoring of the splenic nodule for evidence of progression would be ideal.

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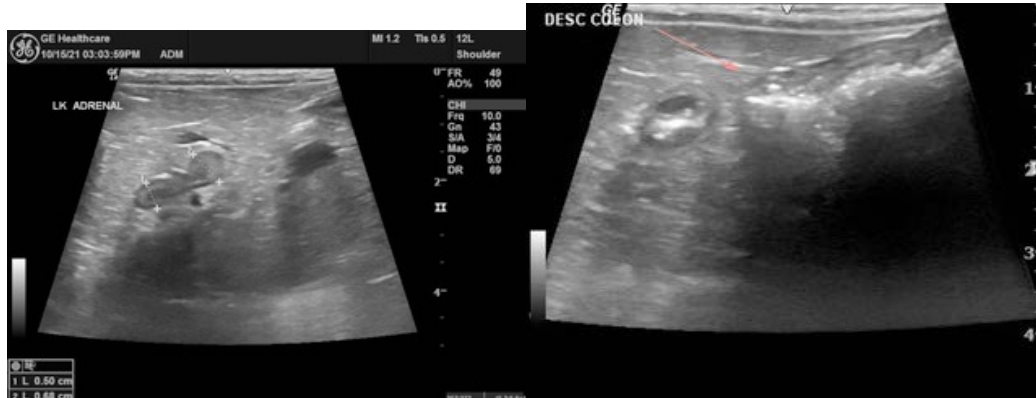
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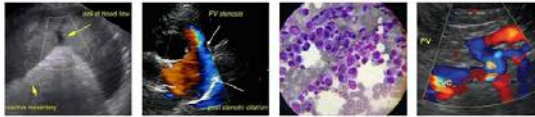
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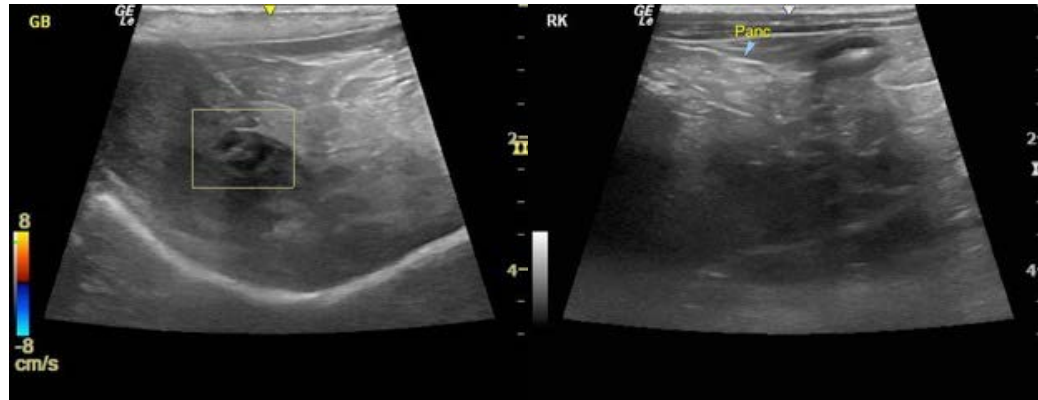
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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