



PATIENT

Bailey Larsen

SPECIES

Canine

BREED

Mini Schnauzer

SEX

MN

AGE

13yr

WEIGHT

18.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Thomas

INVOICE

11911ag

DATE

10/18/2022

PRESENTING CLINICAL SIGNS

Hx of having problems maintaining his balance and walking, he was not able to relax and he was shaking. HX of seizure 8 weeks ago, lasted approximately 5 minutes, and high liver enzymes. Hx of urolithiasis controlled well with urinary SO

RX: Denamarin SID, no anti-seizure medication at the moment.

Abnormal PE/Chem/CBC/UA Results: QAR L Systolic HM: II/VI NO PU/PD Tensed abdomen on palpation, BW: 10/13/22 TP: 7.7 (H) 5.5-7.6 Globulin: 3.8 (H) 2.0-3.6 Cholesterol: 378 (H) 120-310 ALT: 225 (H) 0-120 ALP: 203 (H) 0-140 GGT: 16(H) 0-14 The rest of the blood work was unremarkable. UA: Not performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild focal to regional thickening in the ventral to ventroapical bladder without evidence of mural mineralization. An area of thickening measured ~ 1.2 cm x 0.65 cm. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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. Minor left kidney pyelectasia was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology measuring 0.69 cm in width.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 1.4 cm length.

The right adrenal gland exhibited potential for mild asymmetric contour owing to a ill-defined homogeneous nodular lesion deriving from the caudal aspect to emerging right adrenal mass. The right adrenal gland measured 0.30 cm width at the caudal pole and 2.5 cm length. The lesion/mass measured ~ 1.4 cm x 0.66 cm. Potential for directly adjacent overlying hepatic lymph node possible.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was mildly to possibly moderately enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs



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of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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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.

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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 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Focal to mild regionally thickened urinary bladder wall-potential regional persistent cystitis given history of urolithiasis, potential for emerging neoplastic criteria i.e. transitional cell carcinoma possible
- Bilateral chronic renal changes with minor left kidney pyelectasia
- Possible asymmetrical right adrenal gland with potential nodular lesion to possible emerging right adrenal mass
- Hepatopathy exhibiting non-uniform parenchyma-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible while potential for neoplasia cannot be excluded
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including C/S, baseline UPC if no evidence of significant inflammatory sediment as well as a screening BRAF assay are recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A screening BP is advised to assess for evidence of hypertension which may allude to emerging right adrenal neoplastic criteria i.e. pheochromocytoma. Sonographic monitoring of the urinary bladder wall and right adrenal gland for evidence of progressive changes with initial recheck in 4-6 would be ideal.

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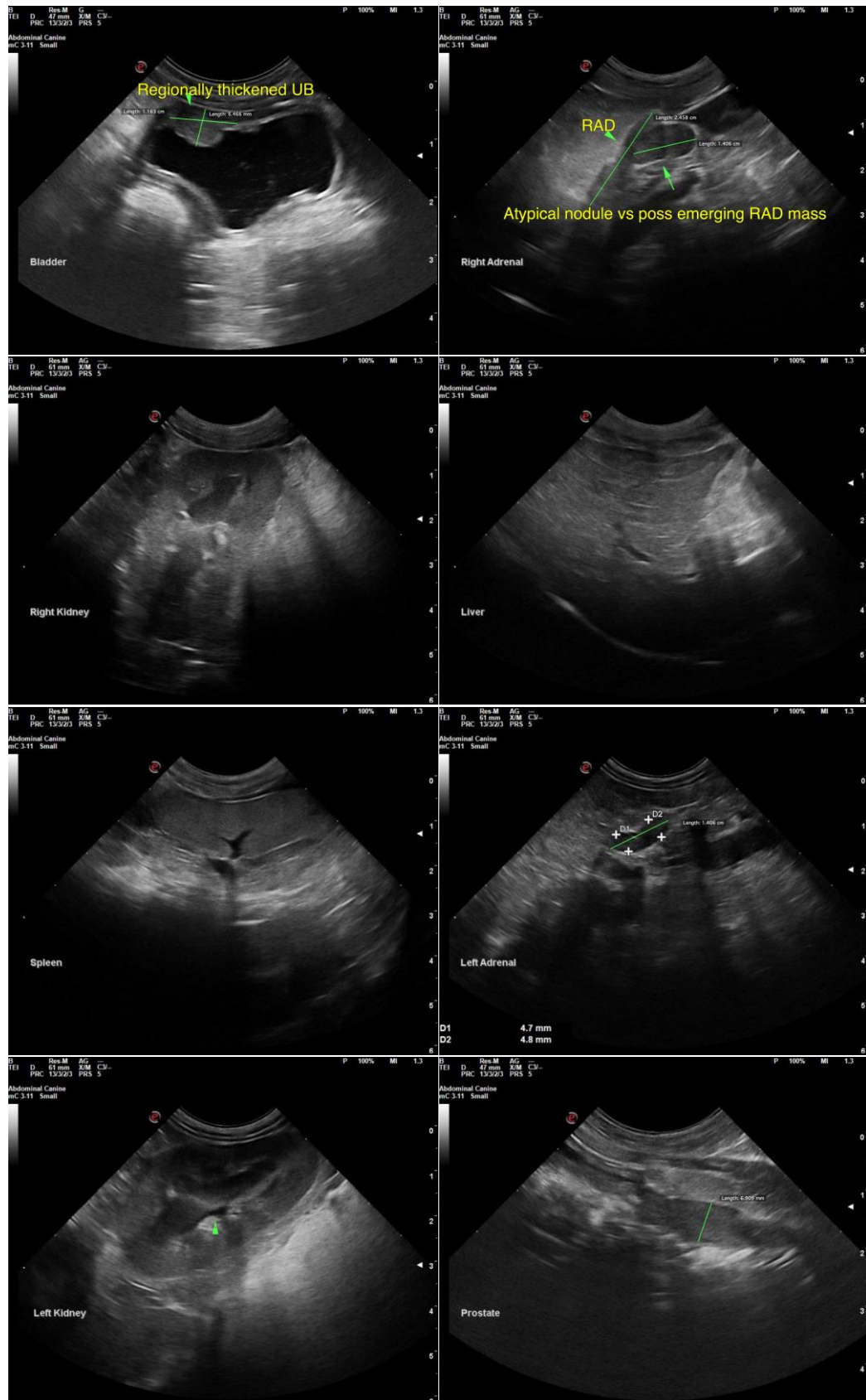
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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