



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lilly Honea Referring Veterinarian: : Dr. Megan Plateman Hospital Name: Valley Veterinary Clinic Patients Name: Lilly Owners first and last name: Renee Honea Species: Canine Gender (altered?): Spayed Female Age: 10 yrs Weight (in lbs): 63lbs Breed: GSP Chief Concern/Provisional Diagnosis: P presented on 10/14/2021 to evaluate growth located on the right lateral hip. O reports she is limping on that side and wants to consider options for removal. Opted for an abdominal ultrasound to search for any metastasis, neoplasia, other internal growths etc. Diagnosis: large growth on the right lateral hip, other smaller growths noted throughout body. History/Physical Findings: Physical exam: Mentation: BAR BCS: 5/9 Hydration status: MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 1/4 periodontal disease. LN are WNL. Growth noted on the right lateral hip 8 cm x 6 cm. Performed FNA - fatty material was collected. O reports P is limping on the right hind side. Summary of Laboratory Abnormalities: No bw performed Radiographic Abnormalities: No radiographs performed. Current Therapy and Medications: clavamox 375 mg BID, hydrocodone 5 mg BID

SPECIES Canine

BREED GSP

SEX FS

AGE Urinary System

10 years 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. Pinpoint to focal areas of mild luminal dependent mineral were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

WEIGHT
63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Normal size was 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. Pinpoint areas of medullary mineral were noted in both kidneys. Areas of hyperechoic cortex echogenicity with asymmetrical renal margination, consistent with cortical infarctions, were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.47 cm width at the cranial pole.

Spleen

INVOICE

12396

DATE

10/20/21

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, non-expansive, well-demarcated, ovoid, hypoechoic splenic nodules were present, along with ill-defined areas of hypoechoic splenic parenchyma and associated asymmetrical lateral and medial splenic contour. Normal splenic vascularity was present. The parenchymal heterogeneity is likely



PATIENT

consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No distinct splenic masses were noted.

Lilly Honea

Liver/ Gallbladder

SPECIES

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Canine

BREED

Gastrointestinal

GSP

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.

10 years

Pancreas

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.

63 lbs.

Free Abdomen

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DABVP (Canine and Feline)

Intermittent, mesenteric and medial Iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 1.5 cm x 0.7 cm. An example of a mesenteric lymph node measured 2.0 cm x 0.48 cm.

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Brief sonographic assessment of the subcutaneous mass likely in the area of the right hip revealed homogeneous echogenicity without evidence of cavitation or cystic component, suggestive of fat echogenicity. No evidence of mineralization was noted.

Loetitia Saint-Jacques, RVT

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- Bilateral mild chronic renal changes with cortical infarctions and pinpoint medullary mineral
- Mild urinary bladder mineral
- Nonspecific, non-expansive, ovoid, hypoechoic splenic nodules with ill-defined areas of hypoechoic splenic parenchyma
- Intermittent, subjectively benign mesenteric and medial iliac lymphadenopathy - suspect lymphoid hyperplasia or minor reactive lymphadenitis

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PATIENT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lilly Honea Potentially this patient may be passing pinpoint to minute mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SPECIES

Canine The hypoechoic splenic nodules, as well as the areas of hypoechoic splenic parenchyma, were nonspecific with considerations including areas of lymphoid hyperplasia, hematopoiesis, recent splenic infarction, splenitis, or other benign etiologies. Potential for areas of nodular to ill-defined splenic parenchymal neoplasia is considered a less likely differential diagnosis. However, sonographic monitoring of the spleen for evidence of progressive changes +/- splenic FNA assuming normal clotting status and using a 25-gauge needle is recommended.

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Sonographic monitoring of the mesenteric and medial iliac lymph nodes are also recommended at the time of splenic reassessment.

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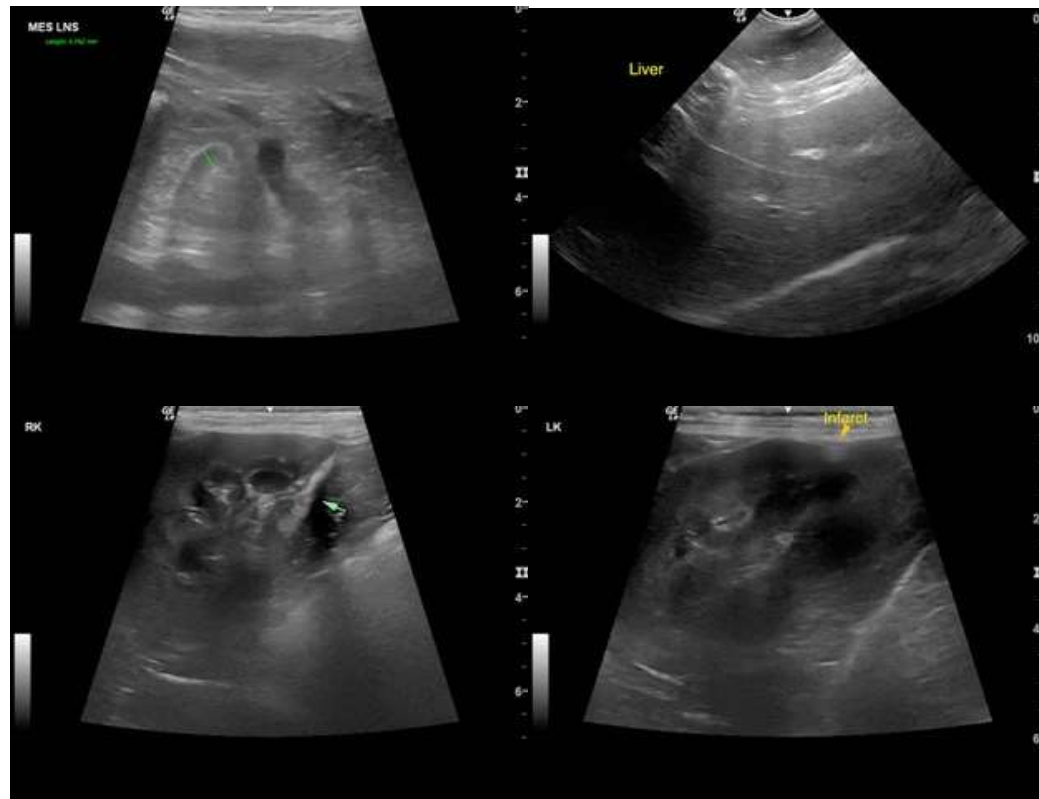
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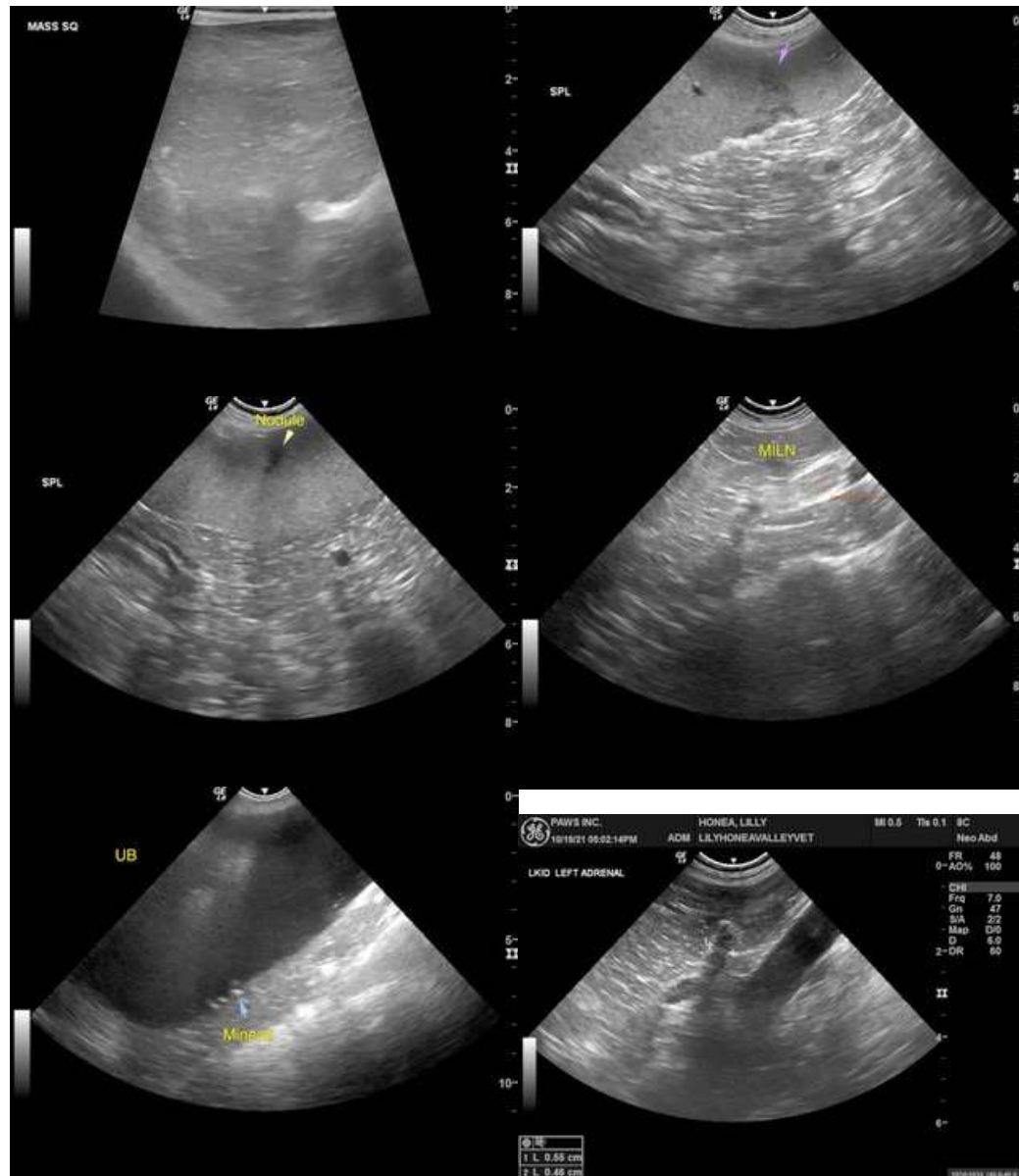
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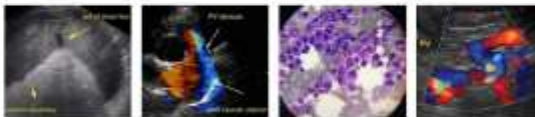
10/20/21



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com



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