



PATIENT	PRESENTING CLINICAL SIGNS
Rufus George	lost weight, anorexic, PU/PD, lethargic. 1 month or so. Always has diarrhea. Vomited a couple of times recently.
SPECIES	Abnormal PE/Chem/CBC/UA Results: abnormal cpl, mildly elevated ALT, elevated ALP, cholesterol, eosinopenia, monocytosis, elevated GGT. Poss Cushing's disease, but cannot r/o primary hepatic or hepatobiliary dz. Rec abd US and LDDT - owner would like to start with abd US.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Boxer X	<i>Urinary System</i>
SEX	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.
MN	
AGE	No evidence of pathology was noted In the area of the residual prostate or aortic trifurcation.
10 years	
WEIGHT	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 pyelectasia or overt pyelonephritis was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.8 cm in length.
42 kg	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 3.8 cm length x 1.1 cm width in the cranial pole and 0.7 cm width in the caudal pole. The right adrenal gland was not distinctly visualized owing to patient size and conformation.
IMAGING PERFORMED BY	<i>Spleen</i>
Crystal Hill	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Well-defined, uniformly hyperechoic nodules with subtle distal acoustic shadowing were present primarily In the medial parenchyma adjacent to the hilus. 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.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
Queensway AH	The liver exhibited generalized enlargement and nonuniform echogenic parenchyma with moderate coarse echotexture, evidence of parenchymal remodeling, and multifocal, anechoic to hypoechoic nodules to potential cysts. An example of a liver nodule measured 1.7 cm in diameter. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Bilinsky	
INVOICE	
12417	
DATE	
10/21/21	



PATIENT	<i>Gastrointestinal</i>
Rufus George	The stomach presented intact wall layering with a normal wall layer ratio with minor, echogenic, progressively shadowing ingesta present. The gastric body wall width measured 0.49 cm.
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle, segmental jejunal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.45 cm.
Canine	
BREED	Normal visible colon wall layers were present with formed to semi-formed feces in lumen.
Boxer X	<i>Pancreas</i>
SEX	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.
MN	
AGE	<i>Free Abdomen</i>
10 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
42 kg	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> Chronic hepatopathy with nonuniformly echogenic to multifocally nodular to cystic parenchyma - vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy possible, neoplasia cannot be definitively excluded yet is considered a less likely differential diagnosis
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> Minor gallbladder debris (non-mucocele) Mild, chronic enterocolitis pattern Mild age-related kidneys
IMAGING PERFORMED BY	<i>Secondary Findings</i>
Crystal Hill	<ul style="list-style-type: none"> Benign splenic nodules - myelolipomas, hyperplasia, previous infarct, emerging mineralization possible
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Queensway AH	Further renal staging to include urinalysis, urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis, if not recently done, to rule out parasitic ova / Giardia is suggested.
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INVOICE	No overt evidence of active or significant pancreatitis, although potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal.
12417	
DATE	If strong clinical suspicion for hyperadrenocorticism, screening UCCR +/- LDDST may be considered. Leptospirosis titer / PCR is also suggested if clinically indicated.
10/21/21	



PATIENT

Rufus George

Further assessment of the liver may include an ultrasound-guided FNA for screening cytology +/- bile acids, although hepatic functionality is suspected to be normal, given normal BUN, glucose, albumin, and elevated cholesterol level.

SPECIES

Canine

BREED

Boxer X

SEX

MN

AGE

10 years

WEIGHT

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DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

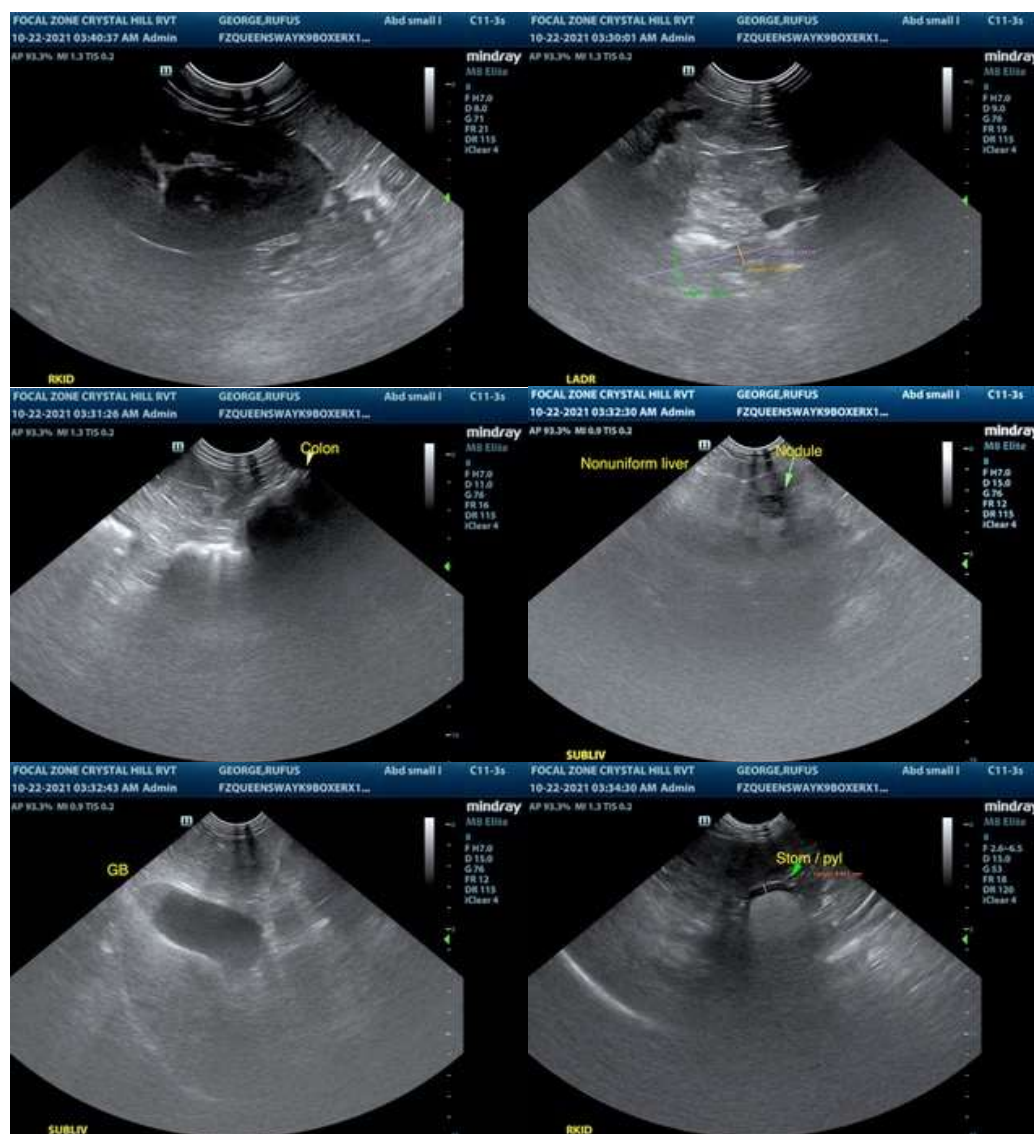
Dr. Bilinsky

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PATIENT

Rufus George

SPECIES

Canine

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Boxer X

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AGE

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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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