

**PATIENT**

Dusty Sickles

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

MN

**AGE**

15yr

**WEIGHT**

26lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Rachel Runnells RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Renfro

**INVOICE**

12006ag

**DATE**

10/25/2022

**PRESENTING CLINICAL SIGNS**

Anorexia, diarrhea, vomiting. Pt is currently on Metronidazole 125mg BID, and I/D food.

Abnormal PE/Chem/CBC/UA Results: ALB 3.8, ALP 195, ALT 151, Ca 10.7, WBC 12.0 nl diff  
Increased ALT/ALP, irregular liver margins on abdominal rads.**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, 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. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Multiple small cortical cysts were present bilaterally. The left kidney measured 4.9 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited overall normal size and contour with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. Intermittent small hyperechoic splenic nodules were present consistent with benign myelolipomas, additional discrete non-homogenous splenic nodules were present in the medial spleen. An example of a splenic nodule measured 0.9 cm in diameter. Normal splenic vascularity was present.

**Liver**

The liver exhibited generalized enlargement with evidence of diffuse mild parenchymal remodeling. A non-homogeneous mass in the deep mid to right liver measuring 5.3 cm in diameter was present. Concurrent intermittent discrete hypoechoic to non-homogeneous nodules were present, an example measuring 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**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.

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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Dusty Sickles

**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.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or omental masses were present.

**BREED**

Mixed

Scant volume peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS****SEX**

MN

- Bilateral chronic renal changes with cortical cysts
- Hepatopathy exhibiting non-homogeneous mass and concurrent separate intraparenchymal nodules-vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, lipogranuloma or neoplasia are all potentials
- Non-specific yet subjectively benign splenic nodules-hyperplasia, hematopoiesis, small hematomas, focal splenitis or similar with neoplastic criteria thought less likely
- Scant to mild volume peritoneal free fluid
- Overtly normal GI tract

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25g needle, a hepatosplenic +/- hepatic nodule FNA for screening cytology is warranted for further assessment. A definitive cause of the scant to mild volume peritoneal free fluid was not obvious yet may be secondary to hepatic pathology. Dietary intolerance / food hypersensitivity, dysbiosis, IBD/low grade to chronic pancreatitis could be considered in light of GI signs. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. As needed GI support is recommended.

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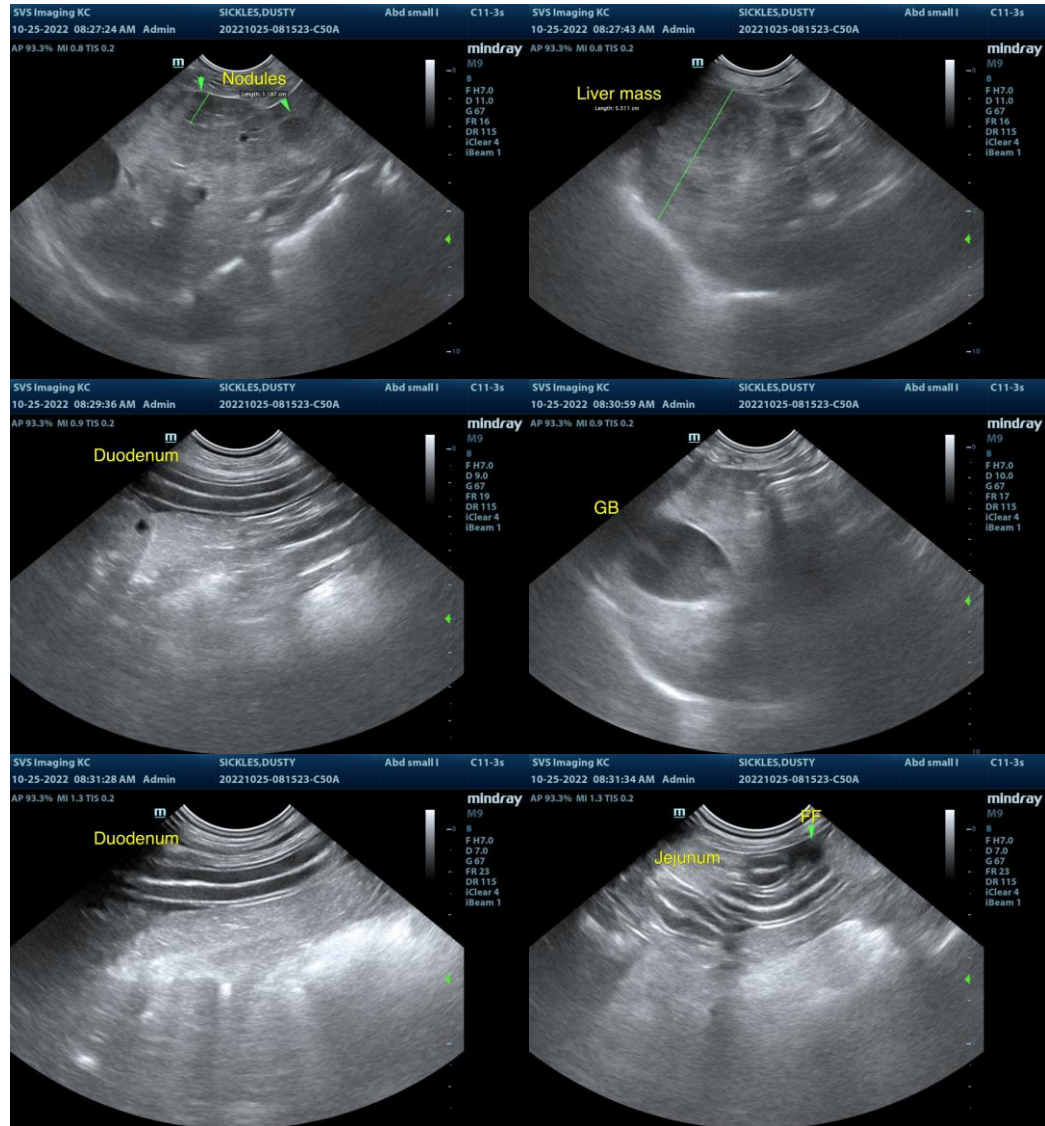
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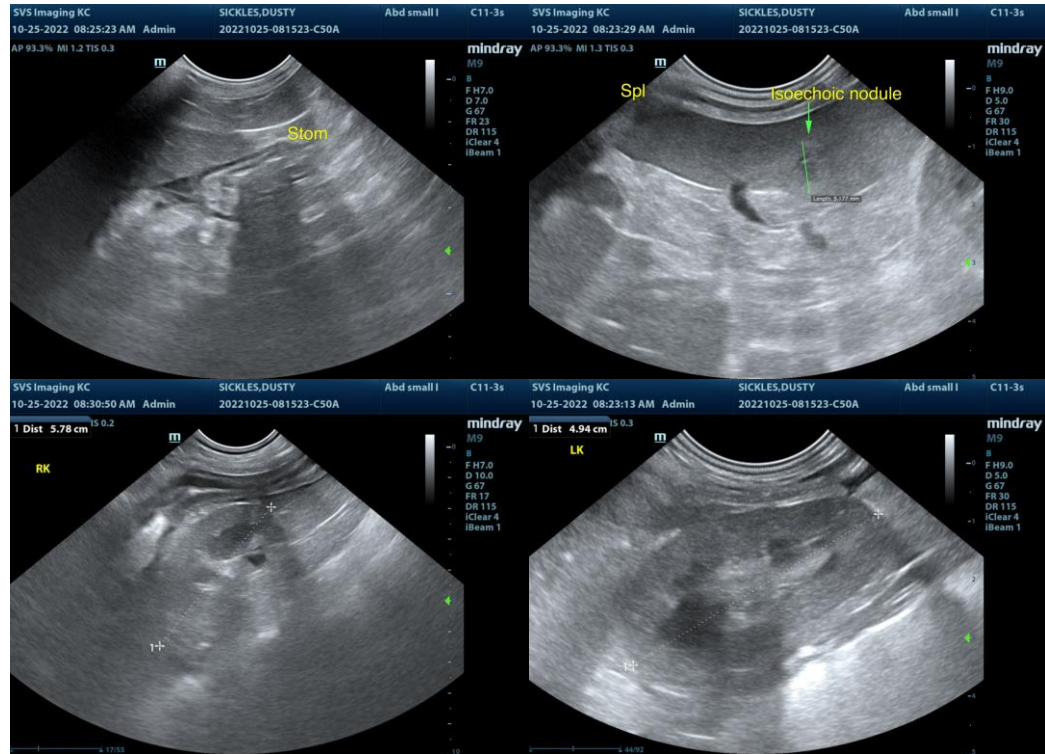
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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