



PATIENT

Tula Zukoski

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

12.5yr

WEIGHT

74

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion
Veterinary Hospital

REFERRING VET

Dr. Parker

INVOICE

11798ag

DATE

10/03/2022

PRESENTING CLINICAL SIGNS

Anorexia, vomiting, loose stools, distended abdomen. on Vetoryl 60mg SID and Thyro-tabs 0.5mg BID

Abnormal PE/Chem/CBC/UA Results: Results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.61 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4 cm. 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 was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney was not definitively visualized.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.

Liver

The liver exhibited generalized enlargement with areas of capsule asymmetry secondary to generalized to diffuse variably sized to expansive hypoechoic intraparenchymal hepatic nodules, an example measuring 1.5 cm in diameter. 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. 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 continued mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.



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The ventral gastric body wall measured 0.50 cm in width.

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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.

SPECIES

The small intestinal wall measured 0.30 cm in width.

Canine

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

Pancreas

BREED

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Lab Mix

Free Abdomen

SEX

No omental masses or overt lymphadenopathy was present.

FS

Mild perihepatic hyperechoic mesentery was present with potential for scant perihepatic free fluid although not definitive.

AGE

ULTRASONOGRAPHIC FINDINGS

12.5yr

- Hepatomegaly exhibiting diffuse hypoechoic parenchymal nodules
- Mild age-related left kidney
- Minor pancreatic remodeling-benign
- Sonographically unremarkable GI tract

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further assessment the diffuse hepatic parenchymal nodules are most suggestive of neoplastic criteria with non-neoplastic etiologies i.e. hyperplasia, hematopoiesis, granulomas etc. possible yet thought less likely.

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(Canine and Feline)

Assuming normal clotting status and using a 25g needle, a hepatic nodule and parenchyma FNA is warranted for screening cytology and possible oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Recheck ACTH stim test may be considered if not recently done. Correlation with pending lab work and as needed GI support pending hepatic cytology is recommended.

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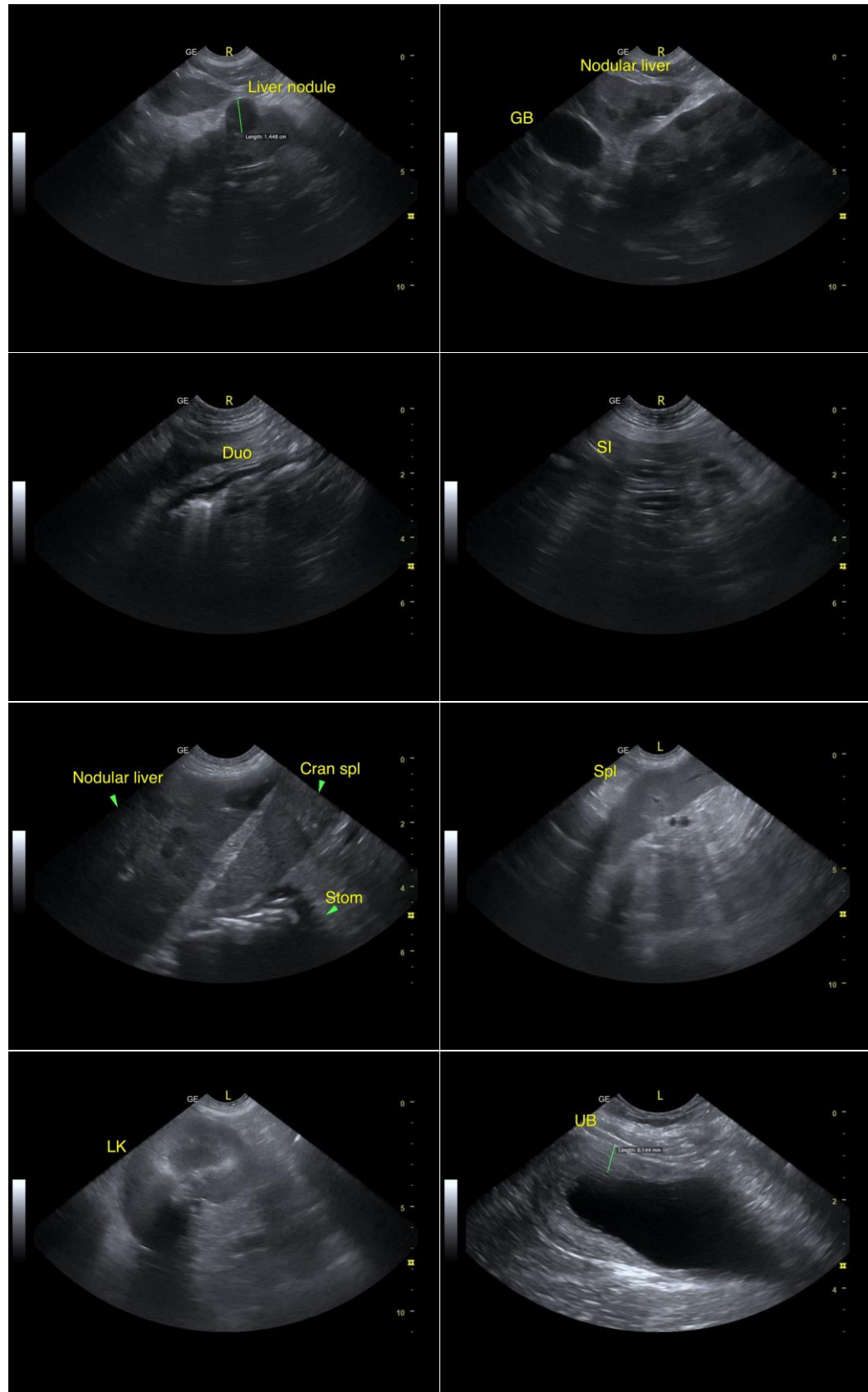
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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