



PATIENT

Gretel Griswold

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

13 years

WEIGHT

47.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Robert Sova

INVOICE

15084

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Pet has a history of pain when palpating abdomen as well as increased ALT and ALKP
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows Platelets 412, ALKP 1039, ALT 217, CHOL 449, TP 7.7, GLOB 4.0, S.G of urine 1.052.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized, yet potential for right adrenomegaly exhibiting mild nonuniform to mildly hyperechoic right adrenal parenchyma was noted. Potentially, the right adrenal gland measured approximately 3.1 cm x 2.3 cm. No obvious evidence of mineralization associated with the possibly enlarged right adrenal gland.

Spleen

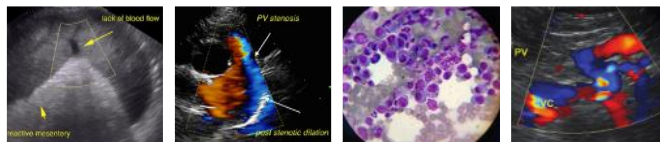
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement. The parenchyma of the liver exhibited generalized mild increased echogenicity with nonuniform echotexture and evidence of minor parenchymal remodeling. A solitary, nondisruptive, well-demarcated, primarily uniform hyperechoic intraparenchymal nodule was present measuring 1.1 cm in diameter. Maintained symmetrical capsule contour was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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.



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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.

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

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Hepatomegaly exhibiting mild nonuniform to focally nodular parenchyma
- Suspect right adrenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Considerations for liver may include vacuolar hepatopathy with parenchymal remodeling, chronic inflammatory / immune-mediated disease, probable focal area of benign intraparenchymal nodular hyperplasia, or lipogranuloma or other hepatopathy with infiltrative neoplasia considered less likely. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further assessment.

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Clinical adrenal hyperfunction appears to be a less likely differential, given the lack of reported clinical signs, i.e., PU/PD, Polyphagia, etc., as well as adequate urine concentration. However, potential pathology in the area of the right adrenal gland is of concern yet not definitive. Screening BP is advised to assess for evidence of hypertension. Sonographic reassessment of the left and right adrenal glands for further interpretation is recommended if possible.

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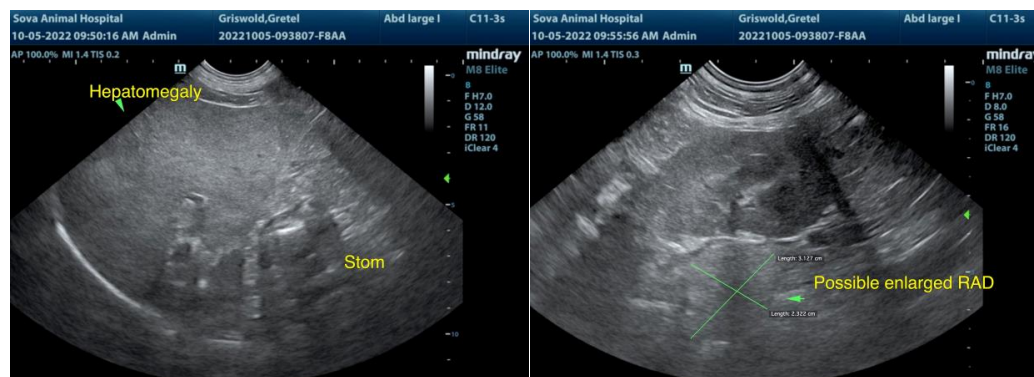
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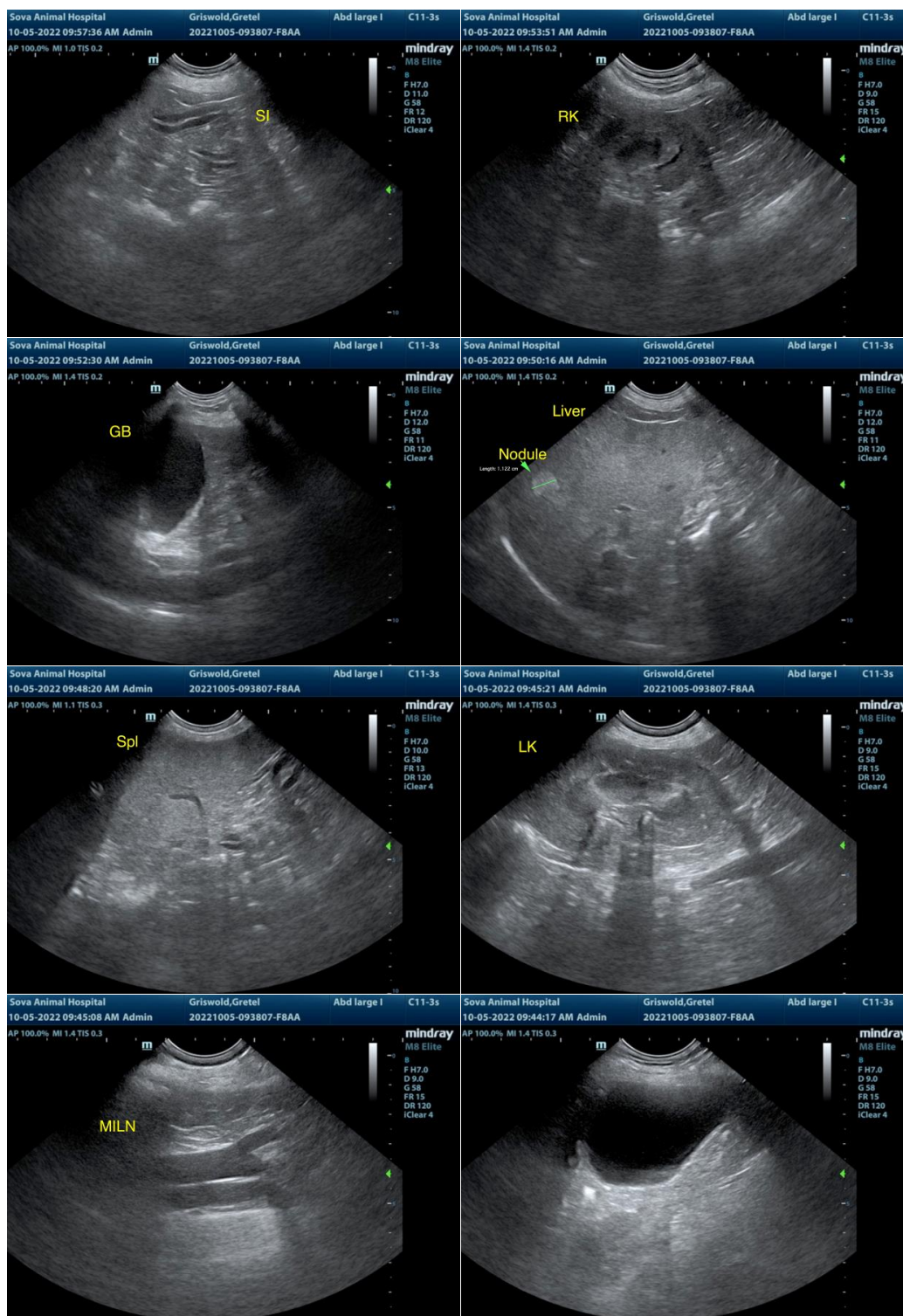
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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