



PATIENT

Elsie Phelps **PRESENTING CLINICAL SIGNS**

SPECIES

Canine

BREED

Golden Retriever

Gender(altered?) FS Age: 13y Weight in #: 71.8 Breed: Golden Retriever History: Diagnosed with cutaneous MCT on 09/27/21 which has grown aggressively in 2 weeks. Patient is presenting for staging prior to surgical removal of MCT on ventral abdomen. Patient is currently on: Gentocin topical spray, 75 mg Benadryl PO BID, Cephalexin 750 mg PO BID Physical exam findings: 8cm x 6 cm x 2 cm ulcerated dermal mass ventral abdomen Abnormal CBC values (from 03/11/21): None Abnormal Chemistry Values (from 03/11/21): mild hypophosphatemia Abnormal UA Values (from 03/11/21): None Radiograph Findings(email radiographs if available): 3 view thoracic radiographs being performed today. Reason for Ultrasound: staging for mast cell disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. Mild dependent mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

13 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineralization were present. The left kidney measured 6.0 cm. The right kidney measured 6.5 cm.

WEIGHT

71.8 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

IMAGING BY

Loetitia Saint-Jacques,
LVT

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 1.3 cm at the cranial pole and 0.81 cm at the caudal pole.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Robin Janeway

INVOICE

Liver

26142

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse

DATE

10/7/21



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Elsie Phelps echotexture. A solitary, subtly expansive, uniform nodular mass lesion was noted in the ventral liver. The nodular mass lesion exhibited isoechoic uniform echogenicity compared to adjacent normal appearing hepatic parenchyma, measuring 6.2 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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.

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Gastrointestinal

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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

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.

Spayed Female

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

AGE

Pancreas

13 Years

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 was evident.

WEIGHT

Free Abdomen

71.8 Pounds

A solitary, ovoid, mildly non-homogeneous nodule was noted in the ventral abdominal omentum, measuring 1.8 cm in diameter. No evidence of additional lymphadenopathy or peritoneal effusion.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

- Mild dependent urinary bladder mineral
- Mild chronic renal changes with pinpoint medullary mineralization
- Non-specific, uniform hepatic nodular mass lesion, isoechoic to adjacent parenchyma – hepatoma like mass, hyperplasia, hematopoiesis, lipogranuloma, or primary versus metastatic neoplasia possible.
- Focal ovoid ventral abdominal omental nodule – granuloma, atypical nodular fat necrosis, focal omental lymphadenopathy, or other possible. This nodule is not overtly suggestive of neoplastic criteria.

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens VH

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Robin Janeway

This patient may potentially be passing small amounts of mineral from the kidneys into the urinary bladder. Urine culture and sensitivity on sterile urine sample recommended.

Assuming normal clotting status, ultrasound guided FNA of the isoechoic nodular hepatic mass lesion +/- non-specific omental nodule could be considered. Otherwise, sonographic monitoring of both the liver lesion and omental nodule for evidence of progression based on oncology recommendations would be a more conservative approach.

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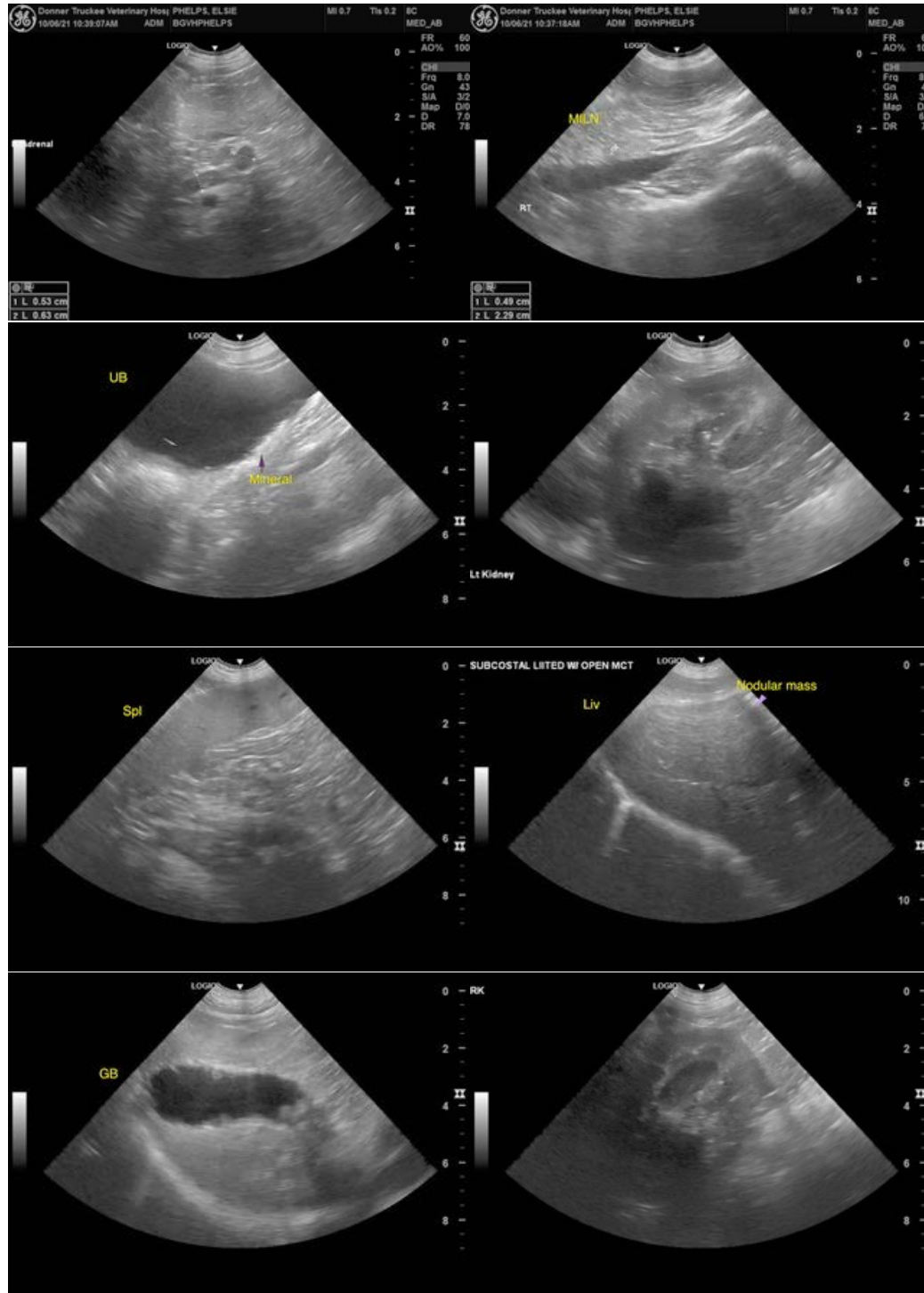
Dr. Robin Janeway

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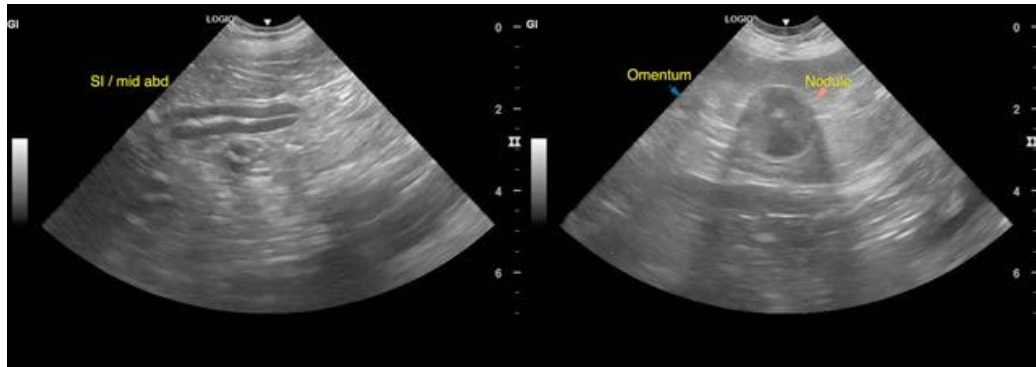
Elsie Phelps

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SEX

Spayed Female

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.

AGE

13 Years

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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