**PATIENT**

Bella Cornelison

SPECIES

Canine

BREED

Rottweiler

SEX

F/S

AGE

13 years

WEIGHT

64.2

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

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Susan

INVOICE

15155

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Pt not herself and not doing well. Abdomen tense and seems painful. RX Metronidazole and Gabapentin yesterday.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and UA performed. High liver values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 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 6.8 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited borderline to mild prominent size based on caudal pole measurements. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion of overt neoplasia. The left adrenal gland measured 0.46 cm width in the cranial pole and 0.94 cm width in the caudal pole. The right adrenal gland measured 0.74 cm width in the cranial pole and 0.80 cm width in the caudal pole. No evidence of adrenomegaly was noted.

Spleen

The spleen exhibited mild generalized parenchyma heterogeneity. A hyperechoic, nondisruptive nodule was present in the cranial medial 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. Normal splenic vascularity was noted. 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. No masses were noted.

Liver/ Gallbladder

The liver was enlarged exhibiting primarily maintained symmetrical contour with areas of subtle caudal capsule asymmetry. Generalized nonuniform, variably mixed echogenic hepatic parenchyma was present exhibiting parenchymal remodeling and intermittent indistinct nondisruptive intraparenchymal nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting heterogeneous to irregular discretely nodular parenchyma - nonspecific, vacuolar hepatopathy, inflammatory / immune-mediated disease, nodular hyperplasia, fibrosis, extramedullary hematopoiesis, infiltrative neoplasia, or other hepatopathy possible
- Benign splenic nodule - consistent with myelolipoma
- Mild age-related renal changes
- Borderline to mildly prominent adrenal glands - no evidence of adrenal tumors

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the hepatic presentation with pending cytology is recommended. A hepatic core surgical biopsy is likely required for a definitive diagnosis.

The patient's clinical signs are not overtly suggestive of adrenal hyperfunction.

Otherwise, largely mild geriatric abdomen without evidence of additional visceral pathology.

A spec cPL could be considered to assess for evidence of low-grade to chronic pancreatitis, which may present as sonographically normal, as a contributing factor.



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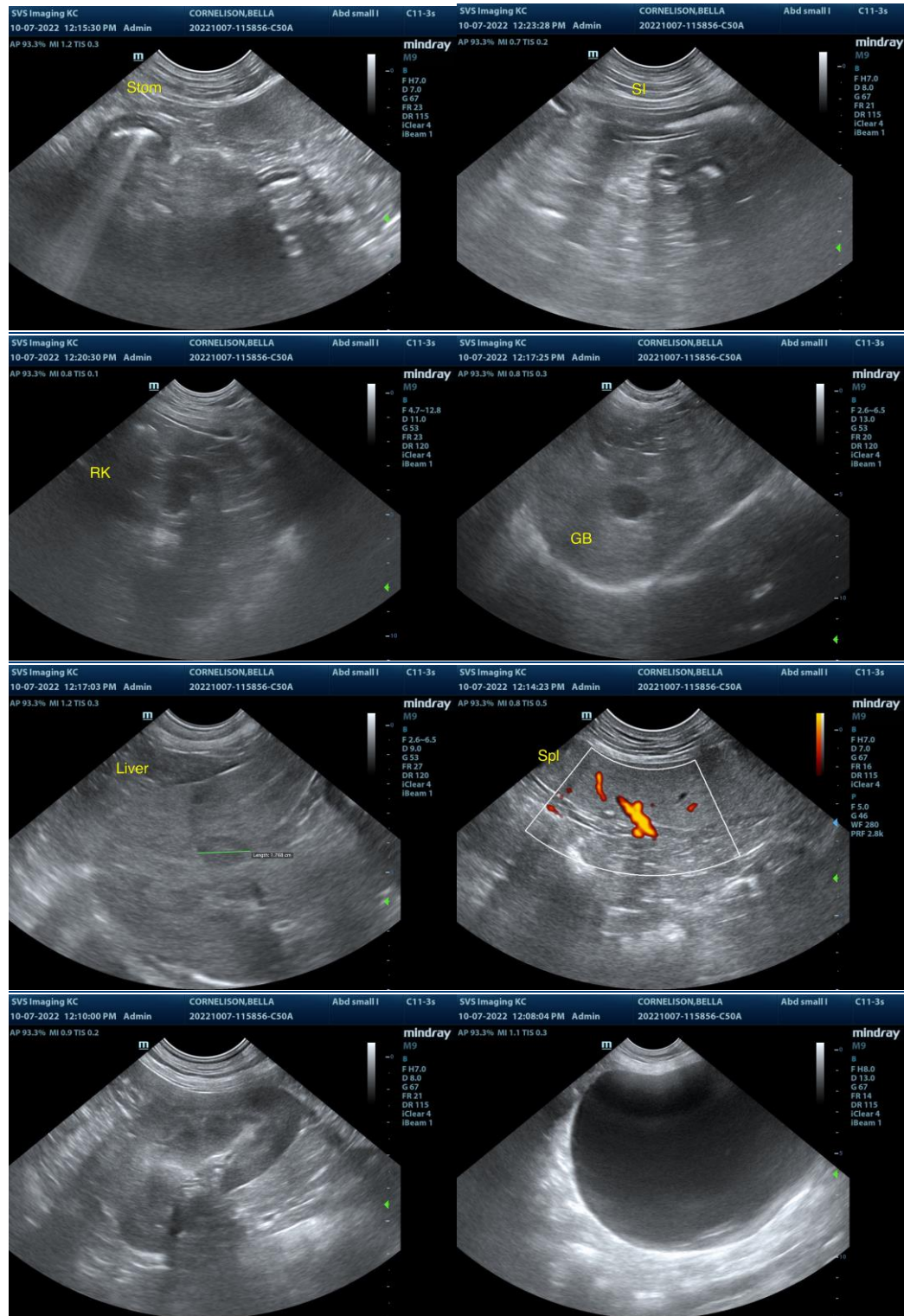
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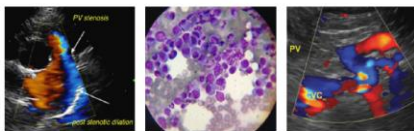
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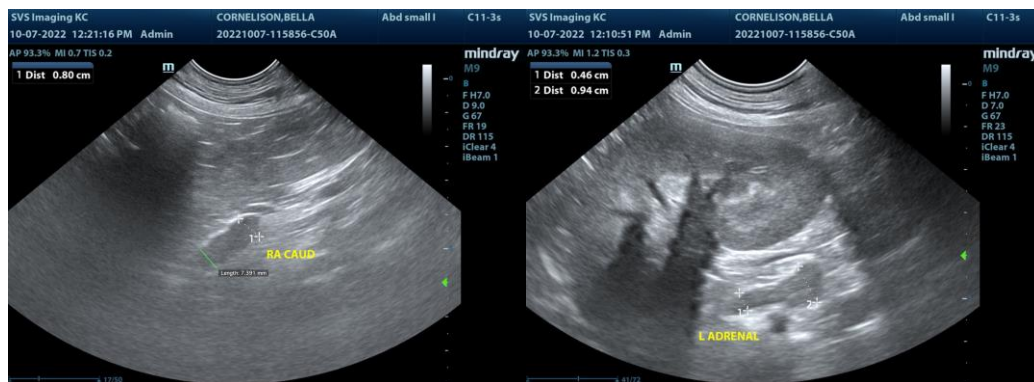
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com