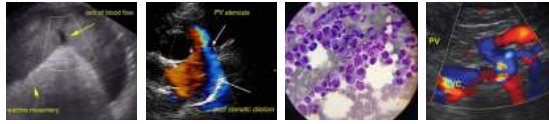


PATIENT	PRESENTING CLINICAL SIGNS
Emma Zulu McCrea	-Hx: presented for mild lethargy and inappetance of 1 day duration on Nov 2. -PE: mass effect in cranial abdomen. Pink mm with brisk CRT. Grade 2 left sided MURMUR with pmi at mitral location. Current Medications cerenia
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT=131, ALP=1280, GGT=57 chol=427, triglycerides 215 spec cPL= 371
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
German Shorthair Pointer	<i>Urinary System</i>
SEX	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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subjective mild cortical hypertrophy and primarily uniform increased cortex echogenicity with mild to moderate 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 7.6 cm in length.
WEIGHT	
68 lbs.	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.77 cm width at the caudal pole. A non-expansive to subtle nodule was present in the cranial pole of the left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.8 x 0.6 cm.
IMAGING PERFORMED BY	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.6 cm length x 0.72 cm width in the caudal pole.
Jenna Walsh, CVT	
HOSPITAL NAME	<i>Spleen</i>
Bush AH	The visualized spleen was sonographically unremarkable.
	<i>Liver/ Gallbladder</i>
REFERRING VET	The liver exhibited lobar to generalized enlargement primarily in the ventral liver with mildly expansive uniform mildly hypoechoic mass lesion noted in the caudoventral parenchyma. This mass lesion measured 8.0-9.0 cm in diameter with subtle yet symmetrical distortion of the associated hepatic capsule. The remainder of the liver exhibited generalized mild mixed echogenicity with parenchymal remodeling and intermittent nonexpansive uniformly echogenic nodules likely consistent with lipogranulomas or nodular hyperplasia.
Dr. Gibson & Beyerink	
INVOICE	The gallbladder was nondistended in size with concurrent nonorganized echogenic luminal debris. The gallbladder wall was uniformly thickened and echogenic in appearance. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. The common bile duct was normal.
48313	
DATE	
11/12/21	



PATIENT

Emma Zulu McCrea

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

FS

AGE

12 years

WEIGHT

68 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Gibson &
Beyerink

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Lobar to generalized hepatomegaly with generalized parenchymal remodeling, intermittent likely benign echogenic nodules, and nonspecific caudoventral mildly expansive mass lesion.
- Chronic cholecystitis pattern with mild luminal debris.
- Bilateral chronic renal changes with nonspecific increased cortex echogenicity.
- Subtle left adrenal nodule - suspect adenoma.

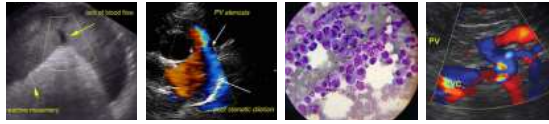
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma as well as the caudoventral mass lesion warranted for screening cytology.

Minor potential for emerging primary versus metastatic left adrenal neoplastic nodule to tumor possible yet thought less likely. Screening blood pressure recommended. Ideally, sonographic monitoring of the left adrenal nodule recommended for evidence of progression.

No overt evidence of active pancreatitis although potential for low grade or chronic pancreatitis may be present yet ultrasonographically normal.

As needed gastrointestinal supportive care indicated.



PATIENT

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SPECIES

Canine

BREED

German Shorthair Pointer

SEX

FS

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WEIGHT

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IMAGING PERFORMED BY

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HOSPITAL NAME

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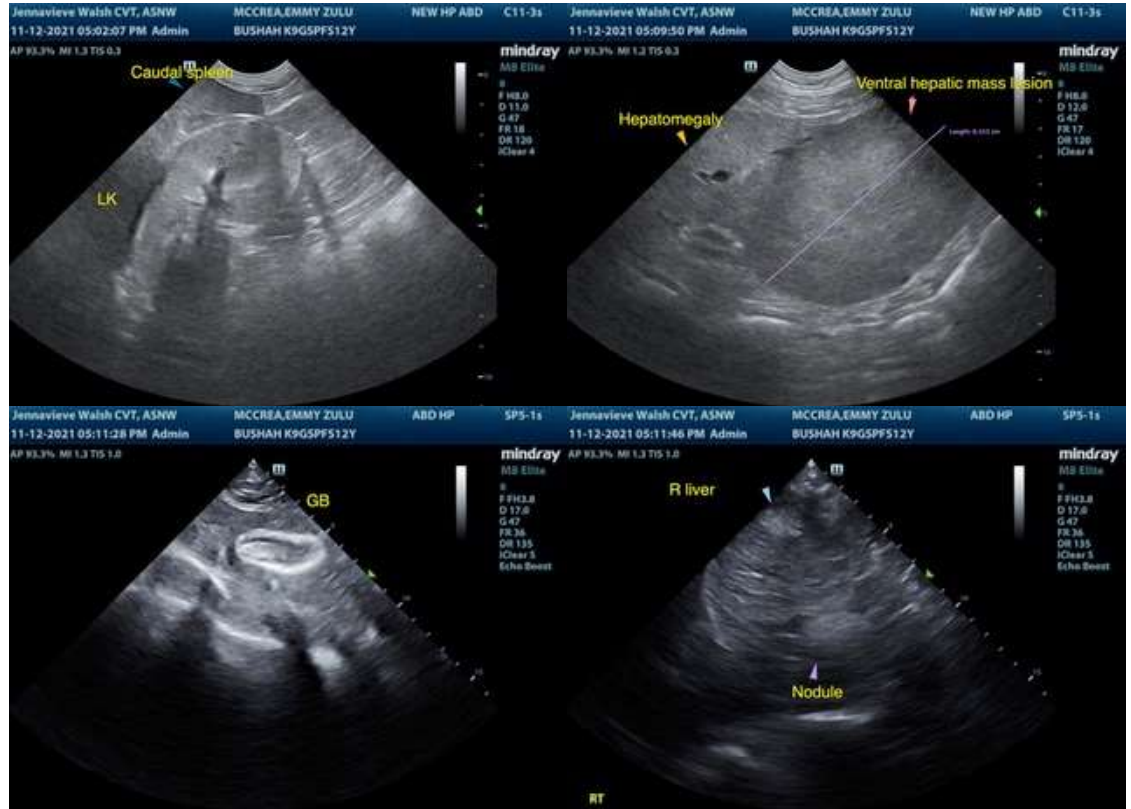
Dr. Gibson &
Beyerink

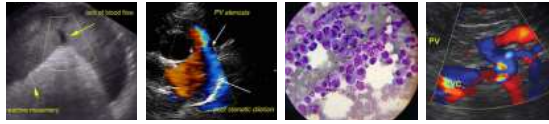
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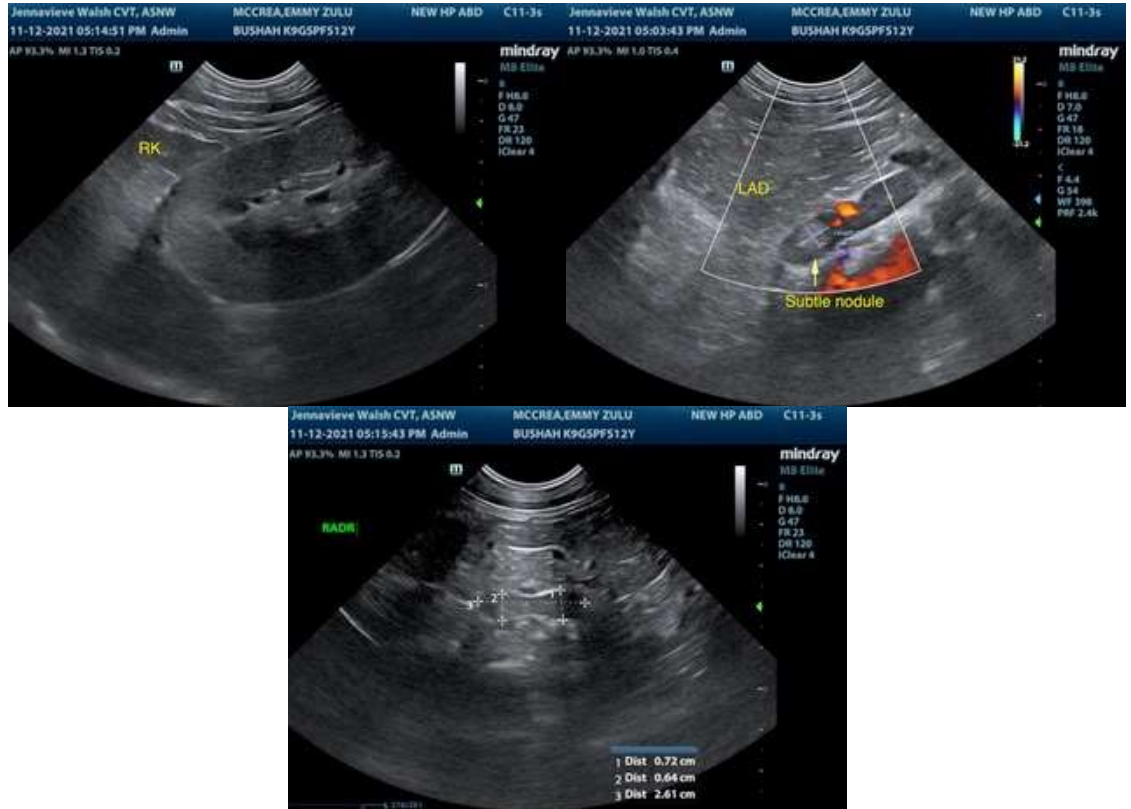
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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