



PATIENT PRESENTING CLINICAL SIGNS

Kayla Reinhard History: Limping, urinary accidents, 16# weight loss in 18 months
Medication: Amoxicillin, Gabapentin

SPECIES ALP 1617, ALT 538, AST 71, GGT 256, TBili 0.2, Lipase 458, Unremarkable CBC
Canine Urine specific Gravity- 1.017

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

10 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 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 7.1 cm in length. The right kidney measured 7.5 cm in length.

WEIGHT

65 Pounds

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.5 cm length x 1.2 cm width in the caudal pole. The right adrenal gland measured 3.2 cm length x 1.0 cm width in the caudal pole. No overt evidence of adrenal tumors, nodules or masses.

IMAGING

PERFORMED BY

Spleen

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Liver/ Gallbladder

Dr. Hoffman

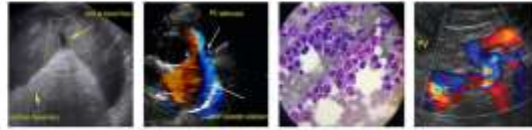
The liver exhibited generalized enlargement with nonuniform to nodular parenchyma and evidence of parenchymal remodeling. A large, expansive, asymmetrical, nodular to nonhomogeneous mass directly effacing and likely originating from the caudal aspect of the liver, extending caudally past the level of the gastric axis, occupying the majority of the mid to cranial abdomen, was present. The mass measured approximately 10.0 cm in diameter. The mass did not overtly appear to involve or originate from the spleen. The mass exhibited similar echogenicity to adjacent hepatic parenchyma.

INVOICE

12515

DATE

11.2.2021



PATIENT

Gastrointestinal

Kayla Reinhard

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Lab Mix

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.

SEX

FS

Free Abdomen

Associated regional reactive mesentery and small pockets of scant peritoneal free fluid were noted.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

65 Pounds

- Generalized hepatomegaly with nonuniform to nodular parenchyma
- Large, expansive, asymmetrical, nonhomogeneous to nodular mass occupying the majority of the mid to cranial abdomen with associated regional reactive mesentery and scant peritoneal free fluid- consistent with hepatic origin and neoplastic criteria
- Bilateral age-related kidneys

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the mass could be considered for screening cytology and potential further clarification. Given the size of the mass, surgical options are likely precluded. Additionally, suspect intrahepatic metastasis is warranted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

No overt evidence of lower urinary tract pathology was noted. Urine C/S may be considered to rule out underlying Infection.

HOSPITAL NAME

Stanglein VC

If not done, three view chest radiographs are recommended.

REFERRING VET

Dr. Hoffman

INVOICE

12515

DATE

11.2.2021



PATIENT

Kayla Reinhard

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

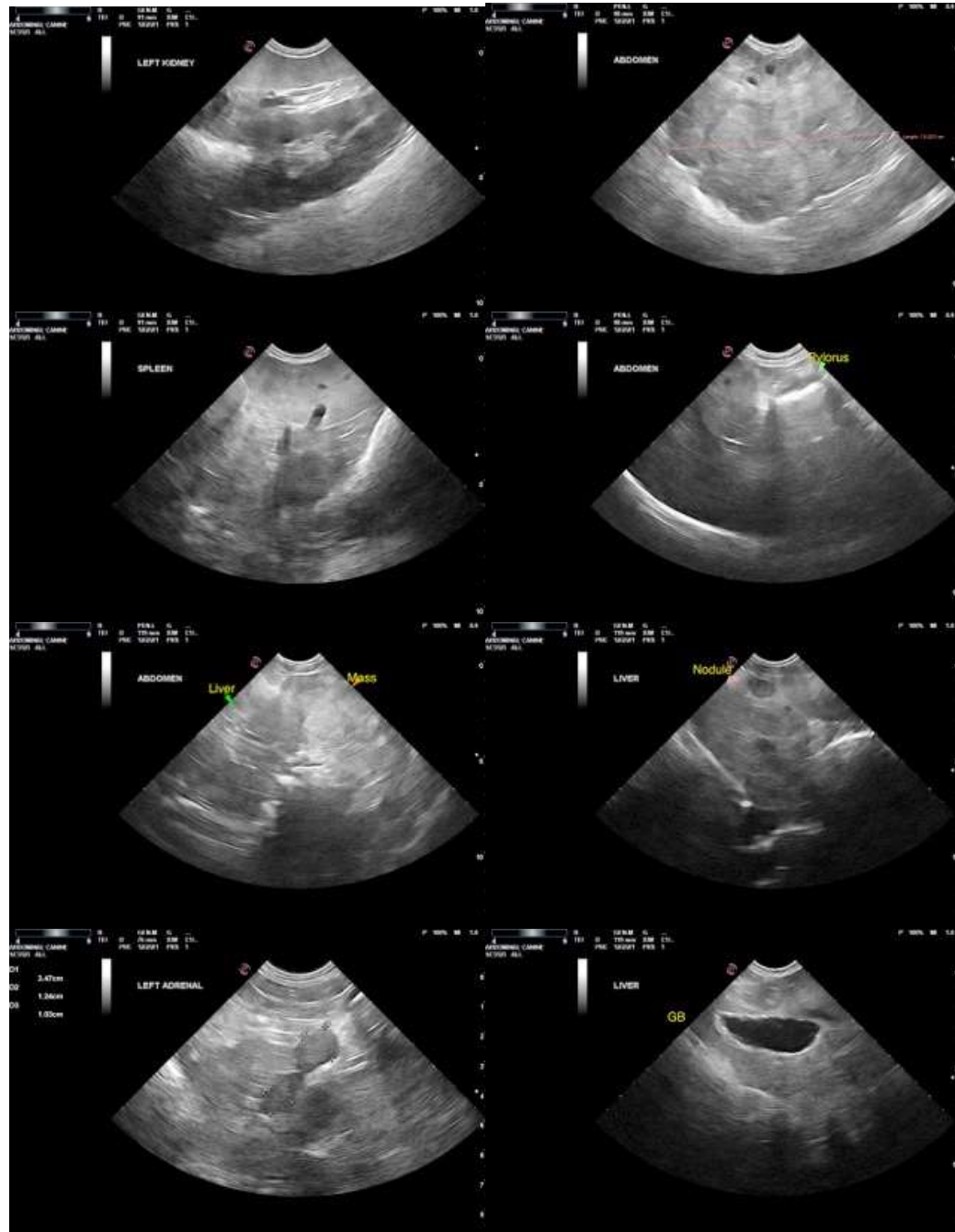
Dr. Hoffman

INVOICE

12515

DATE

11.2.2021





PATIENT

Kayla Reinhard

SPECIES

Canine

BREED

Lab Mix

SEX

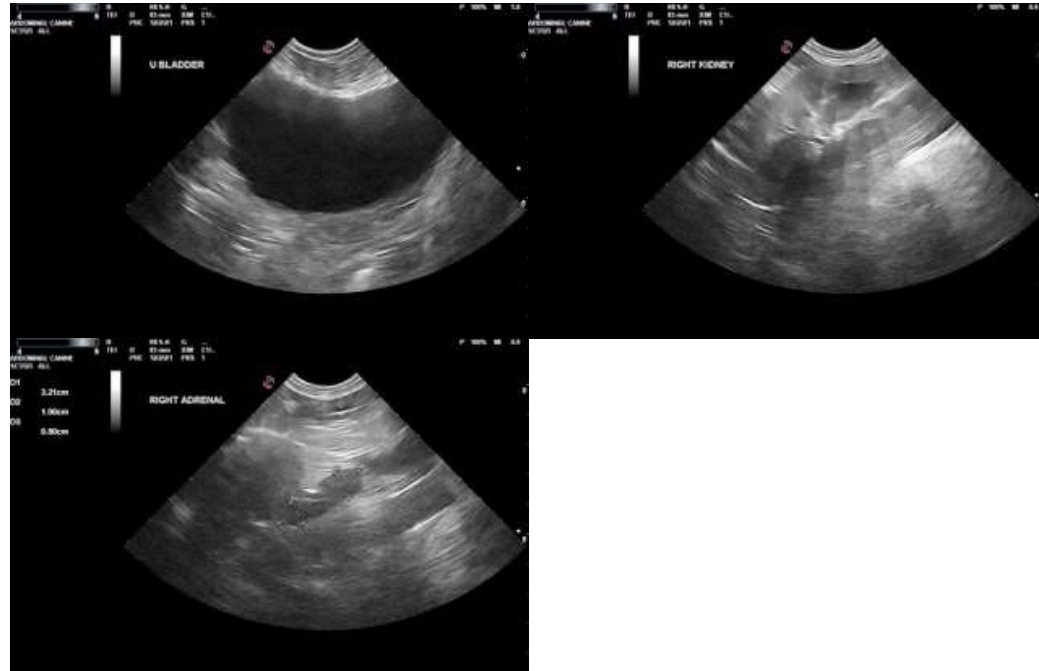
FS

AGE

10 years

WEIGHT

65 Pounds



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Hoffman

INVOICE

12515

DATE

11.2.2021

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)
mac.daniel@sonopath.com