



**PATIENT**

Ella Martin

**SPECIES**

Canine

**BREED**

Dalmation

**SEX**

FS

**AGE**

10yr 6m

**WEIGHT**

67 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

15347

**DATE**

11/2/22

**PRESENTING CLINICAL SIGNS**

Owner's chief complaint includes a weak hind end that does not improve with Gabapentin. Owner is also concerned with a decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Xray: Unremarkable CBC/CHEM/SDMA/TT4: Non-regenerative anemia, SDMA 20, BUN 31, CA 14.4, ALKP 401, CHOL 327, T4 <0.5. P is on thyroid medication.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age-related mural changes. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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. Pinpoint areas of medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with subtle parenchyma heterogeneity. Previously noted, static intermittent hypoechoic intraparenchymal nodule to nodules were noted with an example measuring 0.76 cm in diameter.

**Liver/ Gallbladder**

The liver presented normal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. The gallbladder was non-distended in size with mild, non-dependent, mildly congealed yet nonorganized gallbladder debris. 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

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- Static nonspecific splenic nodules - subjectively benign
- Chronic hepatopathy exhibiting generalized nonuniform to mixed echogenic parenchyma - chronic inflammatory / immune-mediated disease, i.e., chronic /chronic active hepatitis, vacuolar hepatopathy, hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with neoplasia considered less likely given the overall static hepatic presentation
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes exhibiting pinpoint medullary mineral
- Sonographically unremarkable gastrointestinal tract

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, static abdominal presentation compared to the previous study without evidence of progressive hepatosplenic parenchymal changes or pathology. Screening FNA hepatic cytology could be considered for further assessment. continued sonographic monitoring of the splenic nodules would be appropriate, given the lack of progression. Rectal palpation and three view chest radiographs, given the hypercalcemia, are suggested if not done.

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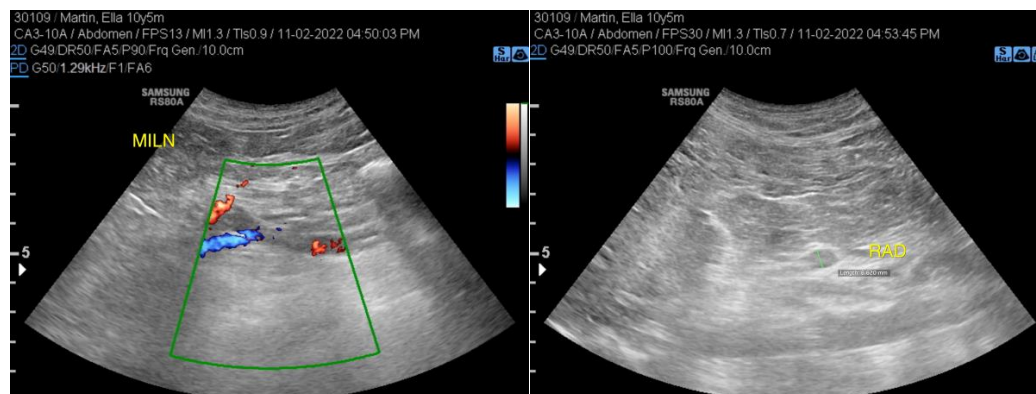
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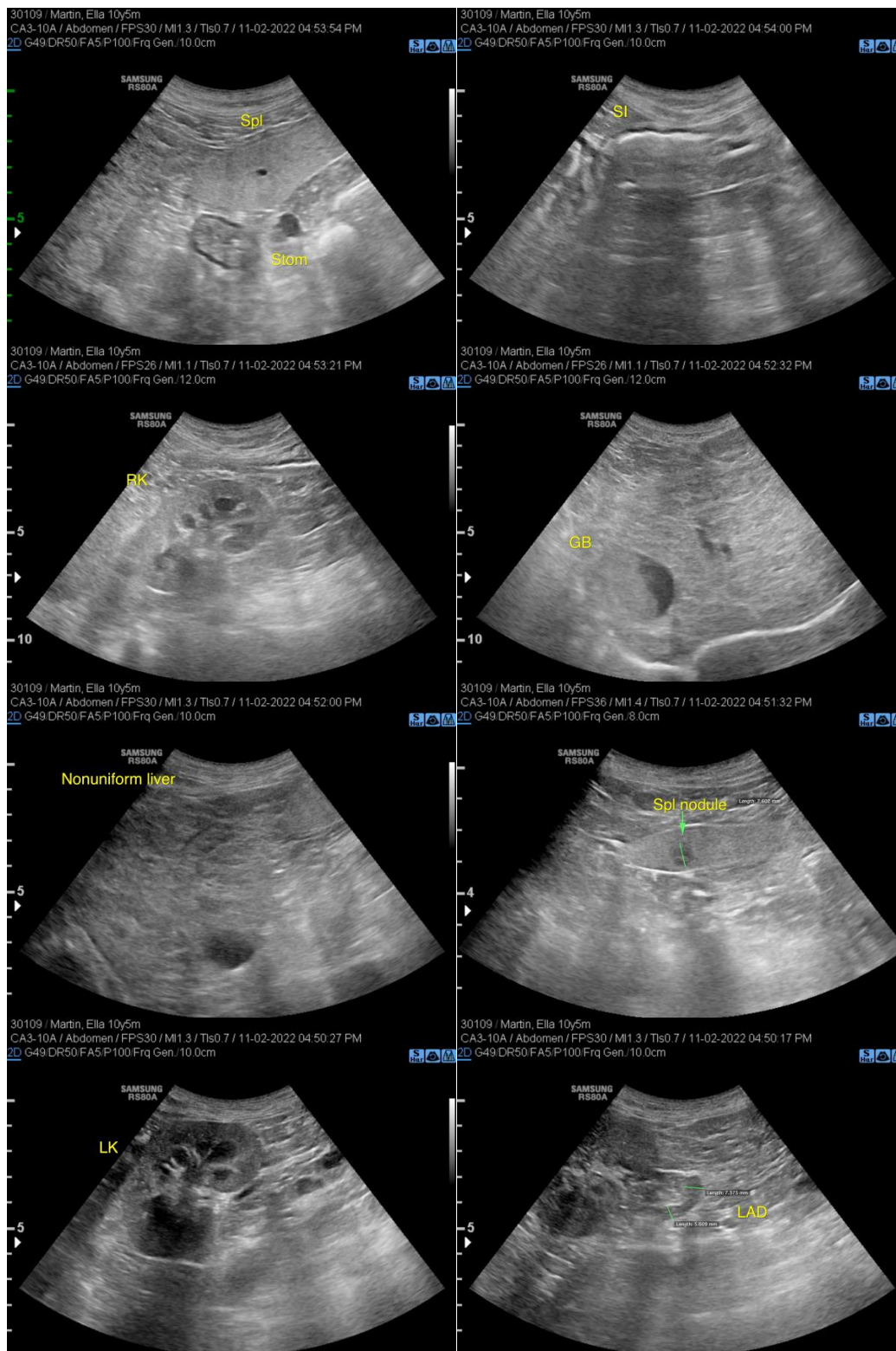
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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