



PATIENT PRESENTING CLINICAL SIGNS

Gabby Westley Productive cough - 1-2x/day for approximately 1 month. Historical ocular melanosis with glaucoma - under treatment by ophthalmologist. Historical hypothyroidism.

SPECIES Medication: Eye meds, Thyrotab .6

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Lab Mix 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.

SEX FS No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

AGE 2009 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. Pinpoint hyperechoic cortical foci, which may indicate pinpoint areas of cortical fibrosis, microinfarction, or mineralization, were noted. The left kidney measured 7.5 cm in length. The right kidney measured 7.1 cm in length.

WEIGHT 68 *Adrenal Glands*

INTERPRETED BY The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.82 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.7 cm length x 0.71 cm width at the caudal pole.

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

Spleen

IMAGING

PERFORMED BY The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity exhibiting multifocal discrete hyperechoic parenchyma foci, which may indicate pinpoint areas of splenic microinfarction, fibrosis, or mineralization.

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME *Liver/ Gallbladder*

Alburtis AH The liver was normal in size with generalized nonhomogeneous to mild mixed echogenic parenchyma exhibiting moderate coarse echotexture and evidence of parenchymal remodeling. Intermittent, small hepatic intraparenchymal, thinly walled cysts containing anechoic fluid were present. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Smith

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Gastrointestinal

The stomach was non-distended containing luminal gas. A solitary, well-demarcated primarily spherical hyperechoic to non-homogeneous mass lesion was present in the area of the subjective dorsal gastric body measuring 5.5 cm in diameter.



PATIENT

Gabby Westley

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.

SPECIES

Pancreas

Canine

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.

BREED

Lab Mix

Free Abdomen

No evidence of perigastric or peritoneal free fluid was noted. No overt omental masses were visualized.

SEX

FS

Heart

Brief sonographic assessment of the heart revealed overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement. Indistinct hypoechoic to pinpoint hyperechoic lesion was noted in the pericardial thorax subjectively mid to right cranial thorax measuring approximately 5.0-6.0 cm in diameter. No overt evidence of pleural free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting pinpoint hyperechoic cortical foci
- Benign splenic hyperechoic parenchyma foci
- Nonhomogeneous hepatopathy exhibiting parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Hypoechoic mass area of dorsal stomach
- Cranial thoracic / pericardial hypoechoic lesion - suspect primary pulmonary pathology which may include consolidation, pneumonia, inflammation, neoplasia, or other

INTERPRETED BY

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IMAGING

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 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Alburtis AH

The well-demarcated spherical mass in the area of the dorsal stomach wall is suspected to be of gastric origin, although potential overlaying lymphadenopathy or pancreatic nodule/mass cannot be definitively excluded. Ideally, if accessible, FNA cytology of the suspected gastric wall mass, as well as screening cytology of the thoracic to pericardial lesion for further assessment, is recommended.

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Correlation with a full CBC/Chemistry panel and Urinalysis is suggested. Concurrent screening FNA cytology could be considered if hepatic enzyme elevations or if clinically indicated. Thoracoabdominal CT may be ideal, given bicavitary pathology if possible.

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HOSPITAL NAME

Alburtis AH

REFERRING VET

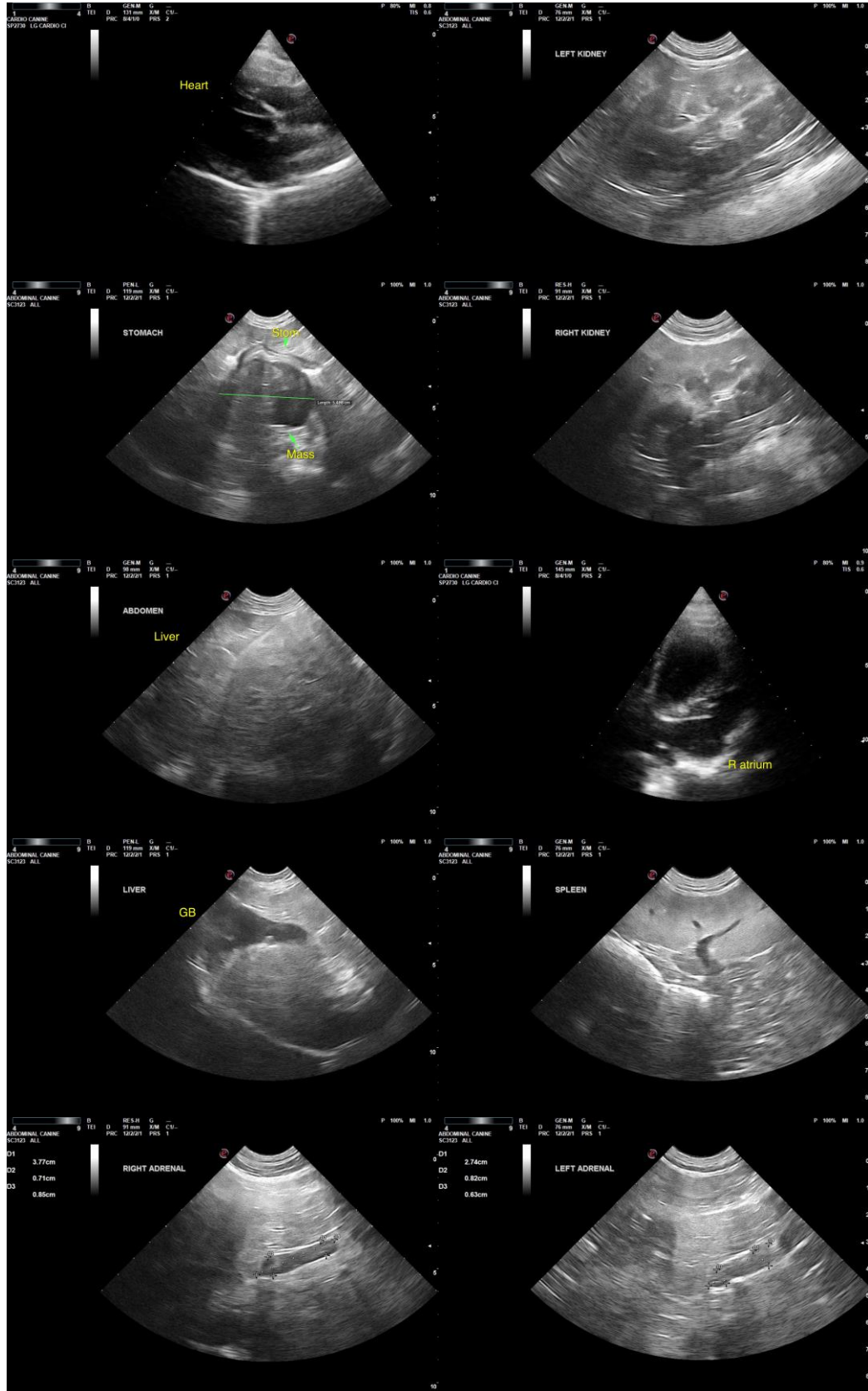
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SPECIES

Canine

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.

BREED

Lab Mix

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.

SEX

FS

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