



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cali Hughes	11/3/22: P is present today for urinary incontinence and not acting herself. P has been leaking urine or something else out of the rear end. P has been losing weight continuously. O states that P will shake a little bit every so often. On currently Levothyroxine - T4 levels wnl on 11/3/22 On a Raw diet Stella and Chewy's, and kibble dry diet.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: 11/3/22: ALT (SGPT) 967 (HIGH) 12-118 IU/L Alk Phosphatase 709 (HIGH) 5-131 IU/L BUN 104 (HIGH) 6-31 mg/dL Creatinine 3.5 (HIGH) 0.5-1.6 mg/dL BUN/CREAT RATIO 30 (HIGH) 4-27 PHOSPHORUS 6.6 (HIGH) 2.5-6.0 mg/dL POTASSIUM 5.6 (HIGH) 3.6-5.5 mEq/L CHOLESTEROL 370 (HIGH) 92-324 mg/dL AMYLASE 2,713 (HIGH) 290-1,125 IU/L PrecisionPSL 453 (HIGH) 24-140 U/L__ Complete Blood Count NSF HGB 11.0 (LOW) 12.1-20.3 g/dL HCT 33 (LOW) 36-60 %_ Specific Gravity 1.018 Protein 3+ (HIGH) NEGATIVE Occult Blood 2+ (HIGH) KKY did BP on Petmap, 5 cuff on R hind leg. 228/141 (172), 235/146 (188), 244/141 (175), 222/142 (164), 248/146 (179). 8/10/22 Labwork: BUN 50MG/DL Creatinine 1.7MG/DL BUN/CREAT RATIO 29 ALT (SGPT) 120IU/L Alk Phosphatase 302IU/L AMYLASE 1,696IU/L SODIUM 155MEQ/L PrecisionPSL 284U/L Struvite (Triple P04) Crystals 2-3HPF Bacteria Rods 51-100HPF Occult Blood 1+ Specific Gravity 1.024 pH 8.5 Protein 4+
<b>BREED</b>	
Border Collie	
<b>SEX</b>	
FS	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
13yr	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.
52lb	
<b>INTERPRETED BY</b>	The bilateral kidneys were not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the aortic trifurcation was free of pathology. The area of the uterine remnant appeared normal and free of pathology.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Dr. Lantz	The bilateral adrenal glands were not definitively visualized.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Eastgate Veterinary Clinic	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Lantz	The liver was subjectively normal in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary mildly expansive irregular non-homogeneous cystic to cavitated mass was present in the area of the mid caudal liver measuring ~ 7.5 cm x 5.0 cm resulting in distortion of the associated hepatic capsule. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>INVOICE</b>	
12121ag	
<b>DATE</b>	
11/08/2022	



**PATIENT**

Cali Hughes

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-organized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

The stomach presented intact mildly thickened to hypoechoic walls. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. No overt evidence of gastric mural masses. The gastric body wall measured 0.74 cm in width.

**BREED**

Border Collie

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. The small intestine wall measured 0.42 cm in width.

**SEX**

FS

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

**Pancreas**

**AGE**

13yr

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 was evident.

**Free Abdomen**

**WEIGHT**

52lb

No overt lymphadenopathy or peritoneal effusion was present.

Mild perihepatic hyperechoic mesentery was present around the caudal hepatic mass.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Sonographically unremarkable urinary bladder
- Non-homogeneous to possibly cystic/cavitated liver mass-benign, inflammatory or neoplastic etiologies possible, the areas of potential cavitation may indicate concurrent cystic changes within the mass parenchyma although areas of necrosis or hemorrhage possible
- Intact yet prominent mildly hypoechoic gastric walls-nonspecific
- Sonographically unremarkable small bowel

**IMAGING PERFORMED BY**

Dr. Lantz

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Eastgate Veterinary  
Clinic

Assuming normal clotting status and using a 25g needle, a hepatic mass FNA for screening cytology +/- C/S is warranted for further assessment.

The appearance of the stomach may suggest some degree of gastritis although potential for early gastric infiltrative neoplasia cannot be definitively excluded. As needed GI support is recommended if evidence of vomiting, anorexia etc. is present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**REFERRING VET**

Dr. Lantz

Three view chest radiographs are recommended if not done to assess for occult thoracic or cranial mediastinal pathology.

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Sonographic reassessment of the bilateral kidneys may be considered as they were not definitively visualized potentially owing to isoechoic renal parenchyma echogenicity compared to adjacent tissue or possible subnormal renal size. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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**SPECIES**

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**BREED**

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**REFERRING VET**

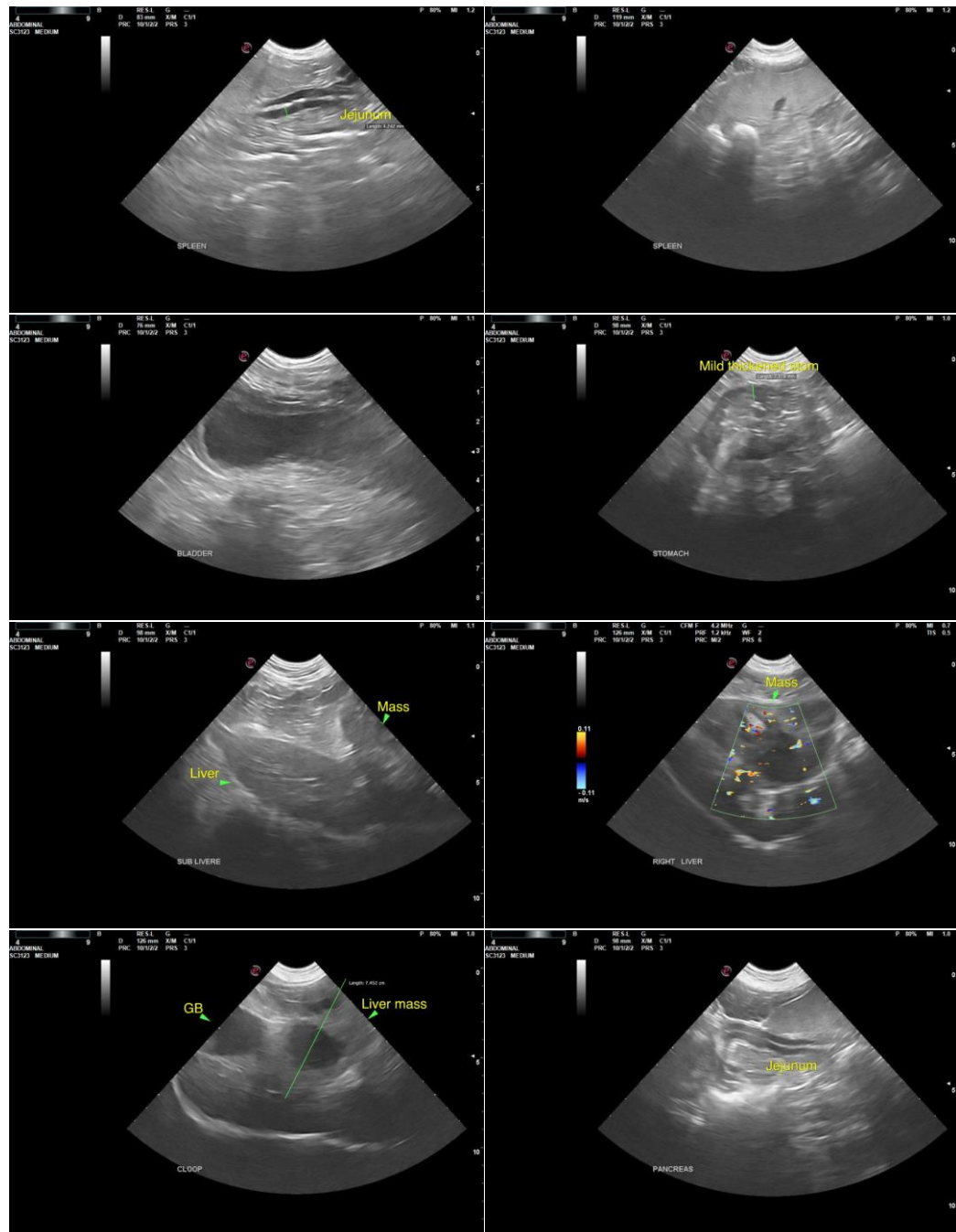
Dr. Lantz

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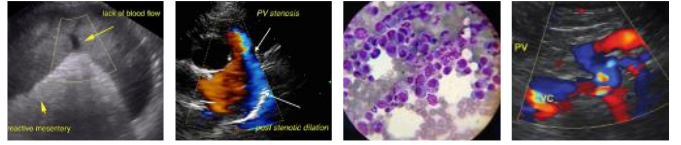


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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Canine

**BREED**

Border Collie

**SEX**

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