



PATIENT PRESENTING CLINICAL SIGNS

Patch Audett
History: Acute blindness, thrombocytopenia
Medication: Pred, Pepcid, Doxy

SPECIES
Canine
Elevated ALP, ALT and TBili
Blood Pressure 88-100

BREED
'Bulldog' Mix
No overt pathology noted on previous thoracic radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX
Neutered Male
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

AGE
9 years
The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.1 cm in diameter.

WEIGHT
103 Pounds
A solitary, mildly enlarged, hypoechoic medial iliac lymph node, measuring 2.6 cm x 1.8 cm, was present.

INTERPRETED BY

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

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. Mild areas of nonobstructive medullary mineral were present in the right kidney. No overt pyelectasia was noted in either kidney. The left kidney measured 8.3 cm in length. The right kidney measured 8.1 cm in length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Adrenal Glands

HOSPITAL NAME

Brodheads ville VC

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.89 cm width at the caudal pole and 0.94 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 0.59 cm width at the caudal pole and 0.92 cm width at the cranial pole.

REFERRING VET

Dr. Goldstein

Spleen

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.

INVOICE

12824

DATE

12.15.2021



PATIENT

Liver/ Gallbladder

Patch Audett

The liver exhibited generalized enlargement and maintained symmetrical capsule contour. Nonuniform to intermittent hypoechoic nodular hepatic parenchyma was present. No overt hepatic masses were noted. Mild to moderate, nondependent yet nonorganized, echogenic gallbladder debris was present. The gallbladder was otherwise normal in size. The cystic and common bile ducts were normal.

SPECIES

Canine

BREED

'Bulldog' Mix

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, mildly shadowing ingesta.

SEX

Neutered Male

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.

AGE

9 years

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.

WEIGHT

103 Pounds

Free Abdomen

Several, unspecified abdominal nodular lesions were present within the mid to caudoventral abdomen, ventral to the urinary bladder. An example of a midabdominal unspecified nodule measured 2.6 cm x 1.8 cm. An example of a caudoventral abdominal nodular lesion measured 4.2 cm x 2.0 cm. Evidence of regional tissue reactivity was noted around the unspecified nodules. No evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Primary Findings

- Focal, mildly prominent to hypoechoic medial iliac lymph node - hyperplasia, lymphadenitis, or emerging neoplastic lymphadenopathy possible
- Hepatomegaly exhibiting nonuniform to intermittently nodular parenchyma - vacuolar hepatitis in light of Prednisone therapy, chronic active hepatitis, cholangiohepatitis, early fibrosis, cirrhosis, or other hepatopathy with potential for neoplasia possible
- Mild to moderate gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with gastric ingesta - post prandial presentation, potential for gastric hypomotility if documented NPO
- Several, unspecified, mid to caudoventral abdominal nonhomogeneous nodular lesions - unspecified lymphadenopathy, staeitis / peritonitis, fat necrosis, neoplasia, carcinomatosis, or similar (or other possible)

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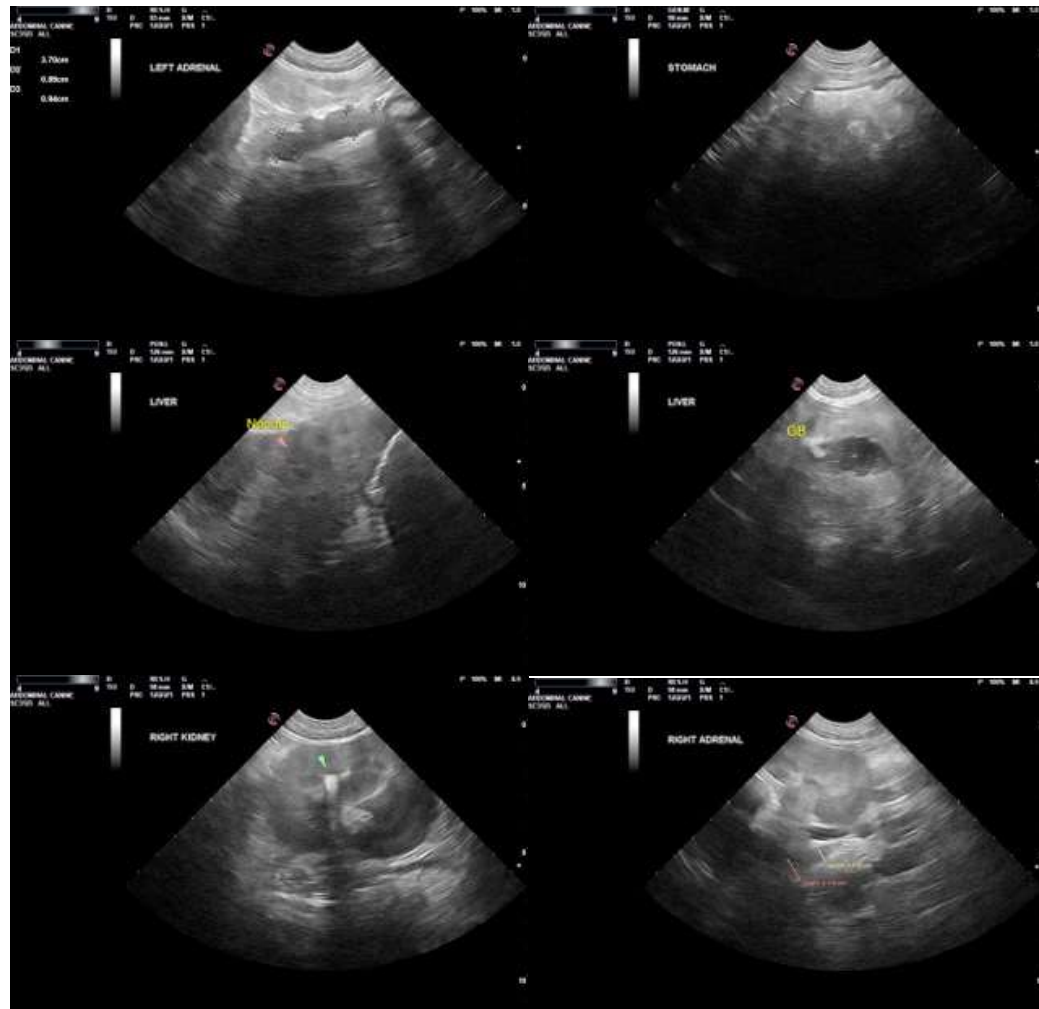
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HOSPITAL NAME
BrodheadsVille VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma and parenchymal nodule if accessible, as well as FNA of the unspecified intraabdominal nodular lesions for cytology +/- C/S, if clinically indicated, are recommended for further assessment.



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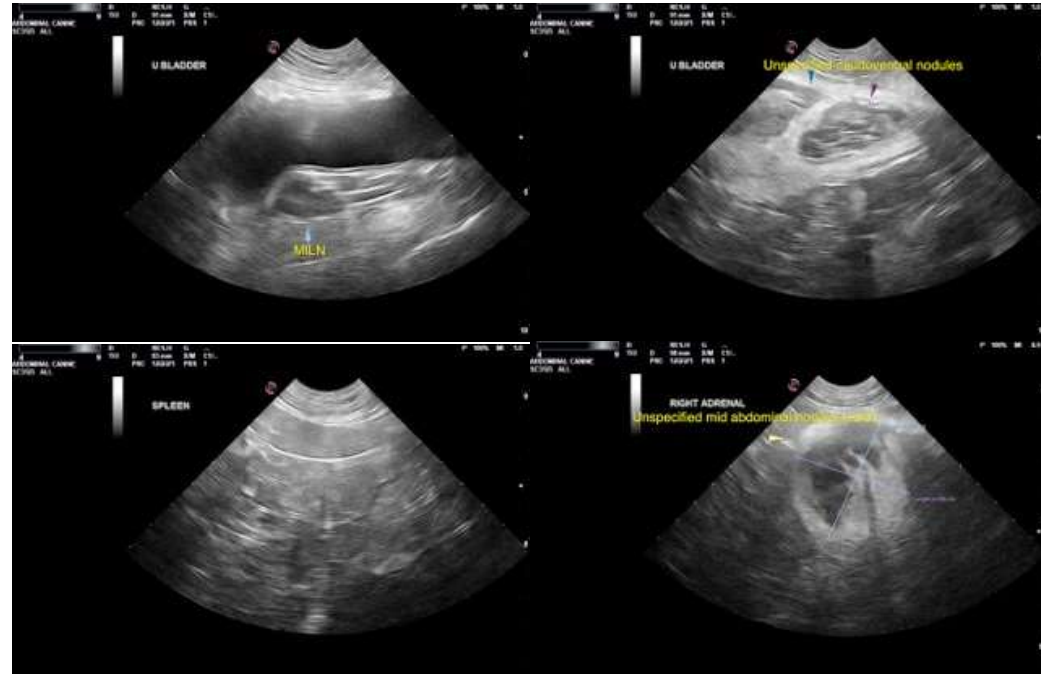
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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