



PATIENT

Gisele Burkholder

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

11 years

WEIGHT

33.6 lbs.

PRESENTING CLINICAL SIGNS

Recently had Digit amputation of digit 3 left hind leg that came back as Squamous cell carcinoma. Local popliteal lymphnode was removed as well and came back as metastatic lymph node. Thoracic radiographs show no evidence of metastasis. Also has history of elevated ALP (592) but ACTH Stim all normal. Would like ultrasound to screen for any evidence of metastasis to sub lumbar or inguinal lymph nodes and to also look for cause for ALP elevation

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology. No evidence of sublumbar hypogastric or medial iliac lymphadenopathy was noted.

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 6.2 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint areas of dystrophic mineral were present in both adrenals. This is consistent with an age-related or incidental adrenal finding. The left adrenal gland measured 0.51 cm width in the cranial pole and 0.54 cm width in the caudal pole. The right adrenal gland measured 0.51 cm width in the cranial pole and 0.51cm width in the caudal pole. No overt evidence of adrenal hyperplasia or neoplastic criteria was noted.

Spleen

The spleen exhibited mild generalized parenchyma heterogeneity and maintained overall normal splenic capsule symmetry. A non-expansive, subtle hypoechoic nodule was noted in the mid lateral spleen measuring 0.84 cm diameter. Concurrent nonhomogeneous, mildly expansive nodule was noted in the subjective mid to caudal spleen, measuring 2.1 cm in diameter.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, non-expansive, subtle, hypoechoic parenchymal nodule was present in the ventral liver measuring 0.61 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder contained moderate gallbladder debris. The gallbladder debris was mildly congealed in the caudal lumen and gallbladder neck, as well as

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 Feline)

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Casey Schuelke, DVM

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nondependent yet non organized. No evidence of gallbladder or peripheral inflammation was noted. The cystic and common bile ducts were normal.

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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. The gastric body wall width measured 0.40 cm.

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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. The duodenum wall width measured 0.55 cm. The jejunum wall width measured 0.32 cm.

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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.

WEIGHT

33.6 lbs.

Free Abdomen

Focal to intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.31 cm width. The lymph nodes were not consistent with Inflammatory or neoplastic criteria and are likely incidental. No omental masses, lymphadenopathy, or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Vacuolar hepatopathy pattern with focal nonspecific yet likely benign parenchymal nodule - focal area of hematopoiesis or nodular hyperplasia likely
- Moderate gallbladder debris (non-mucocele)
- Nonspecific variably echogenic splenic nodules - granulomas, lymphoid hyperplasia, hematopoiesis, focal areas of splenitis, with potential for emerging primary vs. metastatic neoplasia
- Age-related adrenals with pinpoint incidental dystrophic mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may indicate some degree of cholestasis, given the ALP elevation. Hepatosupportive medications and Ursodiol with monitoring for increasing evidence of cholestasis is recommended.

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Given the patient's history, ultrasound guided FNA of the splenic nodules using a 25-gauge needle is recommended for screening cytology. Otherwise, sonographic monitoring of the hepatosplenic

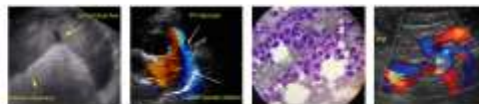
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nodules for any changes in size or appearance with initial recheck in 3-4 weeks or based on oncology recommendations would be a more conservative approach.

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No evidence of medial iliac or sublumbar lymphadenopathy or metastatic disease was noted.

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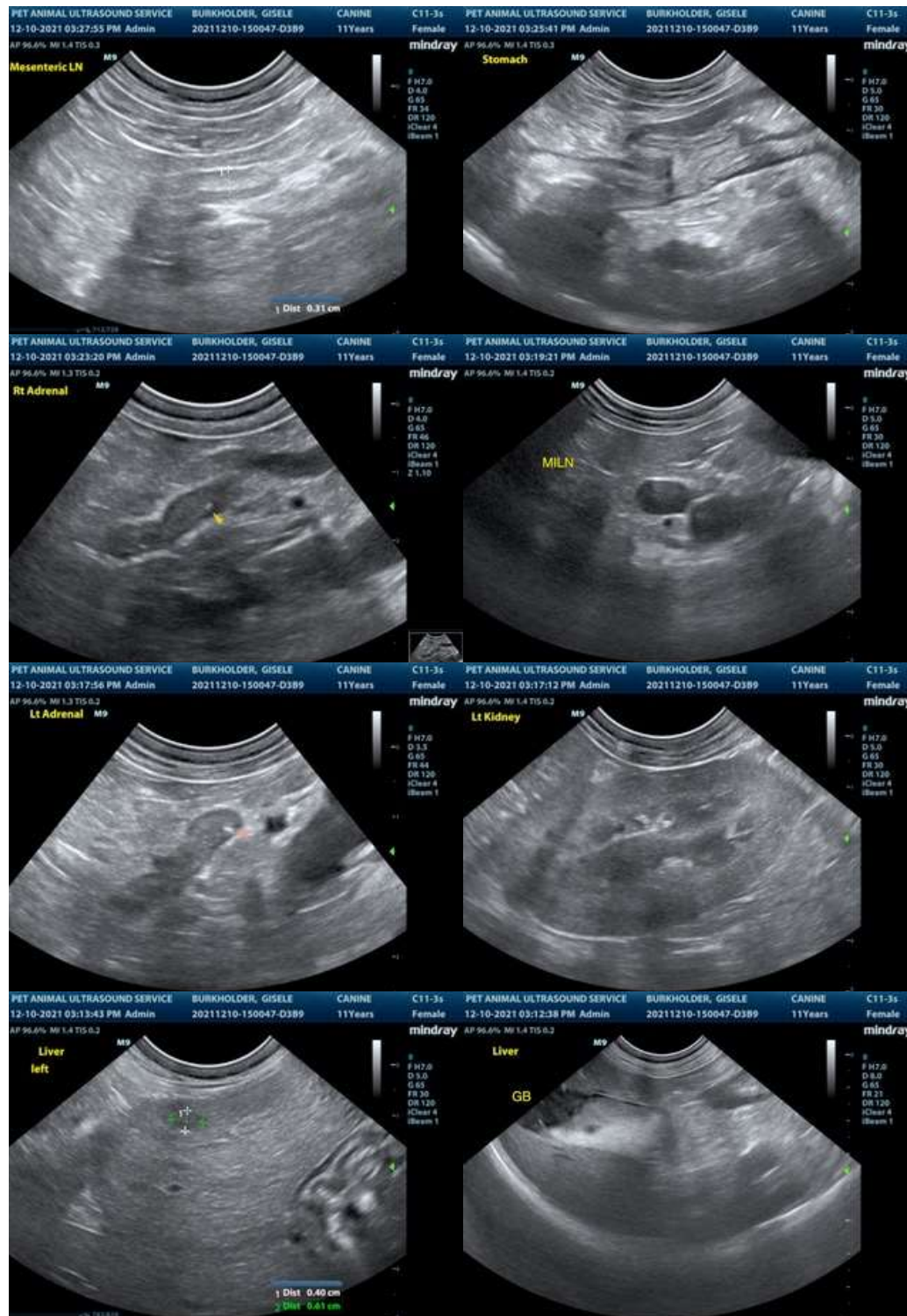
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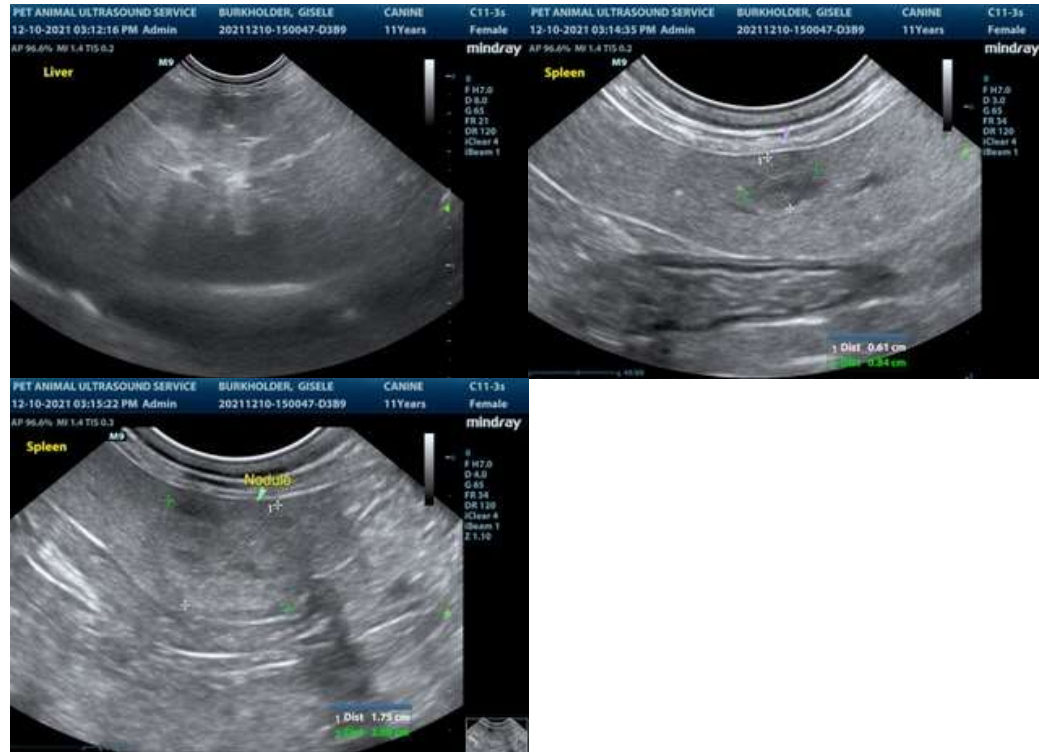
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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