



PATIENT

Cardbury Shelly

SPECIES

Canine

BREED

Cirneco dell'Etna

SEX

FS

AGE

11

WEIGHT

32.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Shanna Sallee

HOSPITAL NAME

Hermiston Veterinary
Clinic

REFERRING VET

Shanna Sallee

INVOICE

12791ag

DATE

12/19/2022

PRESENTING CLINICAL SIGNS

Diagnosed with pancreatitis in October, improved then relapsed. Complete panel 2 weeks ago wnl, p still does not have a great appetite. UTI 2 weeks ago, repeat UA today wnl. o concerned about neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. A small sessile based mildly irregular mildly non-homogeneous to pinpoint hyperechoic mass/lesion was present in the ventroapical bladder extending mildly into the lumen measuring 1.3 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 7.0 cm in length. The right kidney measured 7.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.71 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

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

Gastrointestinal



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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. Mild segmental non-specific jejunal hyperechoic mucosal speckling was present. At times mucosal speckling has been associated with non-specific enteritis or inflammatory enteropathy. 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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Small sessile based ventroapical urinary bladder mass/lesion-concern for emerging neoplastic criteria i.e. TCC, benign polyploid lesion or focal cystitis
- Sonographically unremarkable pancreas exhibiting minor remodeling-patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Minor hepatic parenchymal remodeling-benign
- Moderate gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract with mild segmental non-specific jejunal mucosal speckling-potential persistent segmental to generalized enteritis
- Chronic renal changes with pinpoint corticomedullary foci-suspect pinpoint mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A screening BRAF assay as well as urine C/S if evidence of inflammatory sediment is suggested. Subjectively the urinary bladder mass may be amendable to surgical resection and potential for biopsy/histopathology. No evidence of regional metastasis. A spec cPL is suggested to assess for evidence of low grade to chronic pancreatitis. As needed GI support +/- therapy for persistent low-grade pancreatitis would be reasonable. Assessment of hepatic enzyme levels and cholestasis is suggested with potential for hepatosupportive medication including Ursodiol if indicated.

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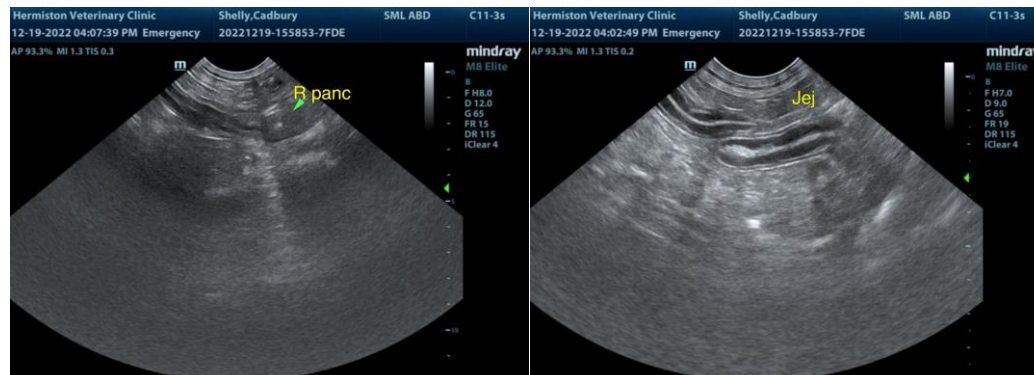
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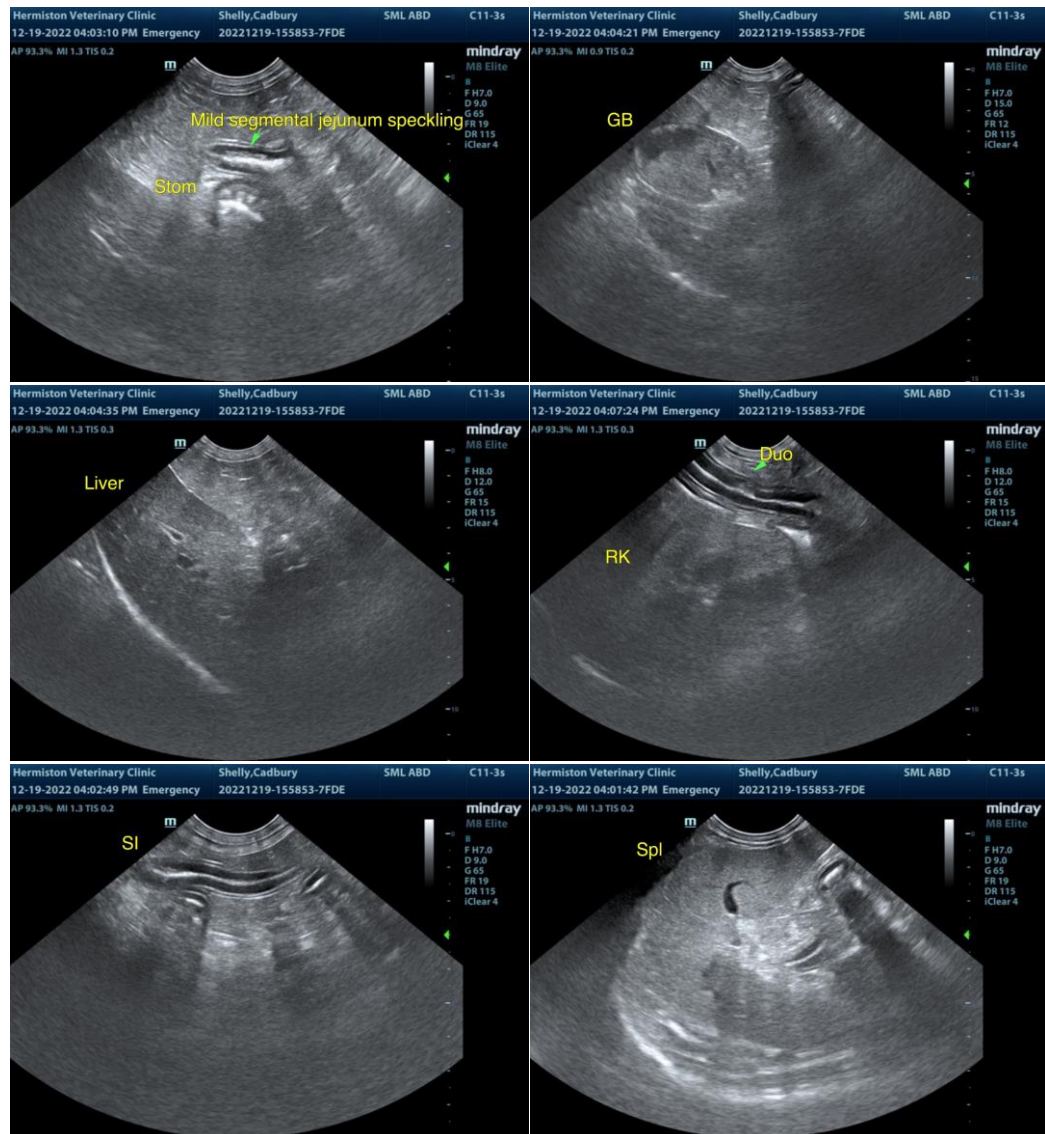
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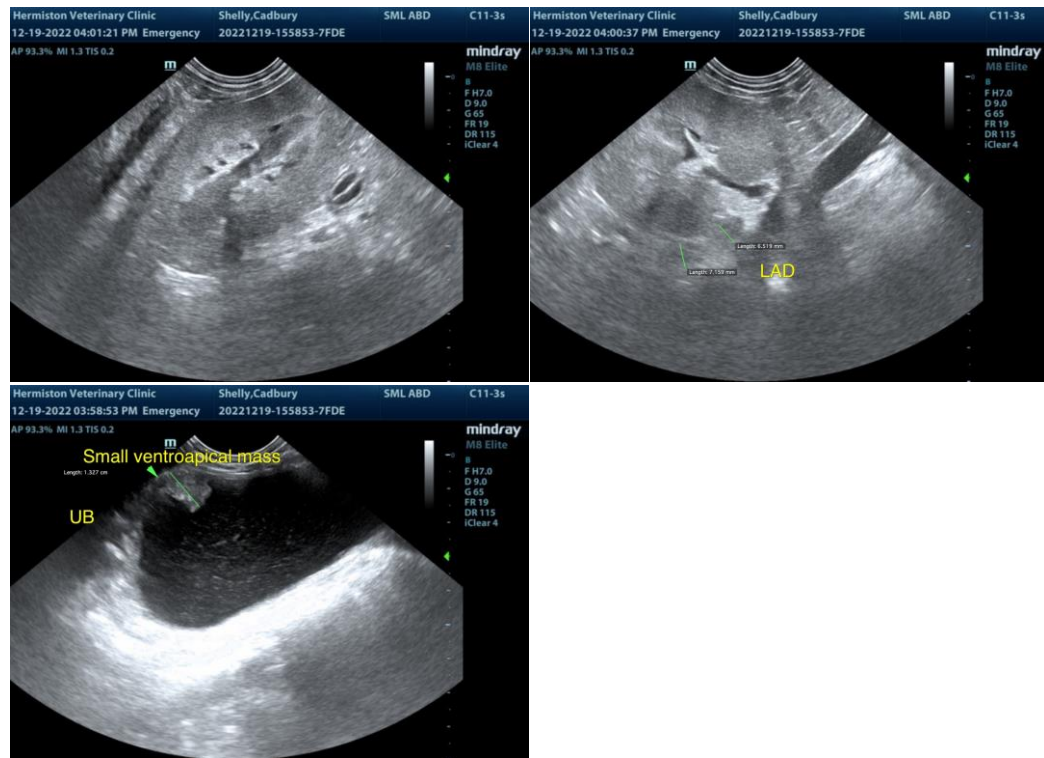
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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