

**PATIENT**

Chloe Park

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.7 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Burrwood Veterinary

INVOICE

43166

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Ulcerated necrotic dermal thoracic mass - met check
 Abnormal PE/Chem/CBC/UA Results: CXR, BW, FNA pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in overall size and tone with anechoic urine. No sediment or calculi. Focal discrete mural thickening noted in the area of the cystourethral junction, measuring 0.62 cm wall width. No evidence of mural mineralization. The urethra was normal to a depth of 2.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral noted.

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of body weight, measuring 0.43 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland was normal in size. Mild capsule asymmetry was present without evidence of parenchyma escape. Subtle non-homogeneous, non-mineralized parenchyma in both adrenal glands. The right adrenal gland measured 0.69 cm at the cranial pole and 0.50 cm at the caudal pole.

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.

Liver

The liver exhibited potential borderline to mild enlargement. 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. Mild non-dependent, variably echogenic to focally hyperechoic luminal debris present without evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic to focally shadowing ingesta, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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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 was evident.

Free Abdomen

No overt omental masses or evidence of omental lymphadenopathy. Intermittent pockets of mild volume anechoic peritoneal free fluid noted. Overall normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Discrete focally thickened cystourethral junction wall – non-specific, focal cystitis, atypical polyp, potential for emerging cystourethral junction mass cannot be excluded.
- Moderate chronic renal changes exhibiting pinpoint medullary mineral
- Potential borderline to mild hepatomegaly – subjectively benign.
- Mild non-dependent echogenic to focally hyperechoic gallbladder debris – possible very early non-inflamed gallbladder mucocele.
- Gastric ingesta, sonographically unremarkable small bowel – suspect post-prandial presentation.
- Bilateral mildly prominent to irregular adrenal glands – suspect patient/age related variant. Potential for mild adenomatous change. No overt adrenal primary versus metastatic neoplastic criteria.
- Intermittent pocket of mild volume peritoneal free fluid – non-specific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of intraabdominal primary or metastatic neoplastic criteria. Screening BRAF assay +/- baseline renal staging to include culture and sensitivity and UPC level, if clinically indicated, is suggested. Screening blood pressure recommended. Monitoring for evidence of cholestasis going forward is advised.

The mild volume peritoneal free fluid is non-specific and of unclear clinical significance assuming normal albumin levels and without evidence of hepatic congestive criteria. Potential for minor physiologic fluid possible. However, if neoplastic ulcerated dermal thoracic mass is confirmed, sonographic monitoring of the abdominal cavity based on oncology recommendations, or if evidence of progressive free fluid, is recommended.

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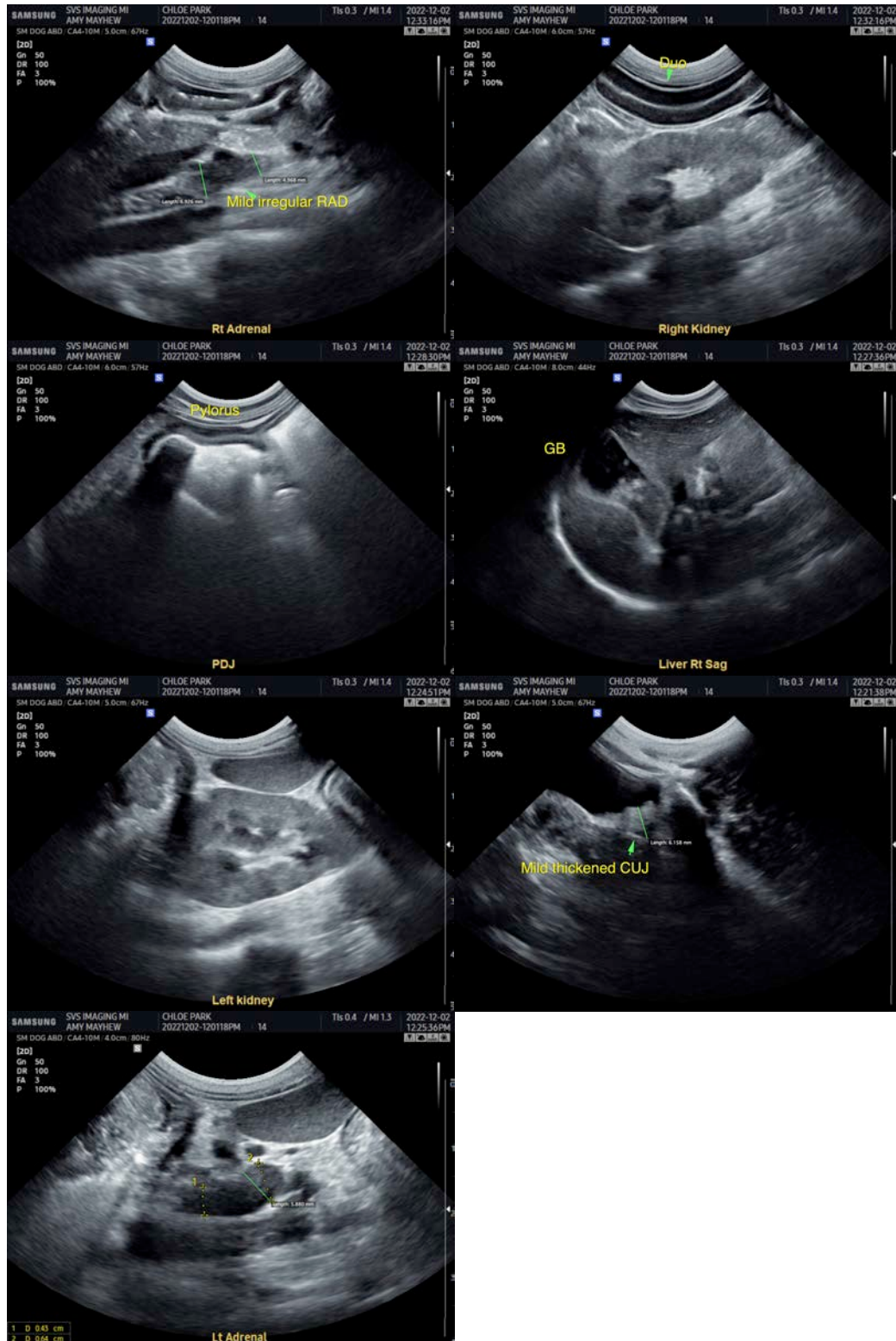
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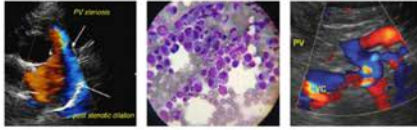
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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