



PATIENT

Bella Crockett

SPECIES

Canine

BREED

Spaniel Mix

SEX

FS

AGE

11 years

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. A. Rodriguez

INVOICE

12862

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Presented for wellness exam. BP WNL

Abnormal PE/Chem/CBC/UA Results: ALK: 1190, Calc: 12, Chol: 381, Trigl: 729, T4: 1.6, USG: 1.024, Blood 2+, WBC: 21-50, RBC: 4-10, Rods >100 urine prot/creat ratio: 0.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention which prohibited full evaluation of the urinary bladder walls. However, mild to moderate ventral apical and dorsal mural hypertrophy with focal mild polyploid component extending mildly into the urinary bladder lumen, origination for the apical surface was present. The dorsal apical urinary bladder wall width measured 0.96 cm. No calculi were noted. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size exhibiting mild asymmetrical capsule contour potentially owing to mild parenchymal expansion. The left adrenal parenchyma was mildly nonhomogeneous to echogenic with potential for discreet nodular changes. The left adrenal gland measured 2.8 cm length x 1.4 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.8 cm length x 0.56 cm width 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/ Gallbladder

The liver was enlarged with rounded yet primarily maintained symmetrical hepatic capsule contour with generalized nonhomogeneous increased hepatic parenchyma echogenicity and moderate coarse echotexture. Intermittent subtle hypoechoic intraparenchymal nodules were present in the liver. An example measured 1.7 cm in diameter. Mild to moderate, nondependent, subtly organized gallbladder debris was present. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation was noted.



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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 mild luminal gas and no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.32 cm.

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 jejunum wall width measured 0.33 cm.

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

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatomegaly exhibiting generalized nonhomogeneous increased parenchyma echogenicity with intermittent subtle hypoechoic nodules
- Mild to moderate gallbladder debris (non-mucocele)
- Mild left adrenomegaly exhibiting subtle nonhomogeneous yet nonmineralized parenchyma
- Bilateral mild chronic renal changes
- Cystitis / focal polyploid cystitis urinary bladder pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging urinary bladder neoplasia such as transitional cell carcinoma, cannot be definitively excluded. Ideally, sonographic reassessment of a full urinary bladder for full visualization of the urinary bladder walls is recommended. Screening BRAF Assay could be considered if clinically indicated.

Given the hypercalcemia, ultrasound-guided FNA of the hepatic parenchyma and parenchymal nodule if accessible is recommended for screening cytology.

The left adrenomegaly was nonspecific with considerations including benign hyperplasia, adenomatous changes, while the possibility of emerging left adrenal neoplasia i.e., pheochromocytoma, adenocarcinoma, or other cannot be excluded. Screening blood pressure is recommended. Functional adrenal tumor may be considered if clinical signs of hyperadrenocorticism are present. Full adrenal workup could be considered if clinically indicated. Sonographic monitoring of the left adrenal gland for



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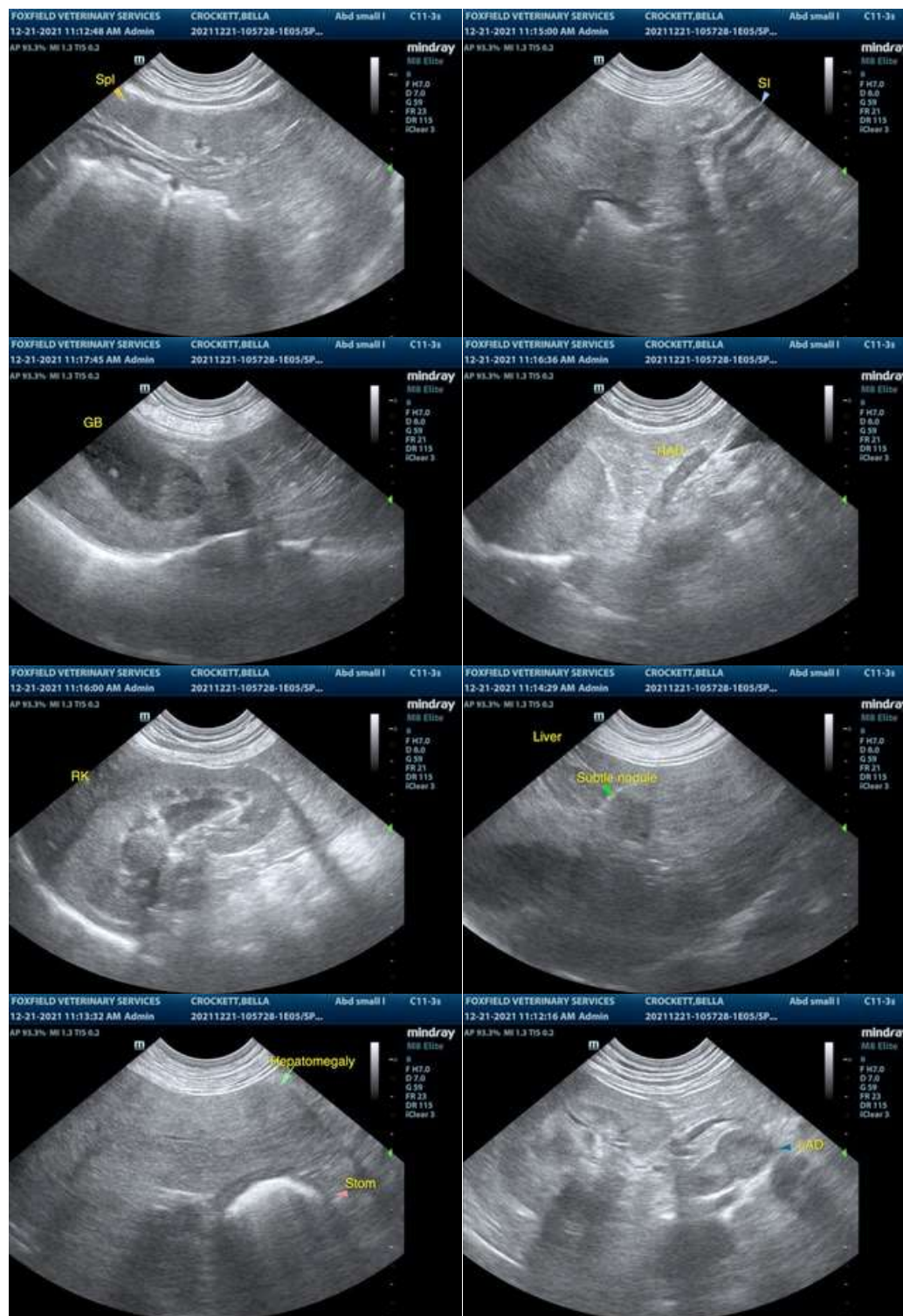
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evidence of progressive increased size is recommended. Urine culture and sensitivity on a sterile urine sample is recommended.





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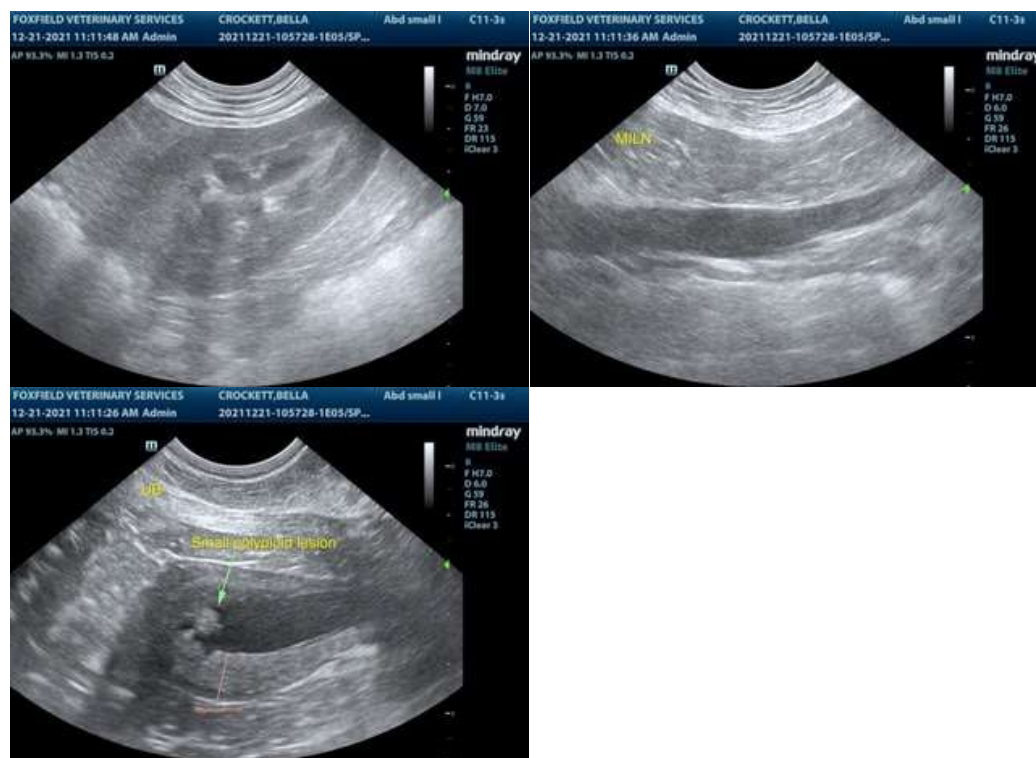
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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