



PATIENT

Kloe Hunter

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

11 years

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Lahm

INVOICE

12943

DATE

12/31/21

PRESENTING CLINICAL SIGNS

Hematuria . (HX of Cystitis and small uroliths -- Eats C/D diet) HX bilateral ACL SX . Stiff gaits. 'Wt. gain Abdominal distension.

Abnormal PE/Chem/CBC/UA Results: Clavamox 375 mg BID and Forte-flora. C/D diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination appearing to primarily evolve and originate from the dorsal to dorsoapical wall was present and measured approximately 2.5 cm x 2.2 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and pinpoint to focal areas of mineralization. Color doppler evaluation of the mass confirmed blood flow within the mass. 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. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology and was without evidence of regional lymphatic metastasis to the medial iliac or sublumbar lymph nodes.

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 6.7 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.75 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 2.9 cm length x 0.73 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. No evidence of splenic masses or neoplastic criteria was noted.

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. The capsule of the liver was symmetrically rounded to mildly swollen in



PATIENT	margination. The hepatic and portal vasculature were normal in appearance without overt evidence of congestion. The hepatic vascular volume appeared to be normal. The visualized cranial abdominal caudal vena cava was subjectively normal in size without evidence of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Kloe Hunter	
SPECIES	
Canine	Gastrointestinal
BREED	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained echogenic ingesta and chyme along with luminal gas. No signs of ileus, obstruction or foreign material were noted. The ventral gastric body wall width measured 0.40 cm.
Labrador	
SEX	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 0.45 cm. The jejunum wall width measured 0.41 cm.
FS	
AGE	Normal visible colon wall layers were present with apparent formed feces in lumen.
11 years	Pancreas
WEIGHT	No overt pathology in the area of the pancreas was noted.
70 lbs.	Free Abdomen
INTERPRETED BY	Moderate primarily anechoic peritoneal free fluid was present. Generalized reactive mesentery was noted. No overt lymphadenopathy was evident.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Jenna Walsh, CVT	Primary Findings
HOSPITAL NAME	<ul style="list-style-type: none">Urinary bladder mass exhibiting pinpoint to focal mineralization - strongly suggestive of neoplastic criteria i.e., transitional cell carcinomaModerate peritoneal free fluid and generalized reactive mesenteryMild subjective hepatomegalyMild chronic renal changes
VCA Delta Oaks	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Lahm	The potential for chronic cystitis, given the patient's history, is possible yet thought less likely. Screening BRAF Assay may be considered. However, if negative, sampling of the mass would be required for a definitive diagnosis.
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DATE	Considerations for the free fluid may include non-septic (increased vascular permeability, decreased hydrostatic pressure), septic effusion is considered less likely while the possibility of neoplastic effusion i.e., carcinomatosis cannot be excluded. Further assessment would include effusion analysis,
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cytology, +/- C/S if evidence of inflammatory cells. Overall etiology of the effusion was not overt evident given the lack of subjective structural cardiomyopathy, hepatic congestion, or significant hepatic pathology.

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Correlation with full lab work including CBC / Chemistry panel with an assessment of albumin levels and urinalysis to assess for evidence of proteinuria is recommended.

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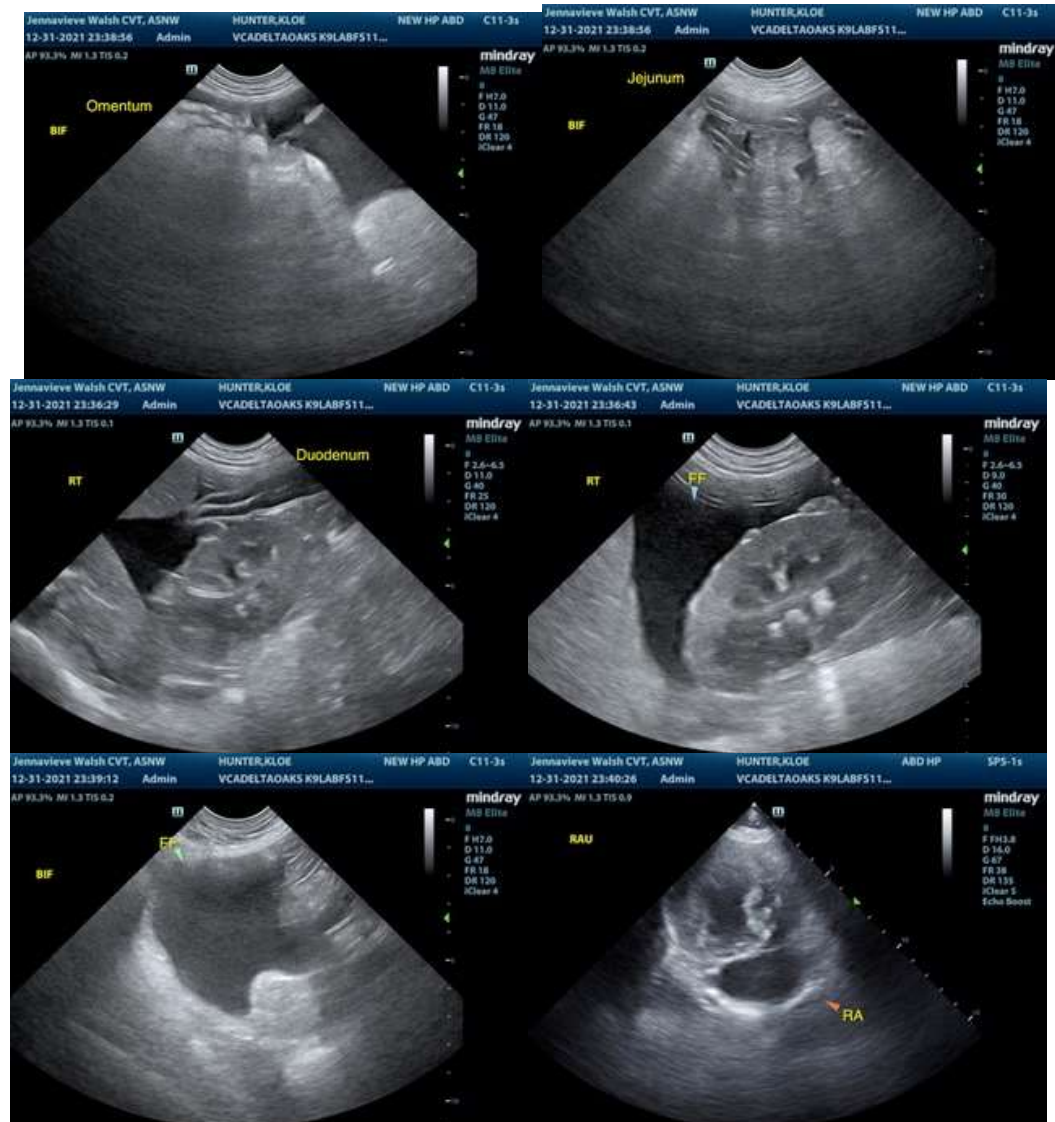
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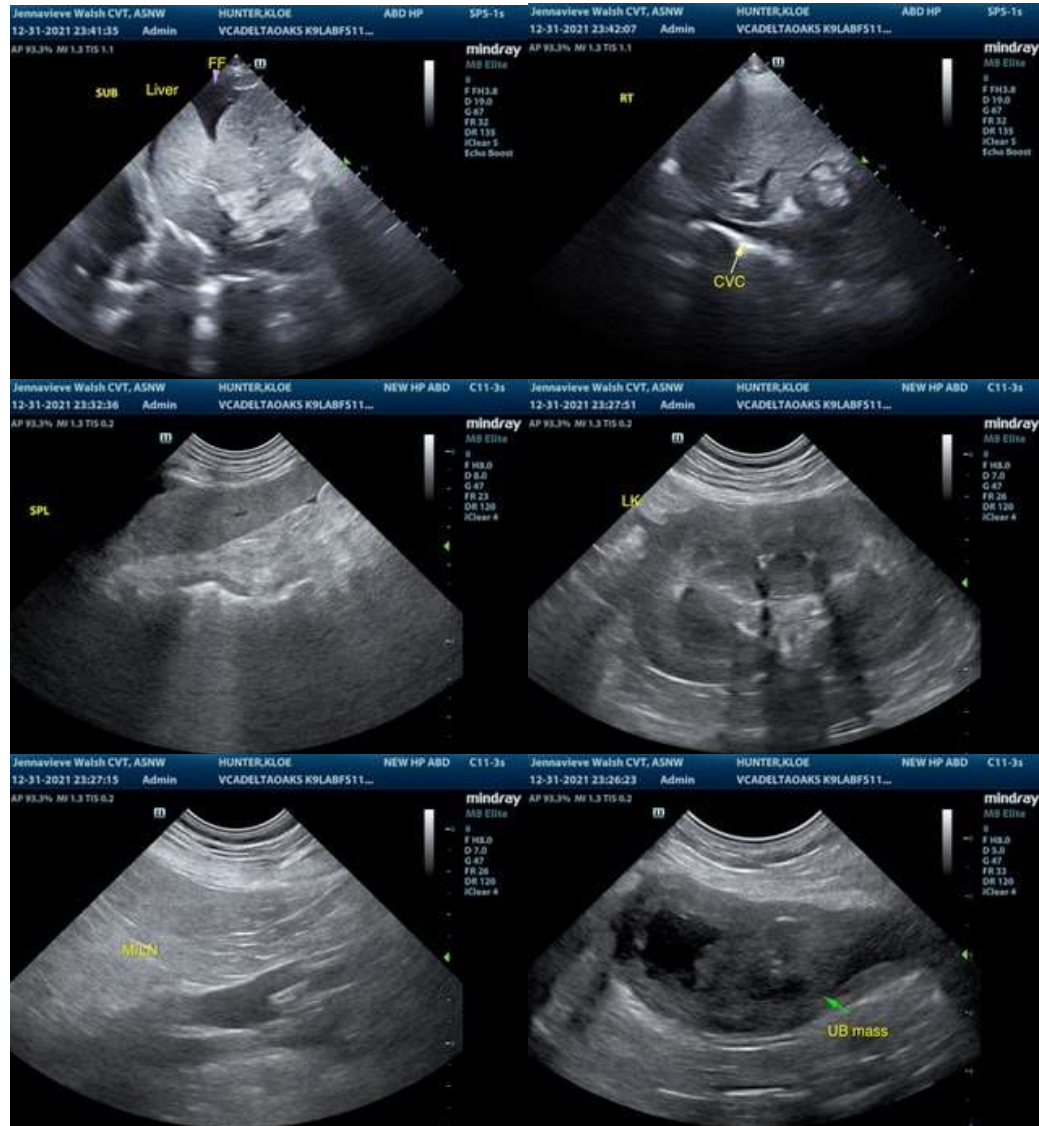
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com