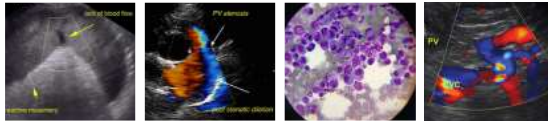




PATIENT	PRESENTING CLINICAL SIGNS
Bella Nugentu	P has been steadily losing weight while eating normal Physical exam 11/23/21: muscle mass loss rear legs; most of weight on front arms; heart murmur; oral clear, pink mm
SPECIES	Abnormal PE/Chem/CBC/UA Results: labs- cbc wnl, no leukocytosis! iof sent to ZRL ZRL- NA 136, CL 99, GLOB 3.8, ALT 302, ALKP 4650, BILI 0.5 u/s- unusual parenchyma left lobes of liver, right lobe and GB appear normal
Canine	
BREED	
Mini Schnauzer	
SEX	
FS	
AGE	
10 years	
WEIGHT	
11.75 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.
	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 4.1 cm in length. The right kidney measured 4.7 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 1.8 cm length x 0.49 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 1.8 cm length x 0.42 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 exhibited large, expansive, nonhomogeneously echogenic to multifocally cystic mass occupying the majority of the left, mid, and right liver was present. The mass measured approximately 14.0 cm x 10.0 cm but likely larger as the entire mass would not fit into a single viewing window. The caudate lobe exhibited uniform parenchyma with mildly coarse echotexture yet appeared to exhibit mild caudate lobar swelling. Secondary mild gallbladder displacement was noted. Overall, the
HOSPITAL NAME	
Liberty AH	
REFERRING VET	
Dr. Paoletti	
INVOICE	
12764	
DATE	
12/7/21	



PATIENT	gallbladder was sonographically unremarkable in size with anechoic content and without evidence of inflammatory criteria. The mass appeared to extend into the area of the caudal vena cava and likely porta hepatis. The mass extended caudally to mildly displace the stomach.
Bella Nugent	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact yet subjective mild prominent wall layering.
BREED	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.
Mini Schnauzer	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	The left pancreatic limb was mildly prominent in size with uniform hypoechoic parenchyma compared to adjacent omentum.
AGE	<i>Free Abdomen</i>
10 years	Small pockets of scant primarily perihepatic free fluid and generalized reactive perihepatic mesentery were present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.75 lbs.	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Large, expansive, nonhomogeneously echogenic to cystic liver mass with concurrent mild to moderate caudate lobar swelling • Regional cranial abdominal primarily perihepatic reactive mesentery and small pockets of scant free fluid • Potential concurrent chronic active pancreatitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Secondary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild chronic renal changes • Mild caudal gastric displacement owing to hepatic mass
Jenna Walsh, CVT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME	Although sampling or histopathology is required for further clarification and/or a definitive diagnosis, the hepatic mass is most suggestive of neoplastic criteria, adenocarcinoma, cystic biliary adenoma / adenocarcinoma, or other. The hepatic mass does not appear to be amendable to complete surgical resection, given its extension into the area of the porta hepatis and caudal vena cava.
Liberty AH	A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for contributing pancreatic or intestinal disease to the weight loss. Three view chest radiographs are recommended.
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PATIENT

Bella Nugentu

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

10 years

WEIGHT

11.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Liberty AH

REFERRING VET

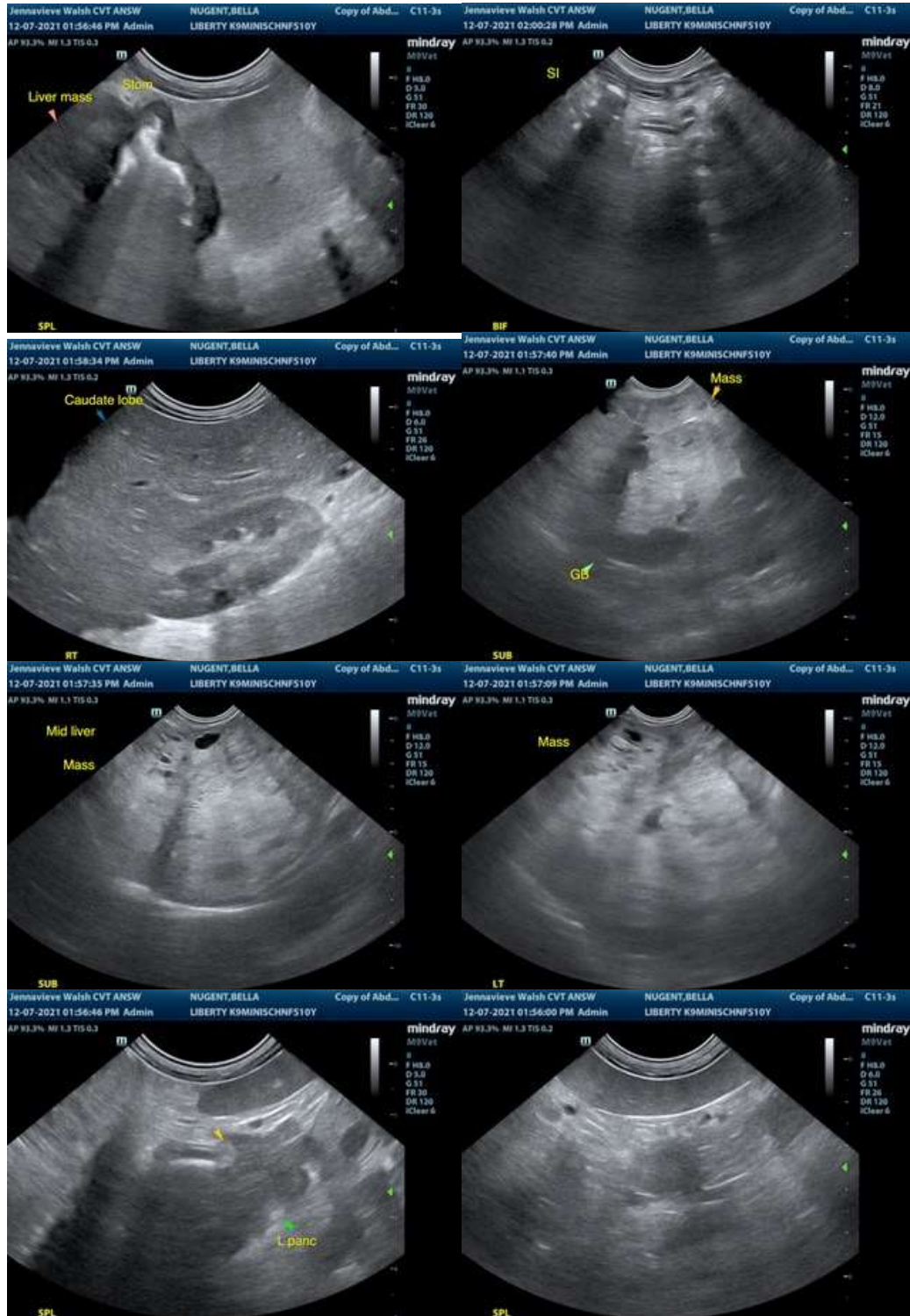
Dr. Paoletti

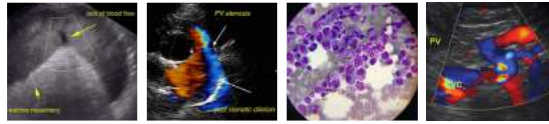
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PATIENT

Bella Nugentu

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

10 years

WEIGHT

11.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Liberty AH

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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