



PATIENT	PRESENTING CLINICAL SIGNS
Tito Thomson	Ultrasound recommended due to Anemia , was currently on movoflex joint supplement and carprofen was stopped yesterday.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: BW on 1/27 showed HCT- 24.5%, HGB 9.4, PLT 104 and retics 50.2. BW done 2/1 RBC 3.94, HCT 24.6%, HGB 10.1, PLT 136.
BREED	
Pitbull	
SEX	
N/M	
AGE	
12 years old	
WEIGHT	
78.00	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology.
	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 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 7.7 cm in length. The right kidney measured 9.3 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 0.72 cm width at the caudal pole and 0.60 cm width at the cranial pole.
	Homogeneous, subjective and primarily spherical mass in the area of the right adrenal gland was present measuring 3.7 cm x 2.8 cm.
IMAGING PERFORMED BY	Spleen
Marco Lichfield	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.
HOSPITAL NAME	
Dr. Robert Sova	
REFERRING VET	
Dr. Robert Sova	
INVOICE	Liver/ Gallbladder
16036	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
DATE	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
2/1/23	



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of 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.

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 overt omental lymphadenopathy or peritoneal effusion was present.

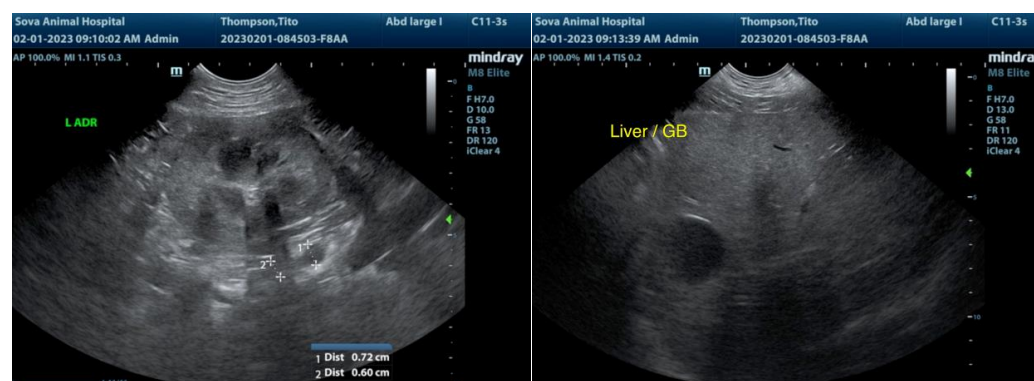
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Mild hepatic parenchymal remodeling
- Normal splenic size exhibiting subtle parenchyma heterogeneity - benign
- Right adrenal mass - functional / nonfunctional adenoma, benign hyperplasia, lipogranuloma, neoplasia such as pheochromocytoma, possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment and monitoring of systemic BP for evidence of hypertension, which may allude to a right pheochromocytoma is recommended. If hypertension is confirmed or if strong clinical suspicion for pheochromocytoma, urine catecholamine levels to Marshfield Labs could be considered.

CBC pathology review and infectious disease serology could be considered for further assessment of the anemia. Three-view chest radiographs are recommended if not done.





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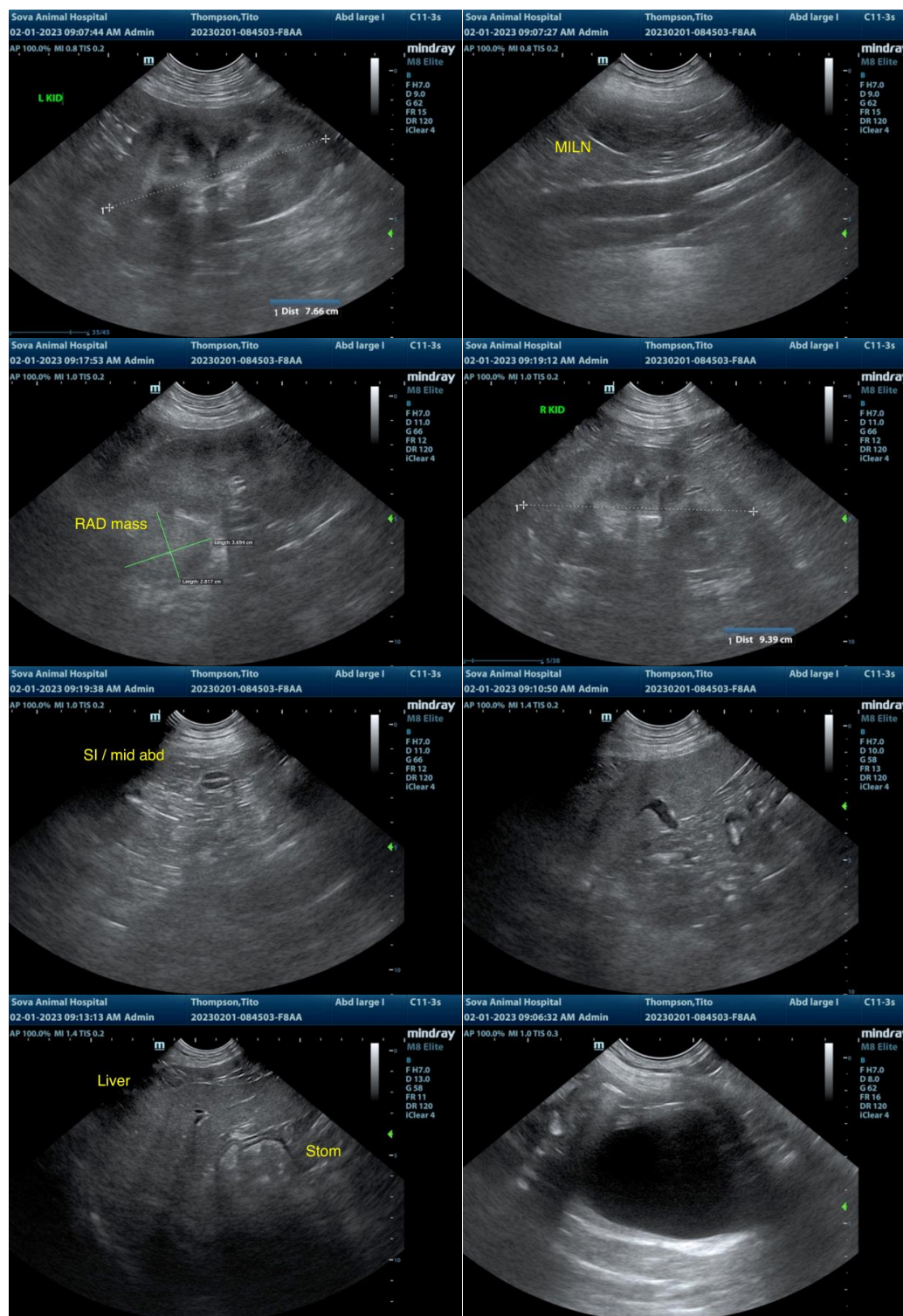
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

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info@SonoPath.com

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