

PATIENT

Tasha Wooley

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting/diarrhea for 5 days, incontinent, A-fib, elevated liver values

Medication: Diliziam, Hepatobenefits, Proin, Cranberry, Cerenia, Ampicillin, IVF

SPECIES

Canine

Unremarkable CBC, Glucose 172, Na/K ratio 34, Albumin 2.5, Globulin 2.7, ALP 850, TBili <0.1

ALT 51 normal

BREED

Newfoundland

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder was mildly subnormal in size owing to a lack of urine distention. The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of the urinary bladder wall were not present. The urinary bladder, trigone, and cystourethral junction exhibited normal tone. The proximal urethra was ill-visualized yet without overt pathology to a depth of 5.0 cm. 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 overt masses were noted.

AGE

12 years

WEIGHT

110 Pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 6.5 cm in length. The right kidney measured 7.8 cm in length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Adrenal Glands

Hyperechoic nodules were present in the left adrenal gland with mild associated symmetrical capsule expansion. The nodules did not exhibit signs of mineralization or vascular invasion. An example of a nodule in the caudal left adrenal gland measured 1.3 cm x 1.3 cm. The left adrenal gland was mildly enlarged in size measuring 4.0 cm length x 1.4 cm width at the cranial pole and 1.5 cm width at the caudal pole. No evidence of capsular escape was noted.

HOSPITAL NAME

Orefield VC

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The right adrenal gland measured 4.4 cm length x 0.93 cm width.

REFERRING VET

Dr. Schlofer

Spleen

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The spleen was subnormal in size likely owing to volume contraction with 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

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PATIENT

normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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Liver/ Gallbladder

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The liver was mildly enlarged in size with normal 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact yet prominent wall layering on the fundus and body. Mild pyloric thickening exhibiting subjective mild decreased mural echogenicity and indistinct wall layering was present with the pylorus wall width measuring up to 1.2 cm. The stomach was empty with mild luminal gas

FS

AGE

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective segmental mildly increased gas pattern was present without evidence of mechanical / metabolic ileus. The duodenum wall width measured 0.40 cm.

12 years

WEIGHT

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

110 Pounds

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.

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Free Abdomen

No omental masses, significant lymphadenopathy or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild subnormal urinary bladder size, possible mild cystitis
- Nodular left adrenal gland - functional / nonfunctional adenoma, hyperplasia, neoplasia such as pheochromocytoma or adenocarcinoma possible
- Vacuolar hepatopathy pattern with parenchymal remodeling
- Volume contracted spleen
- Subjective gastroenterocolitis pattern with mild gastric thickening

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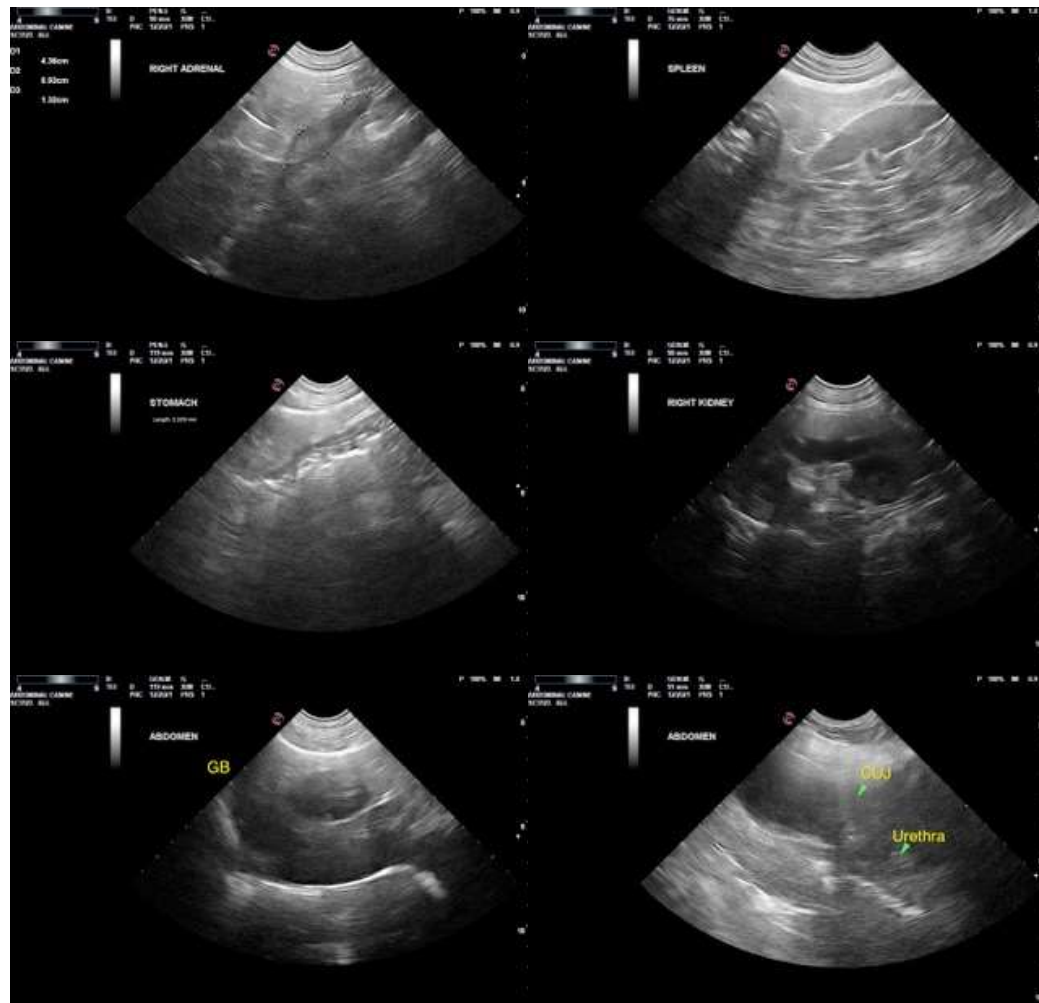
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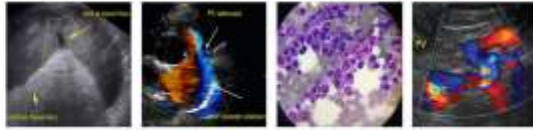
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the incontinence, full urinary workup including urinalysis, urine C/S, +/- baseline UPC are warranted. Overt evidence of lower urinary tract neoplastic criteria was not definitively evident yet reassessment of a full urinary bladder would be ideal. Screening BRAF Assay could be considered.

Assessment and monitoring of systemic blood pressure for evidence of hypertension is recommended. If evidence of hypertension, urine catecholamine levels could be considered. Sonographic monitoring of the left adrenal gland for evidence of progression with an initial recheck in 4-6 weeks is recommended.

Acute inflammatory bowel episode, dietary indiscretion, gastroenterotoxic insult, IBD, or possible emerging neoplastic Intestinal disease are possible. Hospitalization with supportive IV fluid and gastroenterocolitis protocol are suggested. Sonographic reassessment of the gastrointestinal tract may be considered If continued clinical signs to assess for progressive inflammatory or other gastrointestinal mural changes.





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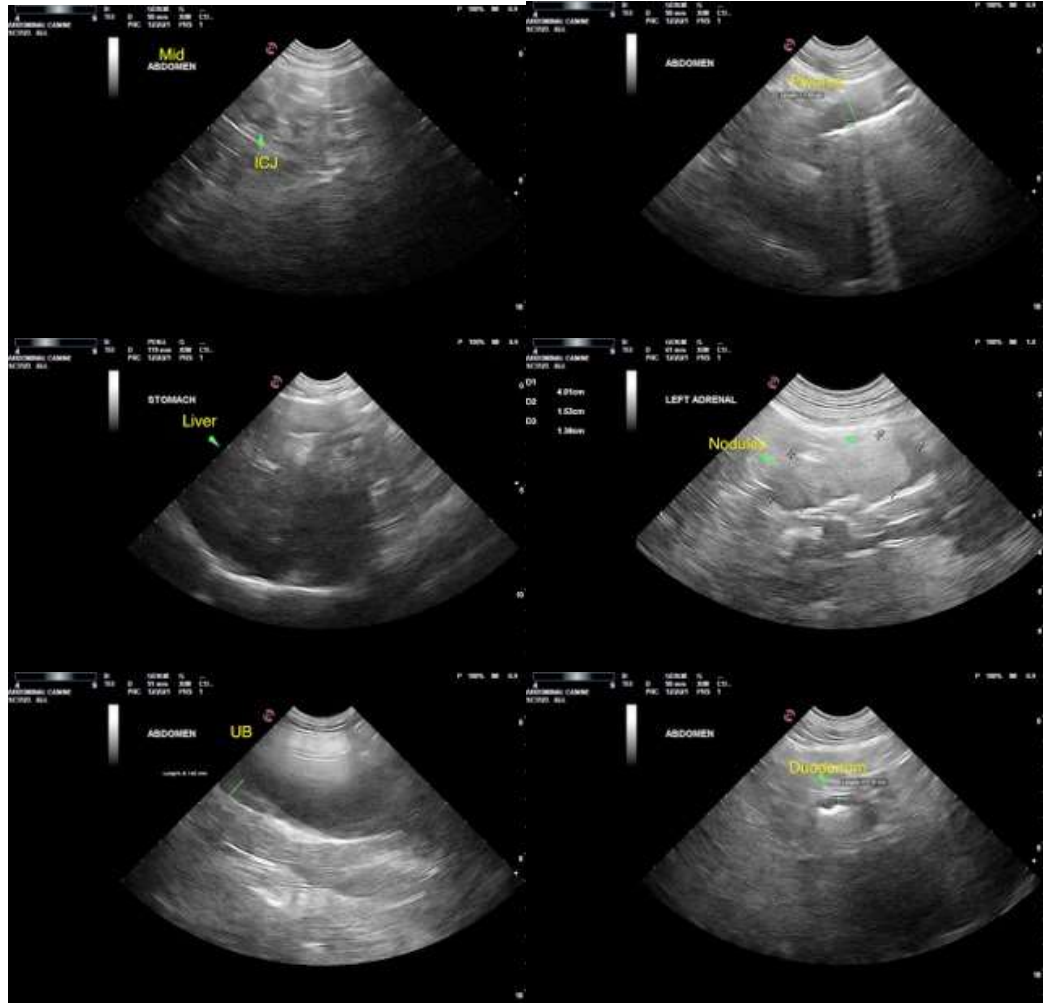
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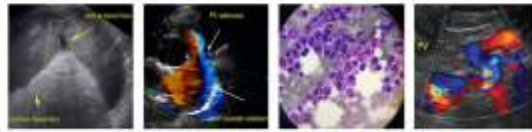
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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