



PATIENT PRESENTING CLINICAL SIGNS

Molly Hayes History of elevated liver values, diabetic, weight loss.
 Medication: Cytopoint, Hepaticlear, Ursodial, Humulin N

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

79.5

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedulary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation or pyelectasia. The left kidney measured 7.2 cm in length. The right kidney measured 6.7 cm in length.

WEIGHT

2014

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.72 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 2.7 cm length x 0.77 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Community VP

Liver/ Gallbladder

The liver was enlarged with areas of capsule asymmetry and generalized nonhomogeneous hyperechoic hepatic parenchyma with moderate coarse echotexture. Evidence of parenchymal remodeling and intermittent to multiple discrete hypoechoic, nondisruptive, intraparenchymal nodules were present with an example measuring 1.4 cm in diameter. The gallbladder was non-distended in size containing anechoic content with mild, echogenic gallbladder debris. The cystic and common bile ducts were normal without evidence of post hepatic obstruction.

REFERRING VET

Dr. Carpenter

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PATIENT ***Gastrointestinal***

Molly Hayes The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic gastric fluid was noted.

SPECIES 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.

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

BREED ***Pancreas***

Lab Mix The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX ***Free Abdomen***

FS No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

79.5 • Hepatomegaly exhibiting nonuniform hyperechoic to hypoechoic nodular parenchyma - nonspecific yet likely consistent with metabolic / reactive / vacuolar (diabetic) hepatopathy, inflammatory / immune-mediated disease, lipidosis, fibrosis, or less likely infiltrative neoplasia are all potentials

WEIGHT 2014 • Mild gallbladder debris (non-mucocele)

INTERPRETED BY • Structurally normal gastrointestinal tract

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) • Mild heterogenous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and with vitamin K pretreatment, screening hepatic FNA cytology using a 25-gauge needle could be considered for further clarification.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for evidence of low-grade pancreatitis or structurally unremarkable intestinal disease as contributing factors to the patient's weight loss.

HOSPITAL NAME Community VP If not done, full urinary workup including screening C/S especially if evidence of glucose urea or inflammatory urinary bladder sediment is recommended.

REFERRING VET Hepatosupportive medications which may include the addition of Ursodiol may prove beneficial.

Dr. Carpenter For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

INVOICE 16133 One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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**IMAGING
PERFORMED BY**

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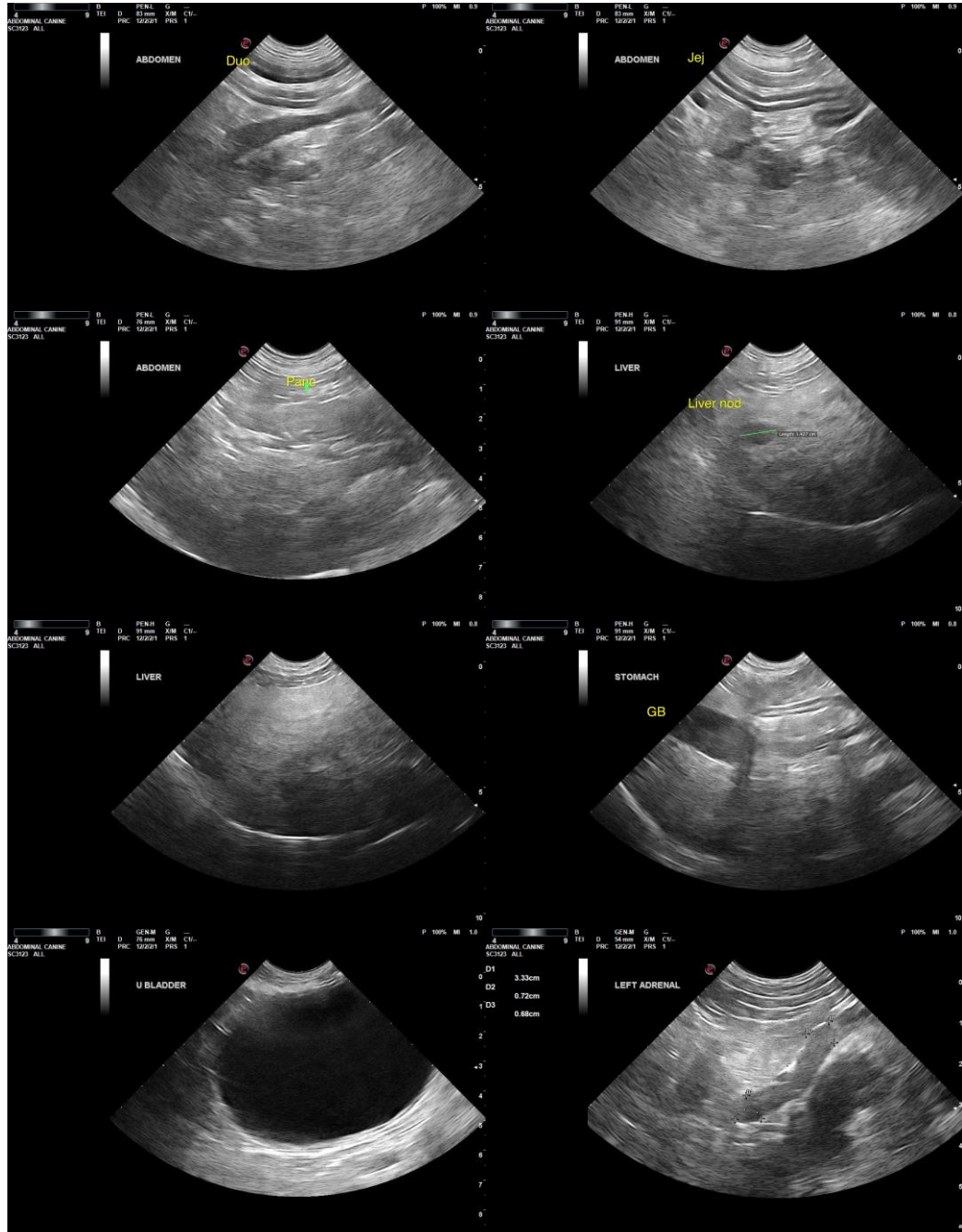
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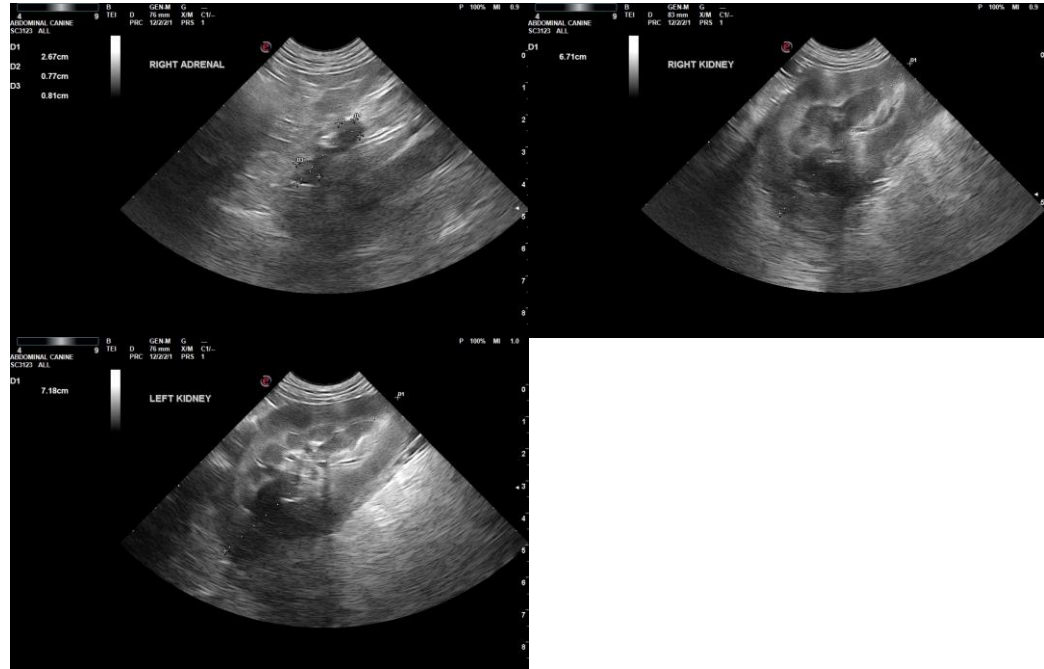
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com