



PATIENT	PRESENTING CLINICAL SIGNS
Dobby Scott	Dobby presented for evaluation of acting off recently. He has a history of seizures and is on keppra as well as fluoxetine and trazodone for anxiety.
SPECIES	Abnormal PE/Chem/CBC/UA Results: blood work and urinalysis pending.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	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.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.65 cm in diameter.
7 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary 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. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.
25.4	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without evidence of overt pathology subjectively measuring 0.57 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. Susanne Bush	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.
HOSPITAL NAME	Liver/ Gallbladder
Great Miami VC	The liver was overall normal in size and contour with normal overall hepatic parenchyma echogenicity exhibiting mild coarse echotexture. A solitary homogeneous isoechoic to mildly echogenic nodule was present in the ventral aspect of the mild liver adjacent to the diaphragm measuring 2.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Susanne Bush	Gastrointestinal
INVOICE	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta / chyme was present in the stomach. The gastric body wall width measured 0.33 cm.
13345	
DATE	
2/15/22	



PATIENT

Dobby Scott

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 0.52 cm.

SPECIES

Canine

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

Pancreas

BREED

Mixed

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.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

25.4

- Solitary nonspecific hepatic nodule
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The nonspecific hepatic nodule may indicate suspect benign process such as lipogranuloma, nodular to regenerative hyperplasia, or hematopoiesis. However, the possibility of emerging low-grade neoplasia cannot be definitively excluded.

IMAGING PERFORMED BY

Dr. Susanne Bush

Assuming normal clotting status, FNA of the nodule, if accessible and using a 25-gauge needle, for screening cytology is warranted. Otherwise, sonographic monitoring to assess for evidence of progression with initial recheck suggested in 4-6 weeks would be a more conservative approach. Correlation with pending lab work is recommended.

HOSPITAL NAME

Great Miami VC

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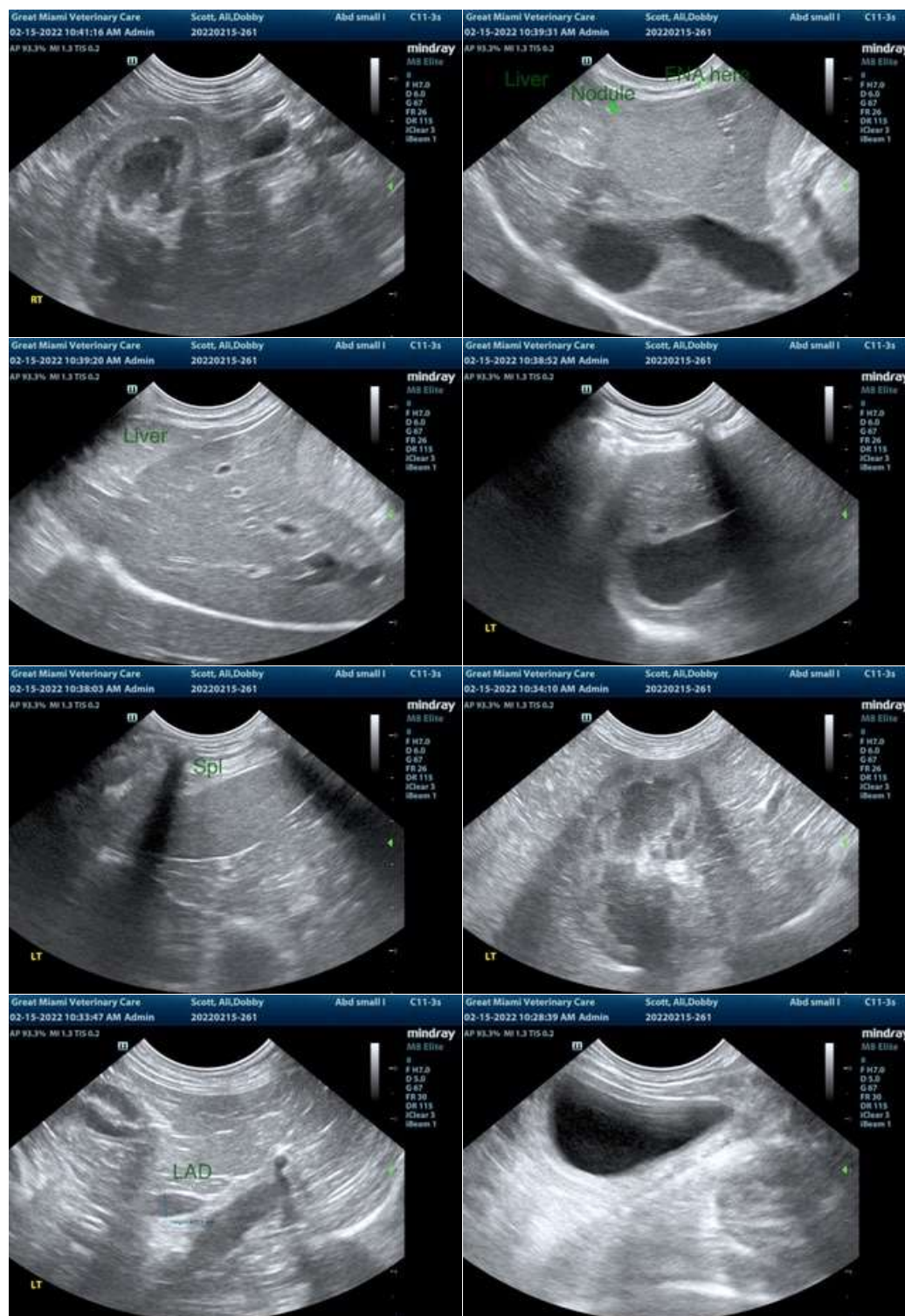
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Dobby Scott

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.

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

Mixed

SEX

MN

AGE

7 years

WEIGHT

25.4

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

**IMAGING
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