



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Honey Galloway	Poor appetite, weight loss without trying. Has tried different foods and she will stop eating within 24 hours of starting anything new. Has been on Metronidazole for gastritis and loose stools. Also on Thyrotabs, Ursodial.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: AlkPhos elevated, SDMA elevated, Cholesterol elevated, Platelets elevated.
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Sheltie	<b><i>Urinary System</i></b>
<b>SEX</b>	The urinary bladder was subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. No overt inflammatory or neoplastic criteria were noted. Mild anechoic urine was present with no evidence of calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
10 years	The left kidney was enlarged primarily owing to a moderately sized to expansive primarily homogeneous, solid mass in the area of the mid to cranial left kidney measuring approximately 5.4 cm x 5.0 cm. Discernable mid to caudal left kidney parenchyma exhibiting mild loss of corticomedullary border demarcation was present with minor left kidney pyelectasia. The overall left kidney measured 8.2 cm length. No evidence of left retroperitoneal peritonitis was noted.
<b>WEIGHT</b>	
32 lbs.	
<b>INTERPRETED BY</b>	Normal size and margination were exhibited by the right. 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 right kidney measured 5.4 cm in length.
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	<b><i>Adrenal Glands</i></b>
Crystal Hill	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.66 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 2.0 cm length x 0.62 cm width at the caudal pole.
<b>HOSPITAL NAME</b>	<b><i>Spleen</i></b>
The Maples AH	The spleen exhibited subjective mild subnormal size possibly indicative of volume contraction. The spleen exhibited a symmetrical capsule contour and a maintained finely textured and homogenous parenchyma. No splenic masses or nodules were noted.
<b>REFERRING VET</b>	<b><i>Liver/ Gallbladder</i></b>
Dr. Kazienko	The liver was mild to moderately enlarged in size with a symmetrical capsule contour. The liver exhibited generalized normal hepatic parenchyma echogenicity with moderate coarse echotexture and intermittent, discrete, non-disruptive, uniform mildly hyperechoic intraparenchymal nodules with an example measuring 1.0 cm in diameter. The gallbladder was non-distended in size containing
<b>INVOICE</b>	
16250	
<b>DATE</b>	
2/22/23	



<b>PATIENT</b>	primarily anechoic content with mild, nonorganized, gallbladder debris. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation was noted.
Honey Galloway	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
<b>BREED</b>	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.
Sheltie	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b>Pancreas</b>
FS	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b>Free Abdomen</b>
10 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
32 lbs.	<ul style="list-style-type: none"> <li>• Left kidney mass</li> <li>• Subjective volume contracted spleen</li> <li>• Hepatomegaly exhibiting intermittent nondisruptive intraparenchymal nodules - subjectively benign, suggestive of vacuolar hepatopathy pattern with likely discrete intermittent nodular hyperplasia or lipogranulomas</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Overtly normal gastrointestinal tract</li> <li>• Minor pancreatic remodeling</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP	Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the left kidney mass is warranted for further assessment.
<b>IMAGING PERFORMED BY</b>	<b>REFERRING VET</b>
Crystal Hill	A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs to assess for or rule out occult disease as a contributing factor to the patient's decreased appetite and weight loss may be considered.
<b>HOSPITAL NAME</b>	<b>INVOICE</b>
The Maples AH	Novel protein or hydrolyzed diet trial, gastroprotectants, and high colony count probiotics such as Provable +/- empirical deworming may be considered.
<b>REFERRING VET</b>	16250
Dr. Kazienko	<b>DATE</b>
	2/22/23



**PATIENT**

Honey Galloway

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

FS

**AGE**

10 years

**WEIGHT**

32 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

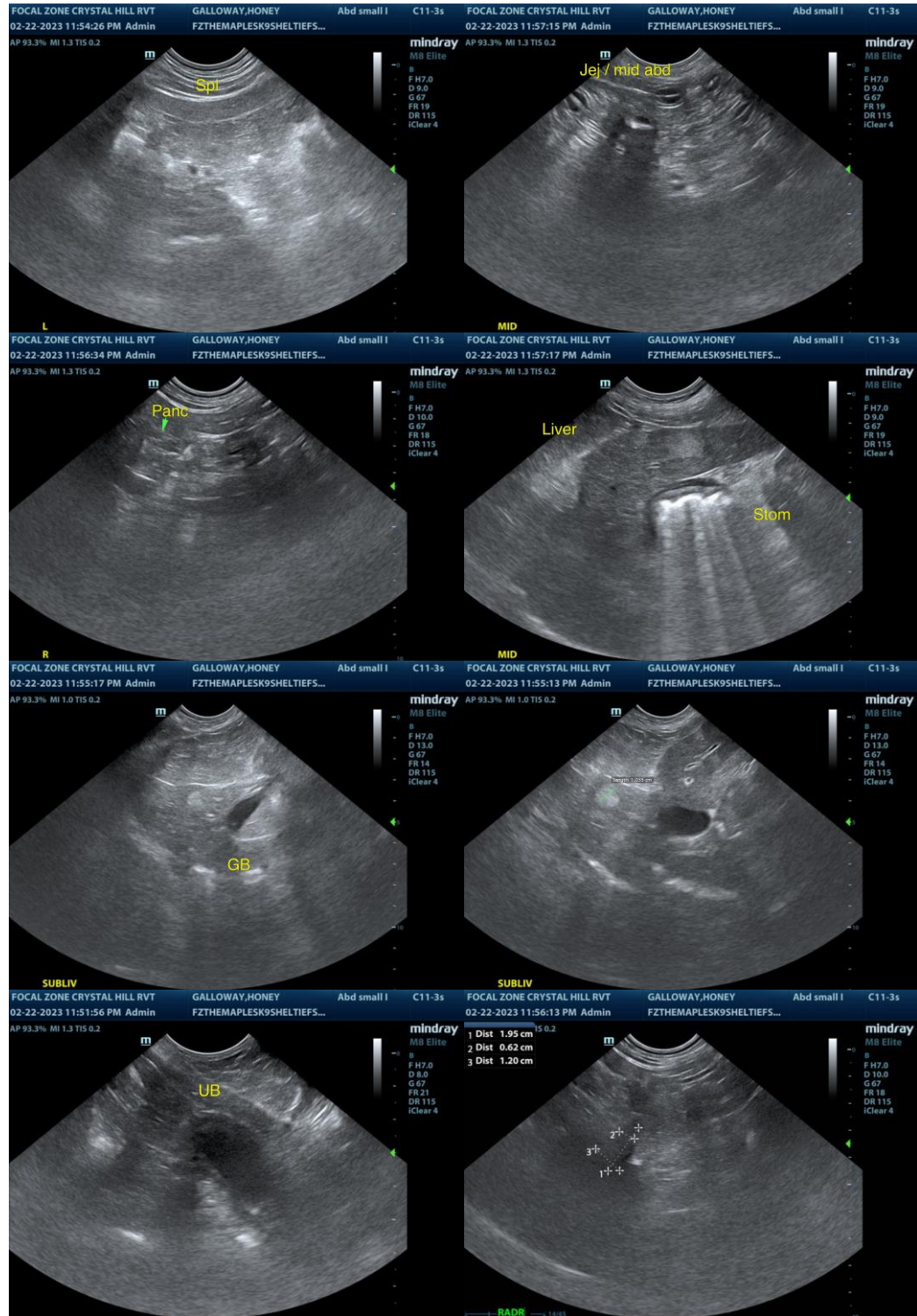
Dr. Kazienko

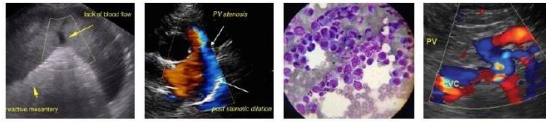
**INVOICE**

16250

**DATE**

2/22/23





**PATIENT**

Honey Galloway

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

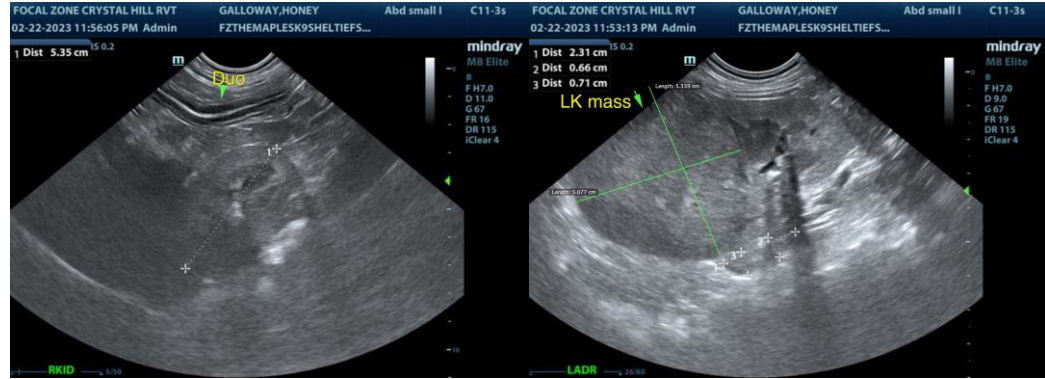
FS

**AGE**

10 years

**WEIGHT**

32 lbs.



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)**  
info@SonoPath.com

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

Dr. Kazienko

**INVOICE**

16250

**DATE**

2/22/23