



PATIENT	PRESENTING CLINICAL SIGNS
Theodore Costa	Has had ongoing gastroenteritis and sudden onset of new "seizures" at night. Explained much like grand mal seizures. Has had two episodes in past few weeks. Ongoing skin and ear issues and loose stools. Sometimes leaks urine. Has arrythmia noted on exam. Has been on Thyrotabs, Hepato Support, Low fat diet.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: ALT elevated, Alkphos elevated, spec PSL elevated.
BREED	
Boxer	
SEX	
MN	
AGE	
11 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
68.4 lbs.	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. A solitary left kidney medial cortical cyst was present. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.9 cm in length.
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	Urinary System
Crystal Hill	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited overtly 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.
HOSPITAL NAME	Adrenal Glands
The Maples AH	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.84 cm width at the caudal pole. The right adrenal gland was not visualized owing to patient size / conformation.
REFERRING VET	Spleen
Dr. Kazienko	The spleen exhibited subjective mild asymmetrical cranial enlargement with a solitary, nonspecific, mildly expansive, mildly hypoechoic cranial splenic nodule measuring 2.4 cm in diameter. Subtle areas of splenic capsule asymmetry were noted. Normal splenic vascularity was noted. No definitive splenic masses were observed.
INVOICE	Liver/ Gallbladder
16251	The liver exhibited potential for mild enlargement with areas of subtle capsule asymmetry. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal hepatic vascular volume was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion criteria. A mildly expansive, nonhomogeneous mass lesion was noted mid caudal liver without significant distortion of the hepatic capsule measuring approximately 6.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal. No evidence of peripheral gallbladder inflammation was noted.
DATE	
2/22/23	



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta without evidence of gastric distention or signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental nonobstructive intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

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

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonuniform hepatic parenchyma with solitary mid-caudal intraparenchymal mass lesion - vacuolar hepatopathy, inflammatory / immune-mediated disease, mid caudal intraparenchymal hyperplasia, hematopoiesis, nodular regeneration, small hepatoma, fibrosis, neoplasia, all potentials
- Subjective mild cranial splenomegaly with nonspecific mildly expansive cranial splenic nodule
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable urinary bladder and visible proximal urethra
- Nonspecific enteritis, mild gastric ingesta
- Mild heterogeneous pancreas

Secondary Findings

- Mild chronic renal changes with small left kidney cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, cranial splenic nodule and hepatic parenchyma FNA cytology could be considered for further clarification. The hepatic mass lesion is suspected to be inaccessible for FNA cytology. Assessment of cobalamin / folate levels and a resting cortisol level may be considered. Hydrolyzed diet trial as well as high colony count probiotic may prove beneficial.



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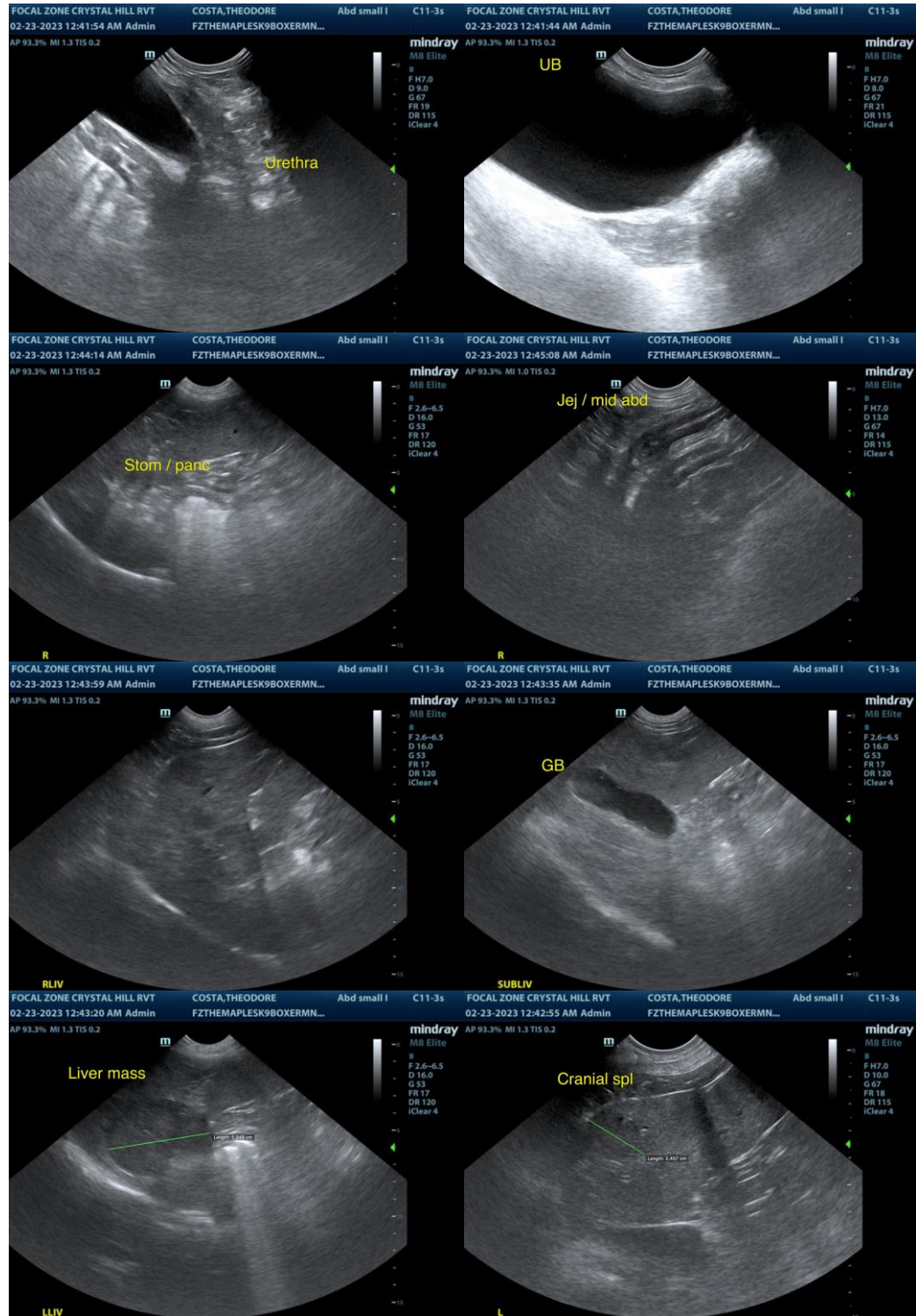
Dr. Kazienko

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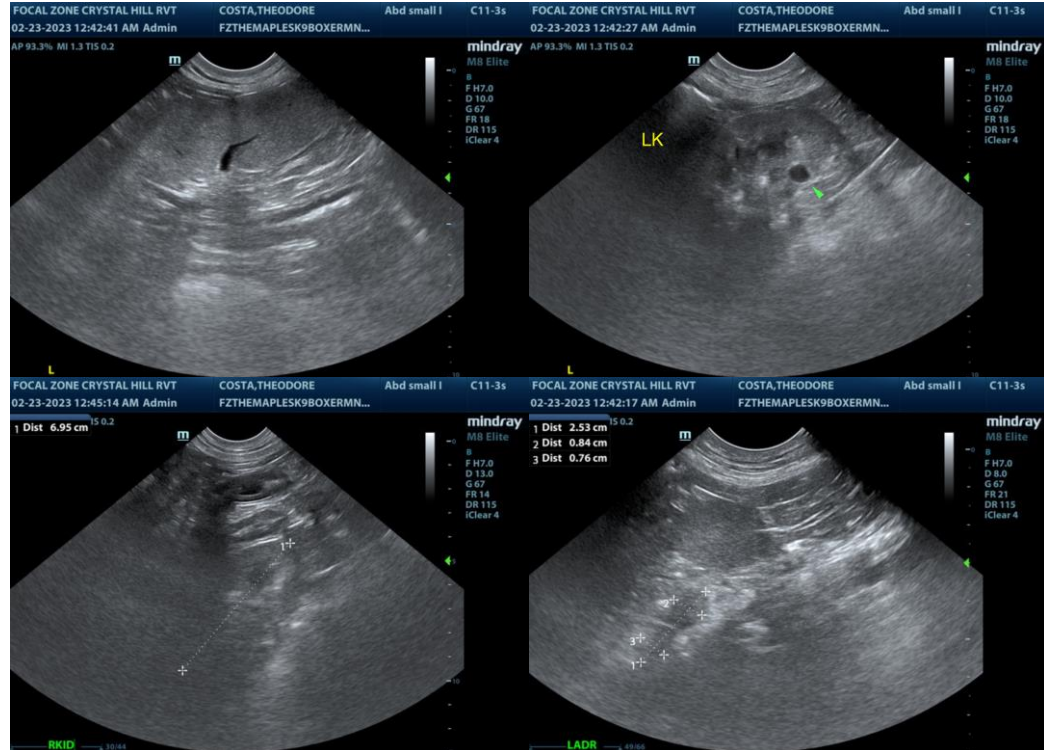
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com