

**PATIENT**

Daisy Mae Bird

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

45 Lbs.

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr Bock-Vanaria

**INVOICE**

14051

**DATE**

2/23/22

**PRESENTING CLINICAL SIGNS**

History: Poor appetite for the past 1-2 weeks.

Abnormal PE/Chem/CBC/UA Results: Fractured 108 with gingival growth over the defect; exam otherwise unremarkable. Mast cell tumor was removed from the paw with dirty margins on 12/17/21. CBC/Chem run on 2/19/22 in preparation to remove fractured tooth. CBC: Retic=130 (N10-110), otherwise wnl; CHEM: Na=154 (N142-152), Na:K=39 (N28-37), ALT=259 (N 18-121), AST=121 (N16-55), ALP=448 (N5-160), GGT=64 (N0-13), CHOL=129 (N131-345). Mild elevation in ALP since 2018. FNA of Liver done at time of scan

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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 were noted. Aortic trifurcation was normal.

Normal size and margination was 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. Pinpoint areas of mineralization present. A small cortical cyst was present in the right kidney. The left kidney measured 7.1 cm in length. The right kidney measured 7.3 cm in length.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement with heterogeneous non-mineralized parenchyma was present. The left adrenal gland measured 2.7 cm in length x 1.0 cm width at the caudal pole. The right adrenal gland measured 2.5 cm in length x 0.84 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity with intermittent subtle non-expansive hypoechoic nodules. An example of a splenic nodule measured 0.92 cm.

**Liver**

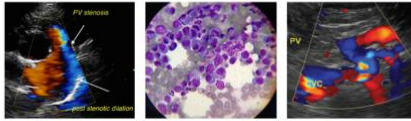
The liver exhibited mild enlargement with maintained symmetrical capsule contour. Generalized non-uniform parenchyma, exhibiting parenchymal remodeling with intermittent discreet hypoechoic parenchymal nodules present, an example of liver nodule size measured 2.2 cm in diameter.

The gallbladder was non distended in size with mild non-dependent yet non-organized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

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. The gastric body wall measured 0.45 cm.

The small intestine exhibited intact wall layering with generalized propensity for mild subjective increased mucosa. Normal mucosa echogenicity was present. The duodenum wall measured 0.61 cm. The jejunum wall measured 0.53 cm.

**PATIENT**

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

Daisy Mae Bird

**Pancreas****SPECIES**

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

Canine

**Free Abdomen****BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Beagle Mix

**ULTRASONOGRAPHIC FINDINGS****SEX**

- Hepatopathy, exhibiting nonuniform to discretely nodular parenchyma- vacuolar hepatitis, chronic active hepatitis/cholangiohepatitis, early fibrosis, cirrhosis, hematopoiesis or other hepatopathy. Potential for neoplasia is considered less likely yet cannot be excluded.

Spayed Female

- Mild gallbladder debris (non-mucocele)- Potentially owing to fasting or cholestasis

**AGE**

- Subtly hypoechoic nonspecific splenic nodules- focal areas of mild lymphoid hyperplasia, hematopoiesis, inflammation/infection. Potential for neoplasia cannot be excluded.

12 Years

- Bilateral nonspecific adrenomegaly- functional versus nonfunctional adenoma, benign hyperplasia. Potential for emerging neoplasia is considered less likely yet cannot be excluded.

**WEIGHT**

45 Lbs.

- Possible inflammatory enteropathy

- Mildly heterogeneous pancreas- minor parenchymal remodeling owing to previous inflammation, low-grade to chronic inflammation possible.

**INTERPRETED BY**

- Bilateral chronic renal changes with pinpoint medullary mineral

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Pending hepatic cytology and assuming normal clotting status, concurrent splenic cytology within the area of discreet nodule, using a 25-gauge needle, could be considered for screening cytology.

Sarah Pender, CVT

Although the decreased appetite in this patient does not fit with hyperadrenocorticism, screening UCCR +/- LDDST (if clinically indicated) may be considered. If evidence of weight loss, GI panel, to include PLI, TLI, cobalamin and folate is warranted. Screening blood pressure, to assess for evidence of hypertension is suggested. Pending hepatic cytology, hepatosupportive medications may be of benefit. Assuming normal BUN, cholesterol, glucose and albumin levels, which indicate normal hepatic functionality, no overt anesthetic contraindications.

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

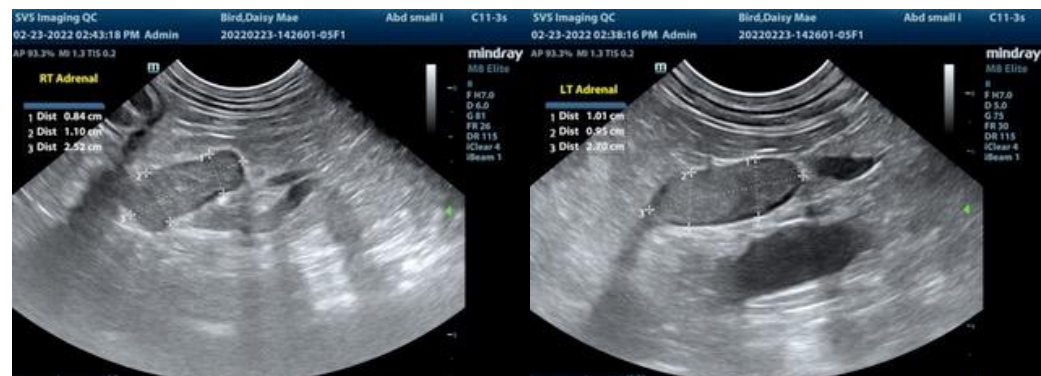
Dr Bock-Vanaria

**INVOICE**

14051

**DATE**

2/23/22





**PATIENT**

Daisy Mae Bird

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

45 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

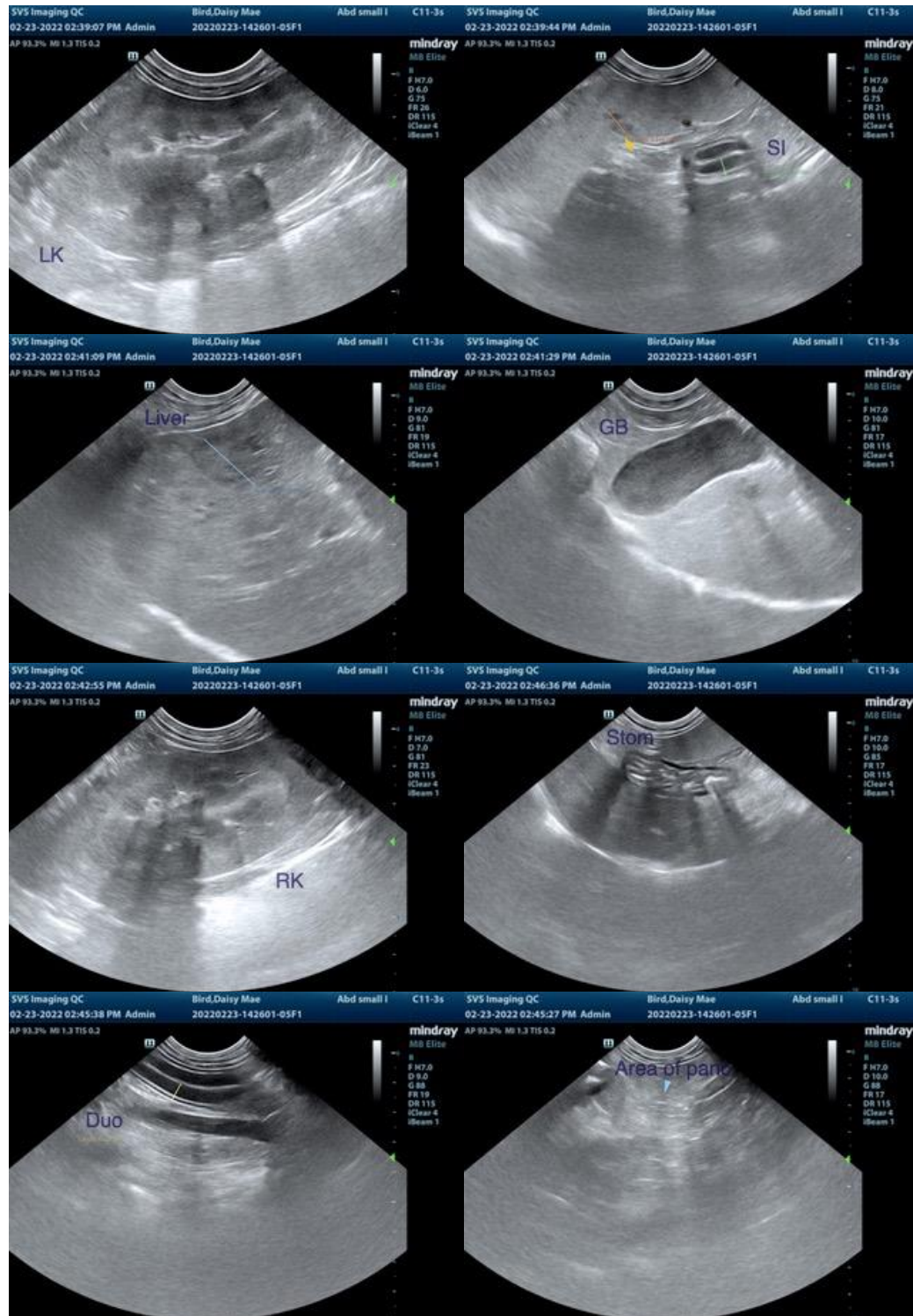
Dr Bock-Vanaria

**INVOICE**

14051

**DATE**

2/23/22

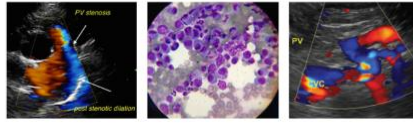


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

IMAGING PERFORMED BY

svsimaging.net 309-737-3070



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

can be of any further assistance please contact me.

Daisy Mae Bird

**SPECIES**

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

**info@SonoPath.com**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

45 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr Bock-Vanaria

**INVOICE**

14051

**DATE**

2/23/22