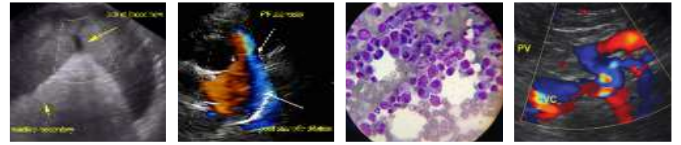




PATIENT	PRESENTING CLINICAL SIGNS
Harley Ignaskzak	Patient presented for +V+D, weight loss + pu/pd. Patient has lost 20lbs since her last visit with us. She is a little dehydrated on exam. Patient has lipoma but there are no significant findings otherwise
SPECIES	
Canine	CBC Platelets 633, ALP 4598, ALT 149, Specific gravity 1.050
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Lab	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.
SF	
AGE	A solitary medial Iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.6 cm x 0.5 cm. This lymph node was not consistent with inflammatory or neoplastic criteria, and likely incidental.
11	
WEIGHT	
70	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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Focal areas of medullary mineralization were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the cranial pole and 0.68 cm width in the caudal pole. The right adrenal gland measured 0.82 cm width in the cranial pole and 0.76 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Megan Larson	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No overt evidence of concurrent neoplastic criteria was noted.
HOSPITAL NAME	Liver/ Gallbladder
Yorkville Animal Hospital	The liver exhibited a moderately sized to expansive nonhomogeneous mass appearing to occupy the mid to right caudal liver measuring approximately 9.0-10.0 cm in diameter. Subtle evidence of perihepatic reactive mesentery was present. Concurrent, subjectively normal-appearing hepatic parenchyma was present in the deep and likely left liver with evidence of minor parenchymal remodeling. The gallbladder was non-distended in size with moderate nondependent to mildly congealed nonmineralized luminal debris. The gallbladder was otherwise normal without evidence of
REFERRING VET	
Dr. Oedewaldt	
INVOICE	
13406	
DATE	
2/23/22	



PATIENT	inflammatory criteria. No evidence of peripheral gallbladder Inflammation was noted. The cystic and common bile ducts were normal.
Harley Ignaskzak	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact yet mildly prominent wall layering with a mild to moderate amount of retained anechoic to mildly echogenic fluid present in the stomach. The gastric body wall width measured 0.47 cm.
BREED	
Lab	The duodenum exhibited intact yet mildly prominent wall layering with minor evidence of duodenal ileus. The jejunum and ileus to the level of the colon were sonographically normal. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.32 cm.
SEX	
SF	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
11	The pancreas was mildly prominent in size with minor asymmetrical contour and nonhomogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.
WEIGHT	<i>Free Abdomen</i>
70	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Nonhomogeneous liver mass • Moderate, nondependent to congealed gallbladder debris - potential early to partial gallbladder noninflamed mucocele • Bilateral chronic renal changes with pinpoint to focal medullary mineral • Mildly prominent to heterogeneous pancreas - evidence of parenchymal remodeling associated with age or previous inflammation suspected, potential for low-grade to chronic pancreatitis possible • Hypomotile stomach, mild gastroduodenitis pattern
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Megan Larson	Although sampling is required for further clarification, the hepatic mass is suggestive of neoplastic criteria. Assuming normal clotting status, ultrasound-guided FNA of the hepatic mass could be considered for further clarification and potential oncology consultation.
HOSPITAL NAME	
Yorkville Animal Hospital	
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DATE	
2/23/22	



PATIENT

Harley Ignaskzak

SPECIES

Canine

BREED

Lab

SEX

SF

AGE

11

WEIGHT

70

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville Animal
Hospital

REFERRING VET

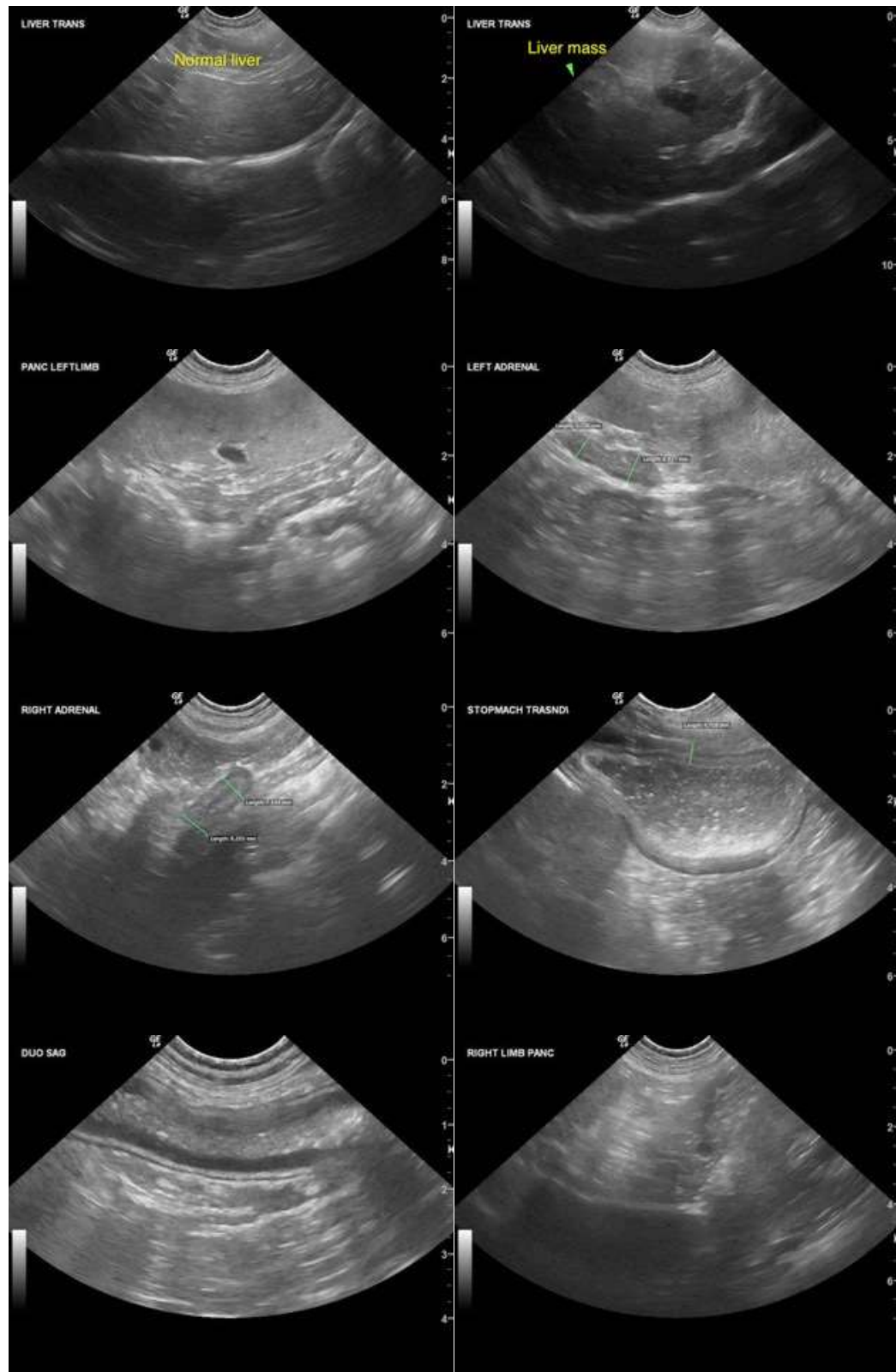
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PATIENT

Harley Ignaskzak

SPECIES

Canine

BREED

Lab

SEX

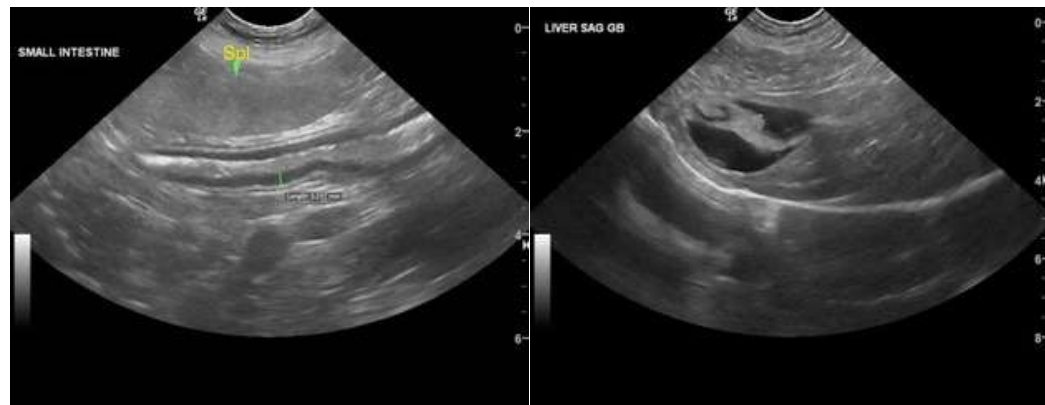
SF

AGE

11

WEIGHT

70



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.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Megan Larson

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