



PATIENT PRESENTING CLINICAL SIGNS

Brandy Hudock PU/PD, leaking urine, GI signs.

SPECIES Unremarkable CBC / Chemistry Panel

Canine Urine specific gravity - 1.020, negative protein/glucose, T4 1.5

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix *Urinary System*

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited subjective 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. **FS** No evidence of inflammatory or neoplastic changes was noted.

AGE The area of the aortic trifurcation was free of pathology.

2014 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. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.8 cm in length.

WEIGHT 62.8

Adrenal Glands

INTERPRETED BY The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.58 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.67 cm width at the caudal pole.
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY *Spleen*

Rebekah Jakum, CVT ARDMS/RVT The spleen was subjective borderline to mildly enlarged yet maintained a symmetrical capsule contour exhibiting generalized mild parenchyma heterogeneity. A solitary, small to discrete, non-disruptive, hypoechoic nodule was noted in the caudomedial parenchyma measuring 0.76 cm. Normal splenic vascularity was noted.

HOSPITAL NAME *Liver/ Gallbladder*

Lehigh Valley AH (Allen) The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A nonspecific, mildly irregular, nonhomogeneously hyperechoic intraparenchymal lesion was noted in the right lateral to caudate liver lobe measuring 6.7 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Hersh

INVOICE

16300

DATE

2/23/23



PATIENT

Gastrointestinal

Brandy Hudock

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Lab Mix

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

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2014

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Subjective borderline / mild splenomegaly with nonspecific nondisruptive nodule
- Hepatic parenchymal remodeling with nonspecific right lateral to caudate lobe intraparenchymal lesion - atypical lipogranuloma, hyperplasia, hematopoiesis, focal lobar fibrosis, possible emerging neoplasia
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract / pancreas
- Mild chronic renal changes
- Normal bilateral adrenal glands

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Lehigh Valley AH
(Allen)

Baseline renal staging to include screening C/S and UPC level (even without evidence of proteinuria), could be considered. No evidence of upper or lower urinary tract structural pathology or neoplastic criteria.

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Adrenal disease is considered unlikely given the adrenal and hepatic sonographic appearance, as well as the lack of hepatic enzyme elevations. If accessible, FNA cytology of the nonspecific right lateral to caudate lobe intraparenchymal lesion is warranted for further assessment. Sonographic monitoring for evidence of progression would be a more conservative approach.

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As-needed gastrointestinal support which may include bland novel protein or hydrolyzed diet trial, high colony count probiotics during episodes of diarrhea may prove beneficial.

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HOSPITAL NAME

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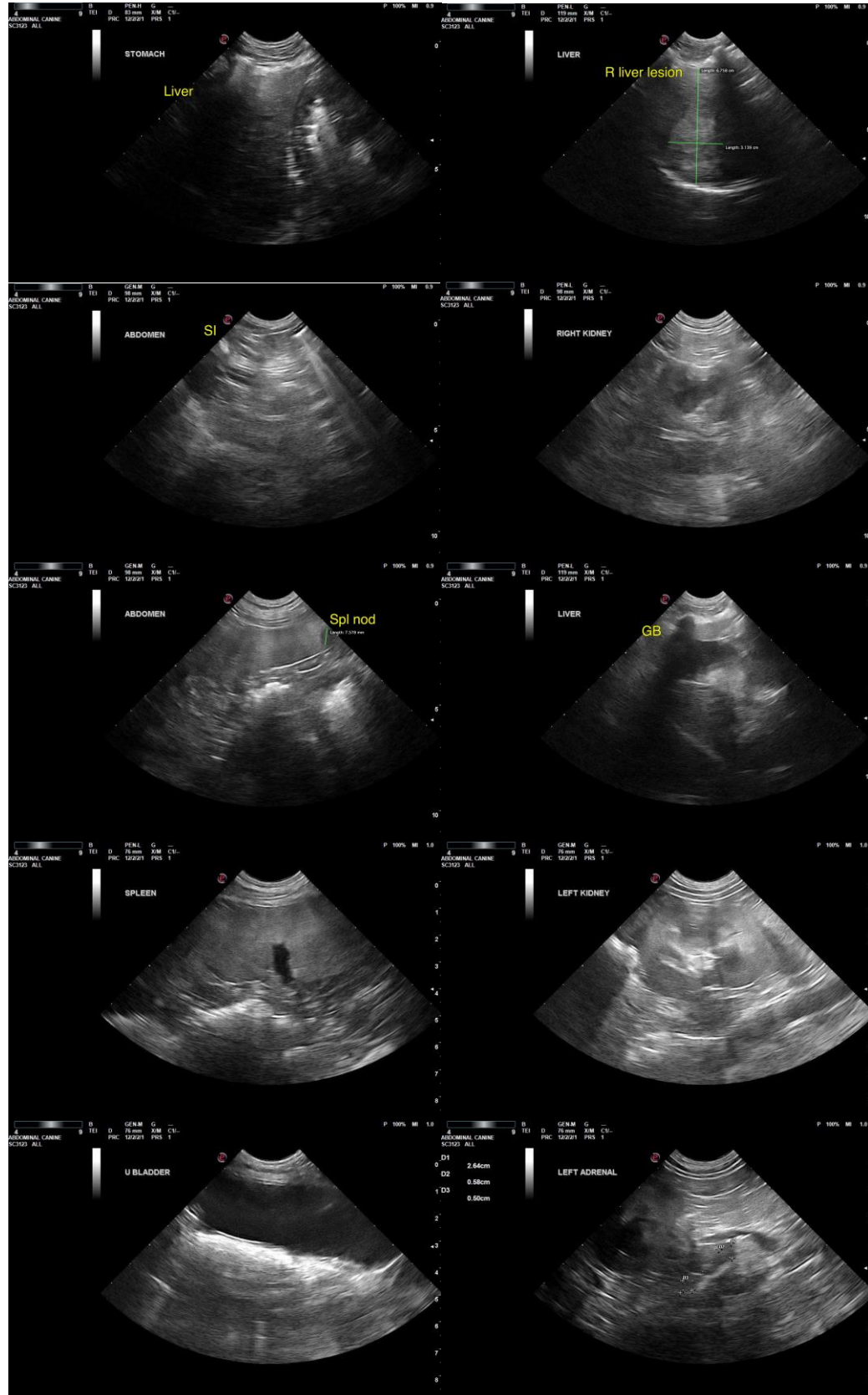
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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