



PATIENT

Sassy Pratt

SPECIES

Canine

BREED

Shih Tzu

SEX

F/S

AGE

8

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Sandu

INVOICE

16284

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Weight loss poor appetite

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes cholesterol high normal SDMA and amylase lipase mild elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The area of the aortic trifurcation was free of pathology.

Normal size and minor capsule asymmetry were present in the kidneys. Nonuniform to variably echogenic cortex with moderate loss of corticomedullary border demarcation was present with dystrophic medullary mineralization. Intermittent cortical cysts were present. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was enlarged to nodular exhibiting secondary capsule distortion yet maintained capsule integrity. No evidence of mineralization was noted. The left adrenal gland measured 2.7 cm length x 1.8 cm width at the caudal pole.

The right adrenal gland was borderline enlarged yet maintained capsule integrity with mild asymmetrical capsule contour. The right adrenal gland exhibited nonhomogeneous, indistinctly nodular parenchyma with no overt evidence of right adrenal mineralization. The right adrenal gland measured 1.6 cm length x 0.65 cm width at the caudal pole.

Spleen

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.

Liver/ Gallbladder

The liver exhibited generalized enlargement. A moderately sized to large, caudally expanding, nonuniform to nodular liver mass extending past the level of the gastric axis into the subjective mid-abdomen was present measuring at least 7.0 cm in diameter. Hepatic parenchyma not involved with the mass exhibited normal echogenicity with moderate coarse echotexture and minor parenchymal remodeling. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Sassy Pratt

The stomach presented intact wall layering with a normal wall layer ratio. Mild gastric displacement and impingement secondary to the caudally expanding liver mass was present. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Canine

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.

BREED

Shih Tzu

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

SEX

Pancreas

F/S

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with patient variant or minor benign remodeling. No signs of active pancreatitis, inflammation or neoplasia.

AGE

8

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

5.4 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Hepatomegaly with caudally expanding, nonuniform / nodular mass - benign vs. neoplastic etiologies for the liver mass possible although neoplastic criteria if favored
- Mild gallbladder debris (non-mucocele)
- Left adrenal mass with concurrent nodular / nonuniform mild right adrenomegaly
- Nonspecific chronic renal changes with medullary mineral and cortical cysts
- Mild heterogeneous pancreas
- Overtly normal gastrointestinal tract with mild gastric displacement / impingement secondary to liver mass

IMAGING PERFORMED BY

Dr. Belan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Beddington Trail AH

Correlation of the liver mass with pending cytology is recommended.

REFERRING VET

Dr. Sandu

Assessment of systemic BP for evidence of hypertension which may allude to left, right, or possibly bilateral adrenal neoplastic criteria i.e., pheochromocytoma +/- full adrenal workup is recommended. However, the patient's current clinical signs are not overtly suggestive of cortisol-secreting adrenal pathology.

INVOICE

16284

Empirical hepatosupportive medications may prove beneficial. Given the hepato-adrenal pathology, abdominal CT is likely ideal for further clarification, if possible. Three-view chest radiographs are recommended if not done.

DATE

2/23/23



PATIENT

Sassy Pratt

SPECIES

Canine

BREED

Shih Tzu

SEX

F/S

AGE

8

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

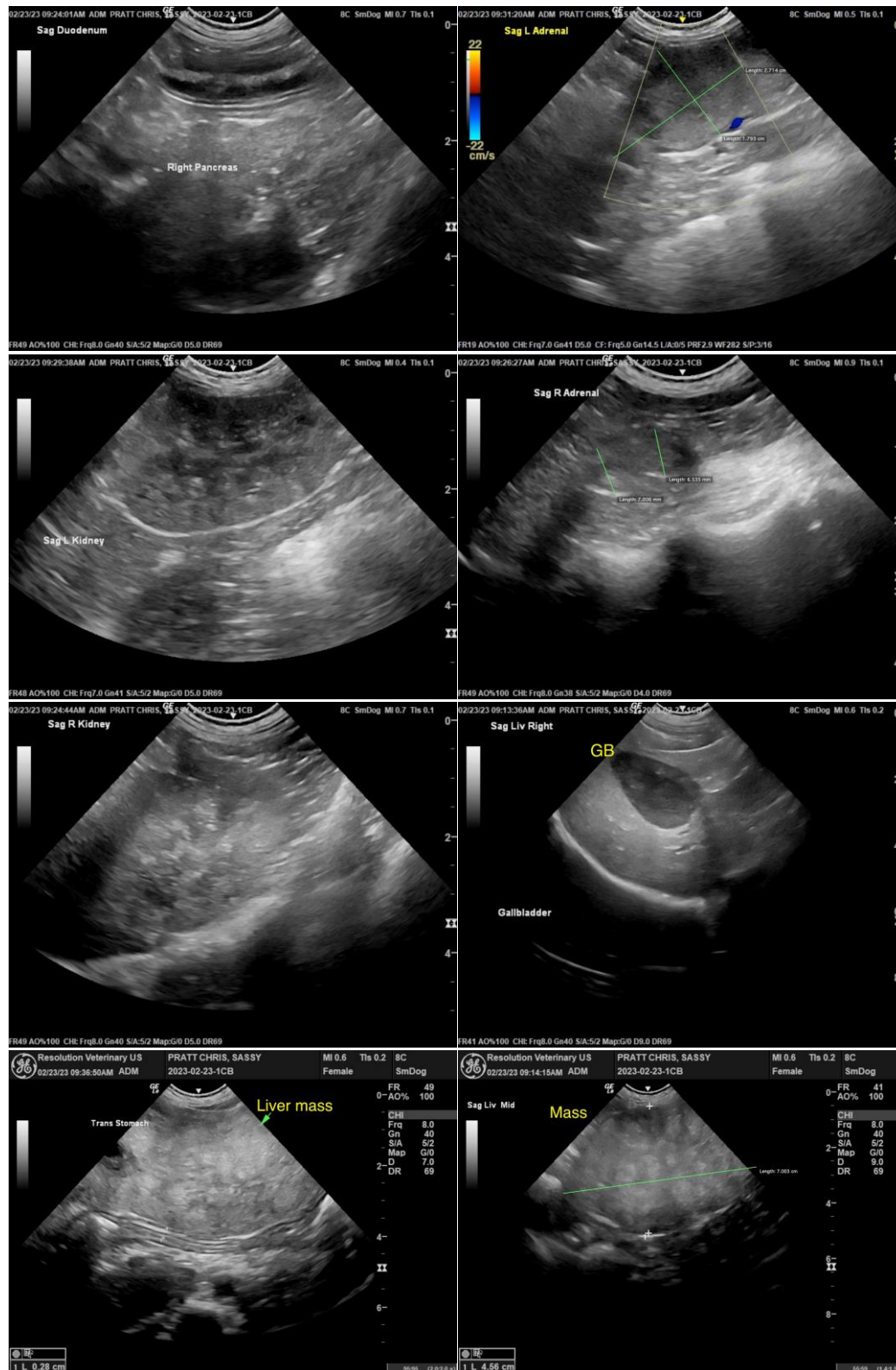
Dr. Sandu

INVOICE

16284

DATE

2/23/23





PATIENT

Sassy Pratt

SPECIES

Canine

BREED

Shih Tzu

SEX

F/S

AGE

8

WEIGHT

5.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Sandu

INVOICE

16284

DATE

2/23/23

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