



PATIENT

Daisy Bothelo

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

11 Years

WEIGHT

56.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable AH

REFERRING VET

Mary Ware, DVM

INVOICE

13854

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Presented for hematuria and recurrent UTIs x one year. New patient for this hospital. On exam, enlarged sub mandibular lymph nodes - aspiration performed, cytology pending. Patient history: heartworm treatment, 2016, enlarged right heart size, 2016, ACL sx, 2019, arrhythmia 2019 to present. Urinary calculi noted in 2020 - diet change x 3 months - not on urinary diet at this time. On Carprofen 50 mg BID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Significant dependent mineral to accumulated small calculi along with nondependent particulate to focally mineralized sediment. Subtle inflammatory changes associated with the urinary bladder wall present. No overt evidence of neoplastic criteria. The urethra exhibited potential for mild decreased tone to a depth of 2.0 cm.

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. Scant pyelectasia present. The left kidney measured 7.5 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.5 cm in length x 1.3 cm width at the cranial pole and 0.53 cm width at the caudal pole. A well-defined, hyperechoic, mildly expansive to non-homogeneous yet non-mineralized nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.6 cm x 1.0 cm. Potential for very early phrenicoabdominal vein invasion associated with the left adrenal nodule, although not definitive.

The right adrenal gland was normal in size with mild asymmetrical contour and non-homogeneous yet nonmineralized parenchyma. The right adrenal gland measured 2.5 cm in length x 0.72 cm at the caudal pole in width.

Spleen

The spleen exhibited subjective mild generalized enlargement with maintained symmetrical capsule contour with generalized parenchyma heterogeneity with medial folding of the caudal spleen.

Liver

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. No hepatic masses or nodules noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The ventral gastric body wall measured 0.51 cm. Mild gastric distension with moderate retained anechoic fluid was present in the stomach.

SPECIES

Canine

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent mucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.55 cm. The jejunum wall measured 0.53 cm.

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

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Intermittent, focal, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of medial iliac lymph node size measured 0.86 cm width. An example of a mesenteric lymph node measured 3.1 cm x 1.1 cm.

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ULTRASONOGRAPHIC FINDINGS

- Significant dependent urinary bladder mineral to accumulated small calculi with nondependent particulate to focally mineralized sediment
- Mild chronic renal changes with scant pyelectasia
- Subjective mild splenomegaly exhibiting parenchyma heterogeneity and caudal folding
- Subjective gastroenteritis pattern with potential gastric hypomotility
- Nonspecific left adrenal nodule with possible early phrenicoabdominal vein invasion
- Intermittent, subjectively benign mesenteric and medial iliac lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended. Pending sublumbar lymph node cytology, and assuming normal clotting status, ultrasound guided FNA of the spleen, using a 25-gauge needle, for screening cytology to assess for benign changes (i.e., hyperplasia, hematopoiesis, incidental splenitis) versus emerging neoplasia warranted. The left adrenal nodule may indicate functional versus nonfunctional adenoma, hyperplasia, while potential neoplasia, given the possibility of early phrenicoabdominal vein invasion (i.e., pheochromocytoma, adenocarcinoma or other) possible. Screening blood pressure recommended. Ideally, sonographic reassessment of the left adrenal nodule in 4-6 weeks to assess for evidence of progression. Alternatively, CT assessment of the left adrenal gland is likely ideal. Pending additional diagnostics, cystotomy with extensive urinary bladder flush and sediment analysis pending urine culture and sensitivity may be considered.

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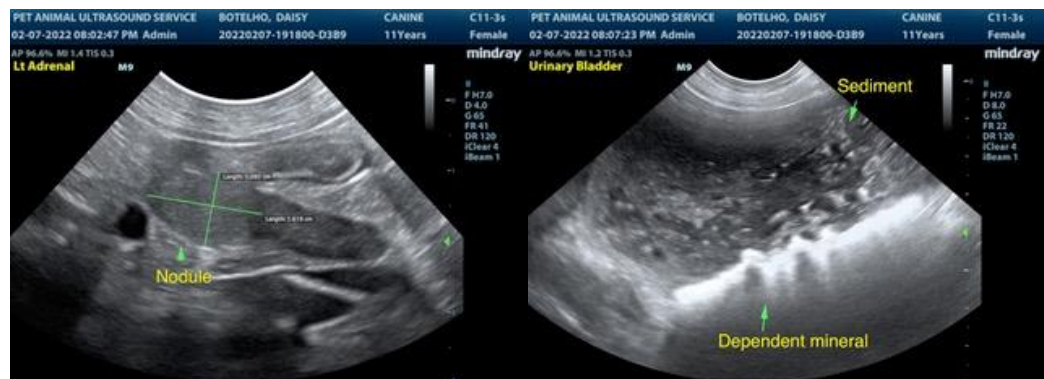
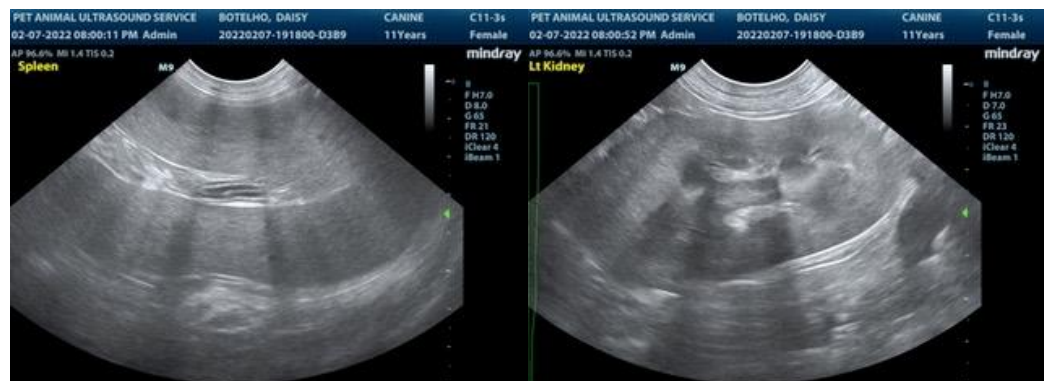
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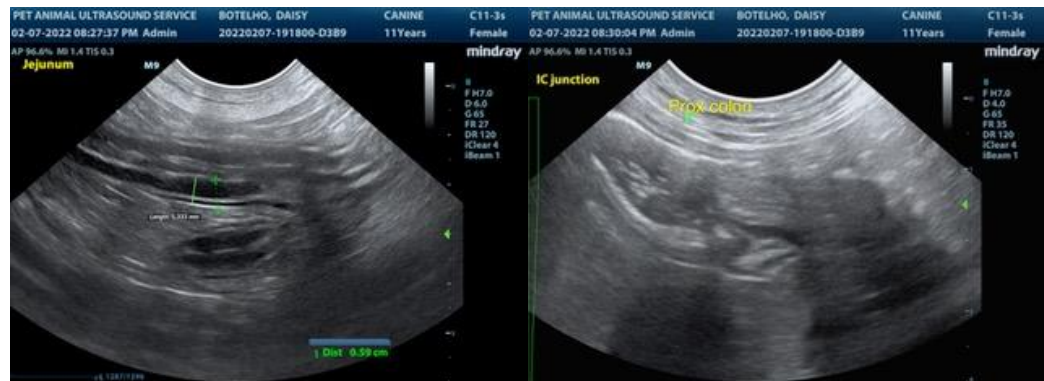
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

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