



PATIENT

Binky Dunn

PRESENTING CLINICAL SIGNS

History: urinating in the house for 6 months increased thirst hx of liver cancer, spleen and part of liver have been removed

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Jack Russell Terrier

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

Spayed female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly 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 4.9 cm in length. The right kidney measured 5.3 cm in length.

AGE

14 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

15 pounds

Adrenal Glands

The left adrenal gland was mildly enlarged in size exhibiting areas of mild asymmetrical capsule contour along with non-homogeneous to potentially indistinct nodular parenchyma. No overt evidence of vascular invasion was noted or parenchymal capsular escape. The left adrenal gland measured 0.95 cm at the cranial pole and 1.1 cm at the caudal pole. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.85 cm at the cranial pole and 0.66 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was not visualized owing to previous splenectomy. No overt pathology noted in the area of the previous spleen.

IMAGING PERFORMED BY

Jenn

Liver

The liver was subjectively normal in structure and contour and exhibited potential for mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic compared to the falciform fat and renal cortices 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

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.

INVOICE

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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.

DATE

03/16/2022

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



PATIENT

Pancreas

Binky Dunn

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

SPECIES

Free Abdomen

Canine

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

- Mild chronic renal changes.
- Hepatic parenchymal remodeling, subjective mild hepatomegaly.
- Sonographically unremarkable gallbladder.
- Irregular to indistinctly nodular left adrenal gland.
- Minor pancreatic remodeling-likely age related and incidental.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

15 pounds

No overt evidence of recurrence of previous hepatic cancer. Full adrenal workup including screening UCCR and LDDST could be considered if there is clinical suspicion of adrenal hyper functionality. Screening BP is recommended to assess for evidence of hypertension which may allude to possible emerging adrenal neoplasia i.e. pheochromocytoma. Pending additional diagnostics, sonographic monitoring of the left adrenal gland for evidence of progressive enlargement or changes with initial recheck in 6 -8 weeks would be appropriate.

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Full urinary workup including urine C/S and baseline UPC would be appropriate.

Correlation with recheck CBC Chemistry panel, full UA and T4 levels is suggested.

IMAGING PERFORMED BY

Jenn

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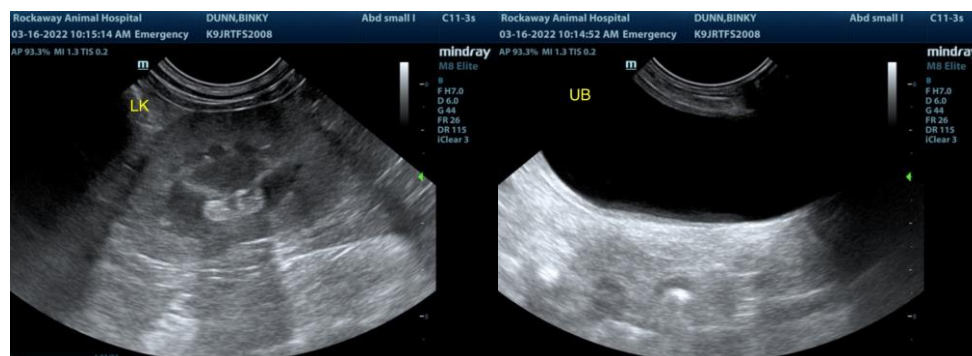
Dr. Maniar

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Spayed female

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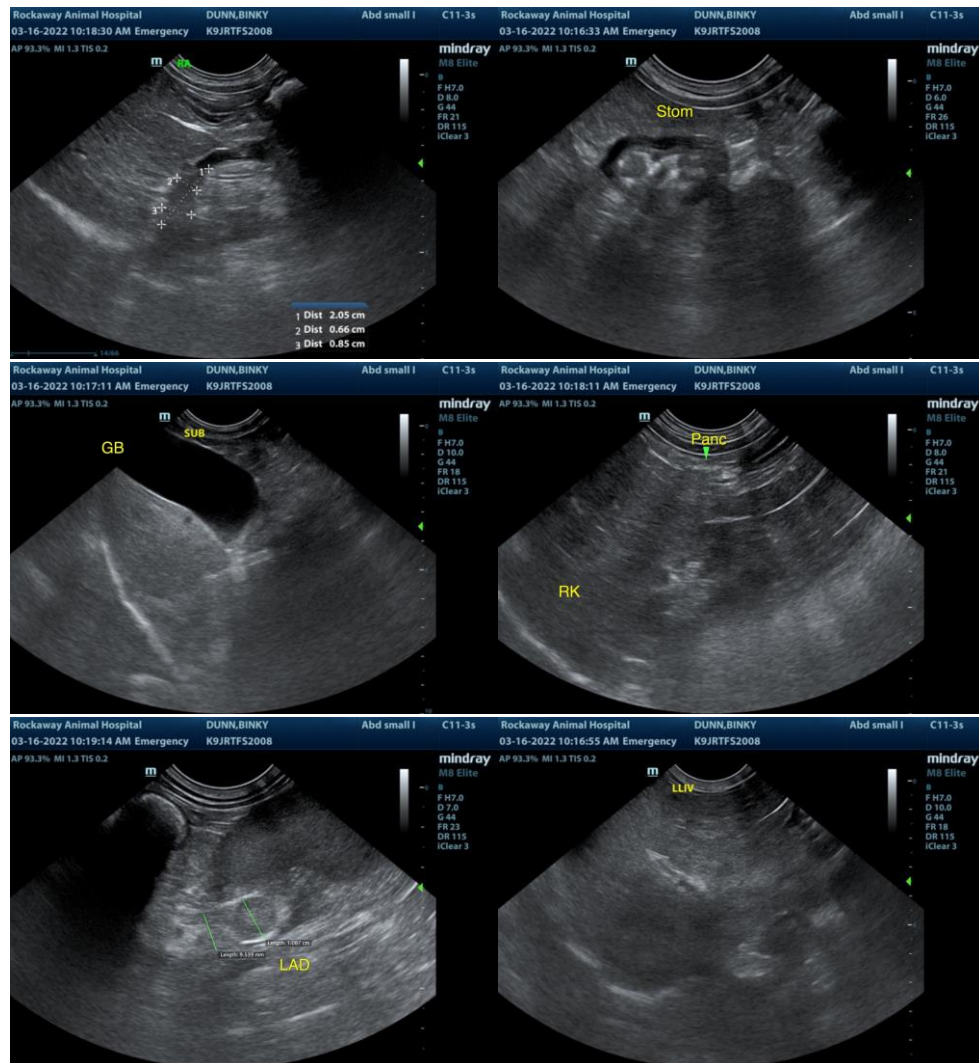
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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