



**PATIENT PRESENTING CLINICAL SIGNS**

Kylie Hari History: DIARRHEA, LETHARGY, PANTING, UTI, TROUBLE WALKING, DISTENDED ABDOMEN BAYTRIL, DENAMARIN, GALLIPRANT, PROVIABLE

**SPECIES** Labs: ALT 1227, ALP 5478, GGT 61

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. Aortic trifurcation was normal.

**SEX**

Spayed Female 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 6.6 cm in length. The right kidney measured 5.8 cm in length.

**AGE**

2010

*Adrenal Glands*

**WEIGHT**

71 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.91 cm width at the caudal pole and 0.85 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.95 cm width at the cranial pole.

**INTERPRETED BY**

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

*Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

*Liver*

**HOSPITAL NAME**

St. Francis AH

The liver exhibited generalized enlargement. An ill-defined isoechoic to nonhomogeneous mass, exhibiting intramass cystic lesions along with nonhomogeneous, potentially cystic nodules was present in the medial liver. The overall mass itself measured approximately 8.0. m x 5.5 cm. The mass appeared to mildly distort the associated ventral and caudal hepatic capsule contour without overt evidence of parenchymal escape. Potential focal areas of mineral were noted within the cystic component of the mass or potentially within the intramass biliary tree.

**REFERRING VET**

Dr. Mriss

The gallbladder was non-distended in size with non-thickened yet mildly echogenic gallbladder walls and primarily anechoic content with mild dependent to nondependent echogenic to pinpoint hyperechoic luminal debris. The debris was nonorganized. The cystic and common bile ducts were normal.

**INVOICE**

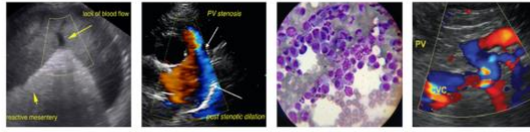
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*Gastrointestinal*

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.

**DATE**

3/2/22



**PATIENT**

Kylie Hari

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.

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

**SPECIES**

Canine

***Pancreas***

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 was evident.

**BREED**

Lab

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly, exhibiting ill-defined nonhomogeneous nodular to cystic mass in medial liver
- Mild dependent to nondependent potentially pinpoint mineralized gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract/colon
- Mild chronic renal changes

**AGE**

2010

**WEIGHT**

71 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma as well as the medial mass for screening cytology is warranted. Core surgical biopsy may be required for a definitive diagnosis. Potential for mild concurrent cholecystitis possible. No evidence of post hepatic obstruction. Empirically, hepatosupportive medications, including Ursodiol along with as needed gastrointestinal support is recommended. No overt evidence of gastroenterocolic mural pathology.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)



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**HOSPITAL NAME**

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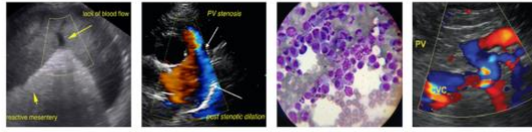
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**PATIENT**

Kylie Hari

**SPECIES**

Canine

**BREED**

Lab

**SEX**

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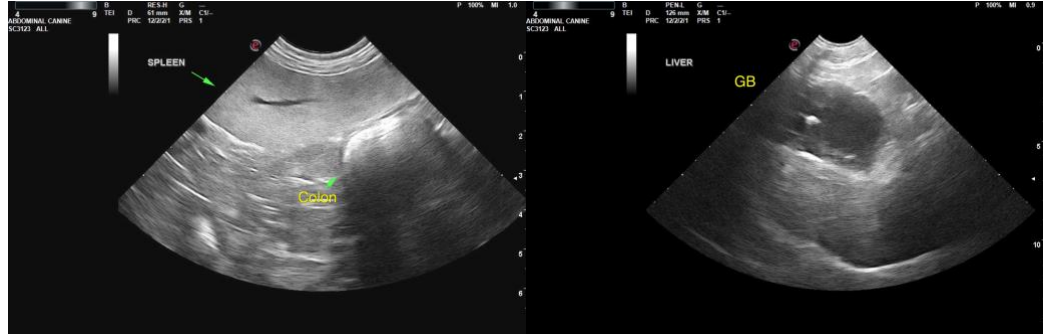
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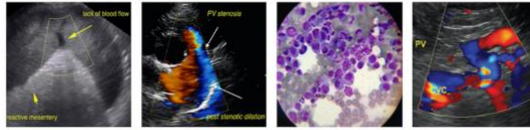
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

Kylie Hari

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

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**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

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