


**PATIENT PRESENTING CLINICAL SIGNS**

**Taffy Wingrave** History: GI/Abdominal Palpation: Bigger pendulous abdomen, Organomegaly particularly Liver is possible

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Tentative Diagnosis: Bw suggest early kidney disease, ALP is higher compared to last time need to rule out Liver disease, Cushing's, Tumor

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Miniature Poodle

**Urinary System**
**SEX**

Spayed female

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.

**AGE**

15 years

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 moderately increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

**WEIGHT**

5.1 kg

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**
**INTERPRETED BY**

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

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A subtle non-expansive hyperechoic nodule at the caudal pole of the right adrenal gland measuring 0.38 cm was noted. The nodule was non expansive without distortion of the adrenal capsule with no evidence of parenchymal escape or vascular invasion observed. The left adrenal gland measured 0.47 cm width in the cranial pole and 0.51 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the cranial pole and 0.59 cm width in the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**
**HOSPITAL NAME**

Beattie Pet Hospital  
 Ancaster

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.

**REFERRING VET**

Pandya

**Liver**
**INVOICE**

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The liver exhibited mild subjective enlargement and maintained a symmetrical capsule contour. Increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture, evidence of parenchymal remodeling and intermittent discrete hypoechoic intraparenchymal nodules were noted. An example of a nodule measured 0.7. cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.

**DATE**

03/21/2022



**PATIENT** *Gastrointestinal*

Taffy Wingrave 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*

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

**SEX** *Free Abdomen*

Spayed female No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.1 kg

- Moderate chronic renal changes.
- Nonspecific small right adrenal nodule-suspect adenoma.
- Hepatomegaly exhibiting parenchyma hyperechogenicity with intermittent discrete hypoechoic intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Pancreatic parenchymal remodeling.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver although nonspecific is suggestive of vacuolar hepatopathy with parenchymal remodeling and suspected areas of hematopoiesis, nodular to regenerative hyperplasia or small granulomas. Inflammatory hepatopathy is possible with neoplasia considered a less likely differential diagnosis. Some degree of non-obstructive cholestasis is suspected given the concurrent presence of gallbladder debris. Assuming normal clotting status an ultrasound guided FNA of the liver using a 25g needle is warranted for screening cytology primarily to assess for evidence of inflammatory cells and rule out neoplasia.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Beattie Pet Hospital  
Ancaster

Full adrenal work up and screening BP are suggested if clinical signs consistent with hyperadrenocorticism are present.

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The potential for emerging neoplastic right adrenal nodule is considered less likely at this time yet cannot be definitively excluded. Sonographic monitoring of the right adrenal nodule would be appropriate for evidence of progression.

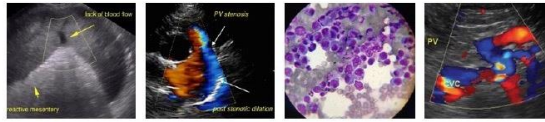
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Otherwise, a largely geriatric abdomen without evidence of additional visceral pathology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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**PATIENT**

Taffy Wingrave

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

5.1 kg

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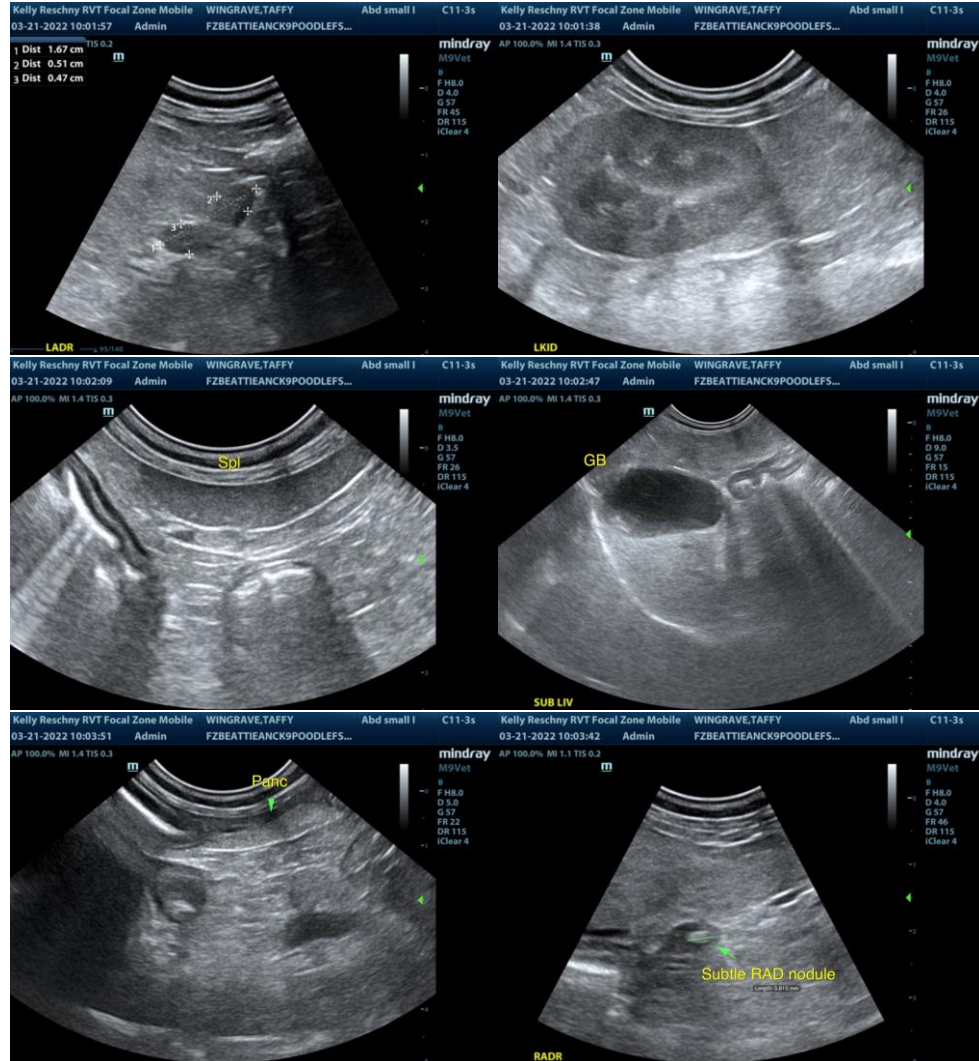
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**PATIENT**

Taffy Wingrave

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Spayed female

**AGE**

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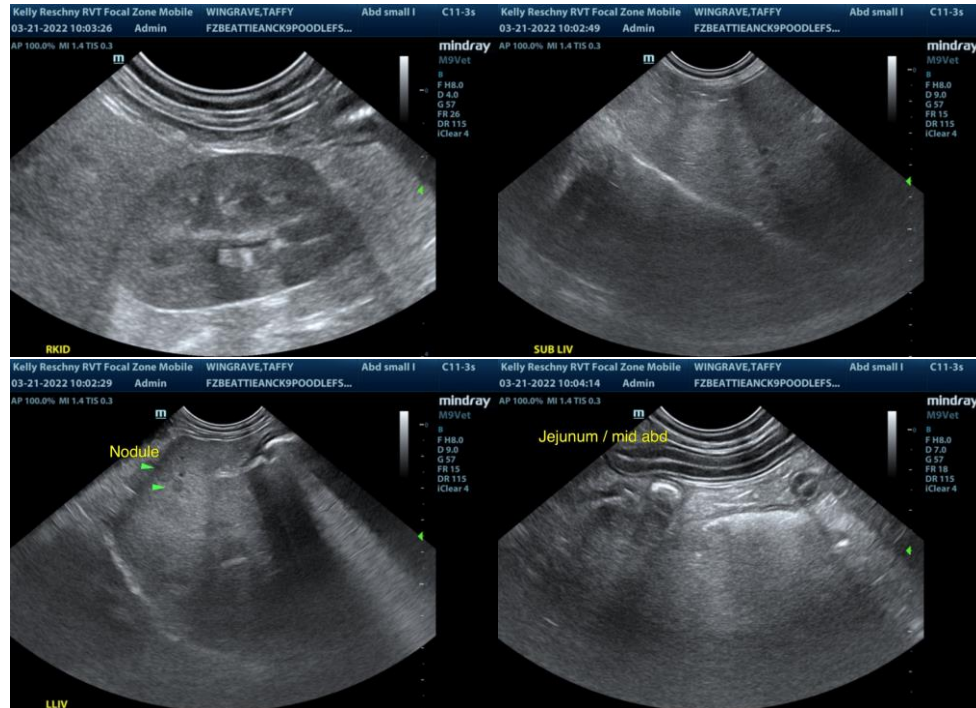
Pandya

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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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