



**PATIENT**

Baxter Brandt

**SPECIES**

Canine

**BREED**

Basset

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

26.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

14465

**DATE**

3/24/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for a recheck from 3/23/22. O stated today P seems confused and painful and is hypersalivating. P seems restless and takes some time getting up. Previous Health Concerns: mast cell tumor removed and 2 back surgeries Current Medications: gabapentin and denamarin Appetite/When did they eat last: last ate last night.  
Abnormal PE/Chem/CBC/UA Results: 1) 2V Chest Rads – possibly mild pleural effusion vs positioning, shape of chest abnormal but unchanged from previous rads (normal for this pet), possible widening on mediastinum 2) CBC/Chem/EPOC – elevated WBCs, neutrophils (3-fold increase from 1 week ago), hemoconcentration During ultrasound exam, noted right sided facial swelling not noted before. Laryngoscope exam revealed swelling right side of soft palate. Larynx palpates significantly thickened.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 to 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 8.1 cm in length. The right kidney measured 7.6 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 0.79 cm width at the caudal pole and 0.70 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 0.57 cm width at the caudal pole and 0.59 cm width at the cranial 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**

The liver presented enlarged in size. The liver exhibited subjective mild generalized decreased hepatic parenchyma echogenicity with subtle increased prominence of portal vascular borders. The capsule of the liver was symmetrically rounded to mildly swollen in margination.



**PATIENT**

Baxter Brandt

The gallbladder was non-distended, containing mild non-mineralized to luminal debris to mucus. The gallbladder walls were overtly normal without evidence of inflammatory criteria, as well as no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**Gastrointestinal**

The stomach exhibited intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.5 cm.

**BREED**

Basset

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.

**SEX**

Neutered Male

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

**Pancreas**

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

**AGE**

10 Years

**Free Abdomen**

Subtle subjective evidence of minor perihepatic reactive mesentery.

**WEIGHT**

26.8 kg

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific hepatomegaly, exhibiting subjective reduced parenchyma echogenicity
- Moderate gallbladder debris (non-mucocele)
- Pancreatic parenchymal remodeling- age-related pancreatic changes, potential for low-grade to chronic inflammation
- Mild gastritis pattern
- Bilateral mild chronic renal changes

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of reported hepatic enzyme elevations, the hepatic presentation is nonspecific. Considerations may include acute hepatitis, congestion, reactive hepatopathy, while the possibility of occult neoplasia cannot be excluded.

**HOSPITAL NAME**

Shores VEC

Assuming normal clotting status, hepatic FNA could be considered for screening cytology, primarily to ensure only benign changes are present and to rule out the potential for neoplasia. Three-view chest radiographs suggested to rule out occult thoracic or esophageal pathology. Correlation of the pancreatic presentation with a spec CPL could be considered.

**REFERRING VET**

Dr. Lupole

**INVOICE**

14465

**DATE**

3/24/22



**PATIENT**

Baxter Brandt

**SPECIES**

Canine

**BREED**

Basset

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

26.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

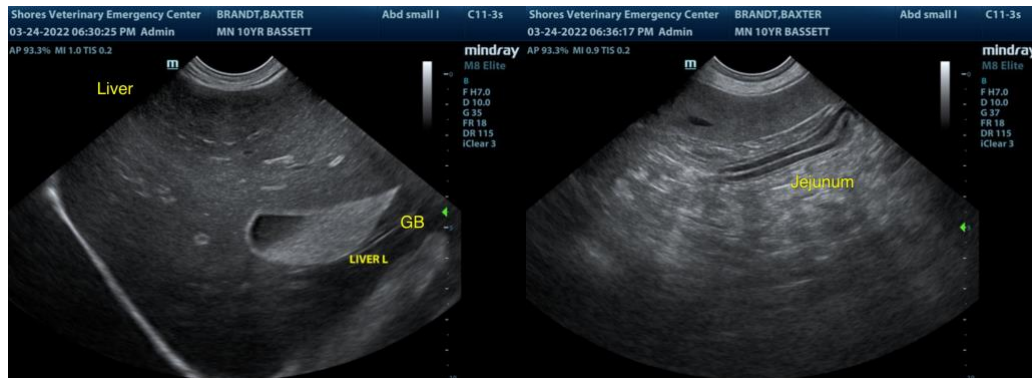
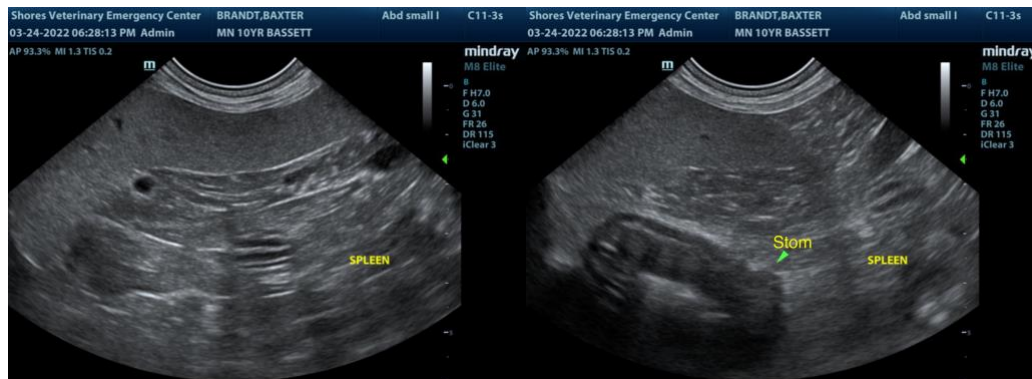
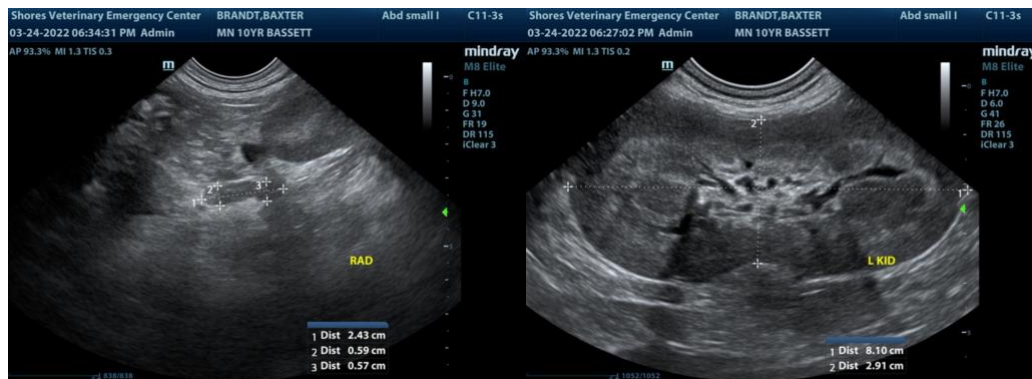
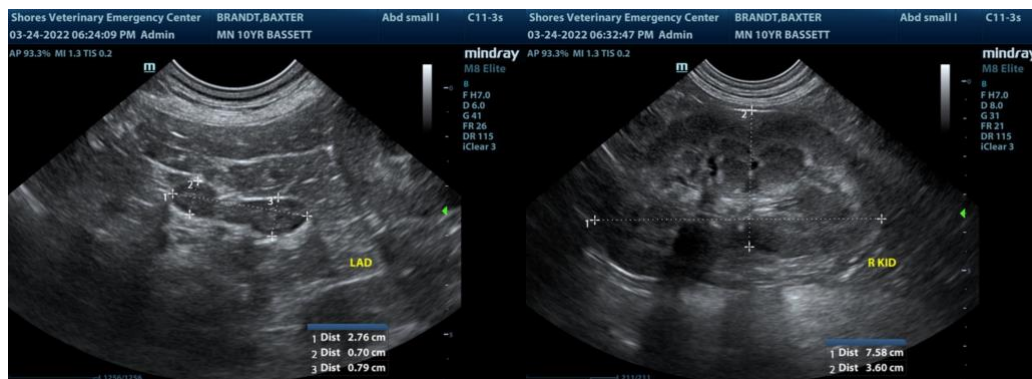
Dr. Lupole

**INVOICE**

14465

**DATE**

3/24/22





## PATIENT

Baxter Brandt

## SPECIES

Canine

## BREED

Basset

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

26.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Erin Wicks

## HOSPITAL NAME

Shores VEC

## REFERRING VET

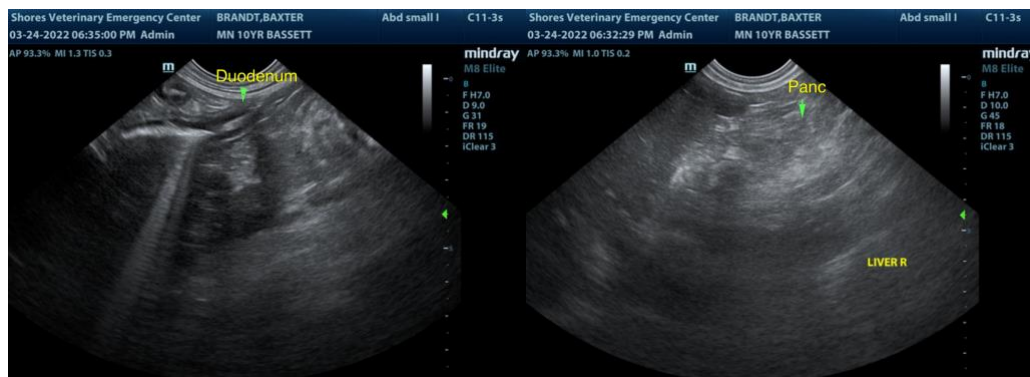
Dr. Lupole

## INVOICE

14465

## DATE

3/24/22



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.

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