



PATIENT

Canela Zarza

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

37.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lynette Reyes

HOSPITAL NAME

Chain of Lakes AC

REFERRING VET

Dr. Angela Chesanek

INVOICE

14544

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: Pet presented for screening of abdomen due to low grade anemia and ventricular arrhythmia that was diagnosed via EKG at referral cardiologist. Pet also has a cutaneous melanocytic neoplasm removed from skin last August. Owner is concern about weight loss and new skin masses similar to previously removed tumor. Pet is currently taking Sotalol, ECK recheck was rec today
Abnormal PE/Chem/CBC/UA Results: **Pet goes to a different clinic, we don't have updated BW results 2020 Globulins 3.8, ALKO 149, Cholesterol 365, Precision PSL 200 All other values WNL CBC WNL T4 1.4

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.

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 6.0 cm in length. The right kidney measured 6.8 cm in length.

Aortic trifurcation was normal. No evidence of medial iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.7 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland, although not definitively visualized.

Spleen

The spleen was normal in size and overall contour with generalized mild splenic parenchyma heterogeneity, including discreet, nondisruptive isoechoic to mildly nonhomogeneous parenchymal nodules noted in the cranial and caudal spleen. An example of a nodule in the cranial spleen measured 1.2 cm in diameter. Normal splenic vascularity was present.

Liver

The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. Intermittent, nondisruptive well-demarcated hyperechoic to mildly cystic intraparenchymal nodules were present. An example of a hepatic nodule measured 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild areas of congealed yet non-organized nondependent gallbladder debris. The gallbladder was otherwise normal without evidence of inflammatory criteria, as well as no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach exhibited intact yet prominent to mildly thickened walls, owing primarily to subjective gastric mucosa hypertrophy. No overt evidence of loss of gastric intestinal wall layering. The stomach was primarily empty with mild luminal gas. The ventral gastric body wall measured 0.60 cm.
Canela Zarza	
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	
BREED	<i>Pancreas</i>
Pit Bull Mix	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.
SEX	<i>Free Abdomen</i>
Spayed Female	No omental masses, lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12 Years	<ul style="list-style-type: none"> • Nonspecific discreet splenic nodules- hyperplasia, hematopoiesis, small hematomas, atypical myelolipomas, infarction, emerging primary versus metastatic neoplasia possible
WEIGHT	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern, exhibiting mild parenchymal remodeling and intermittent subjectively benign to mildly cystic intraparenchymal nodules- nodules suggestive of areas of lipogranulomas, cystic biliary adenomas with neoplastic criteria thought less likely
37.5 Pounds	<ul style="list-style-type: none"> • Mild gallbladder debris (non-mucocele)
INTERPRETED BY	<ul style="list-style-type: none"> • Intact yet mildly prominent to thickened stomach walls, sonographically unremarkable small bowel • Age-related kidneys
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA of the splenic parenchyma and discreet nodule (if accessible) +/- screening hepatic parenchymal cytology is warranted. Sonographic monitoring of the splenic nodules for evidence of progression with initial recheck in 3-4 weeks would be a more conservative approach.
Dr. Lynette Reyes	Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial if persistent to progressive signs of cholestasis.
HOSPITAL NAME	The mildly prominent to thickened stomach is of unclear clinical significance given the lack of reported gastrointestinal signs in this patient. Gastric protectant protocol for possible gastritis could be considered, if clinically indicated. Further assessment of the weight loss may include, if not done, three-view chest radiographs as well as a GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult disease.
Chain of Lakes AC	Otherwise, largely geriatric abdomen without evidence of significant visceral pathology. Correlation with recheck blood work would be appropriate.
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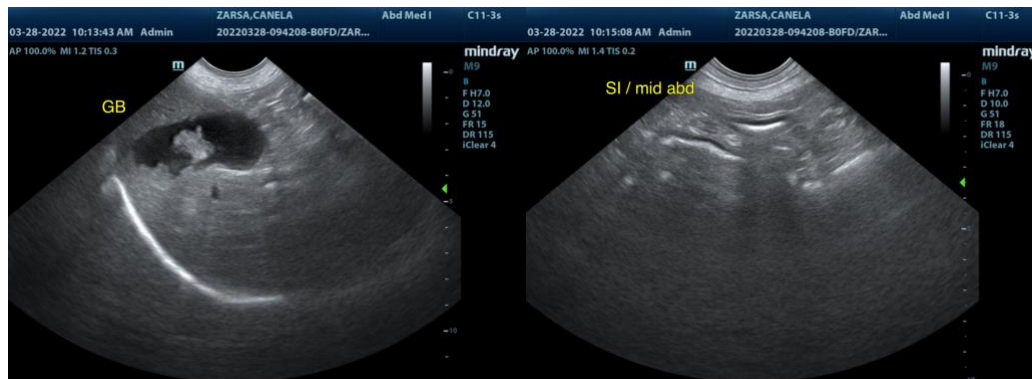
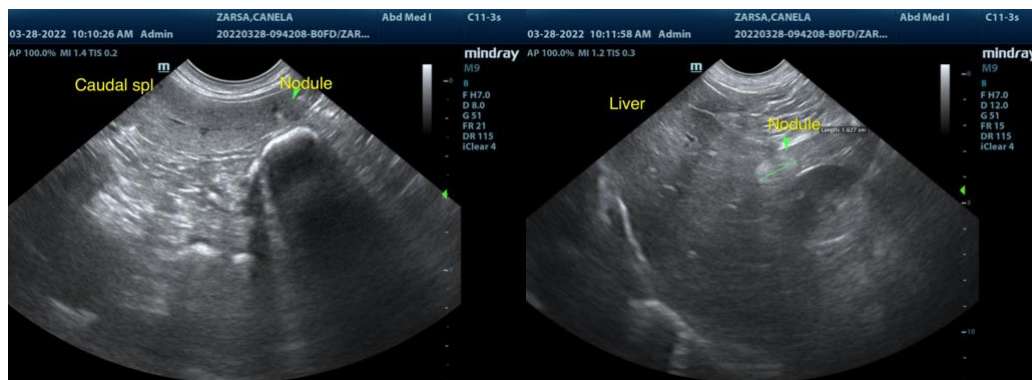
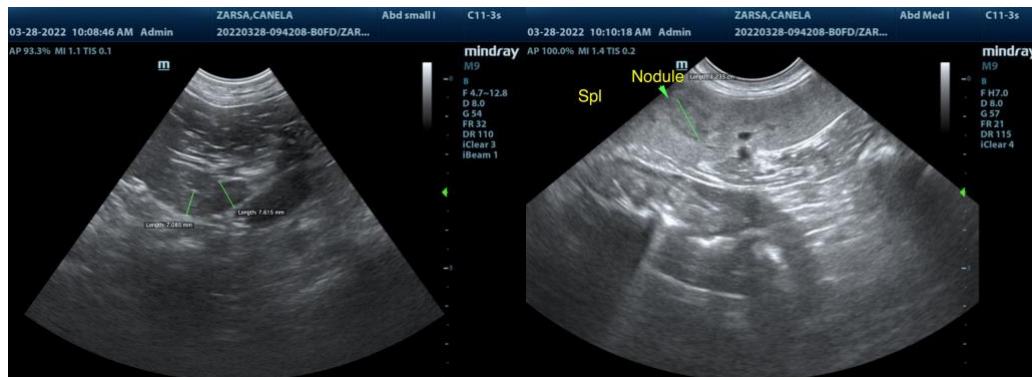
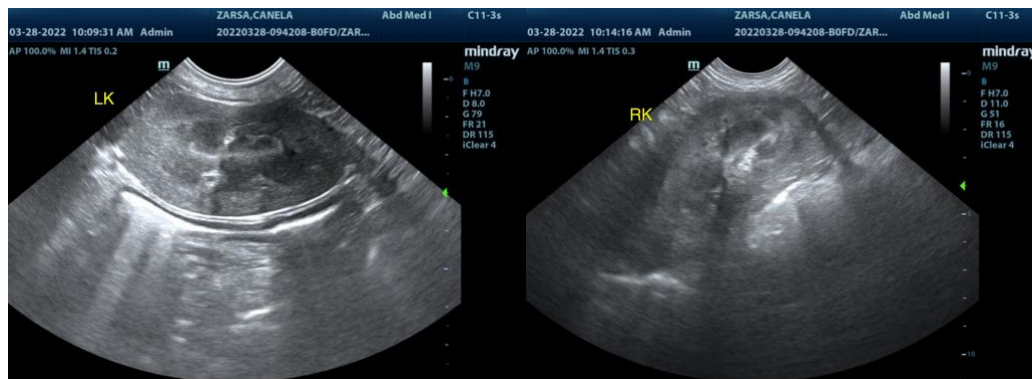
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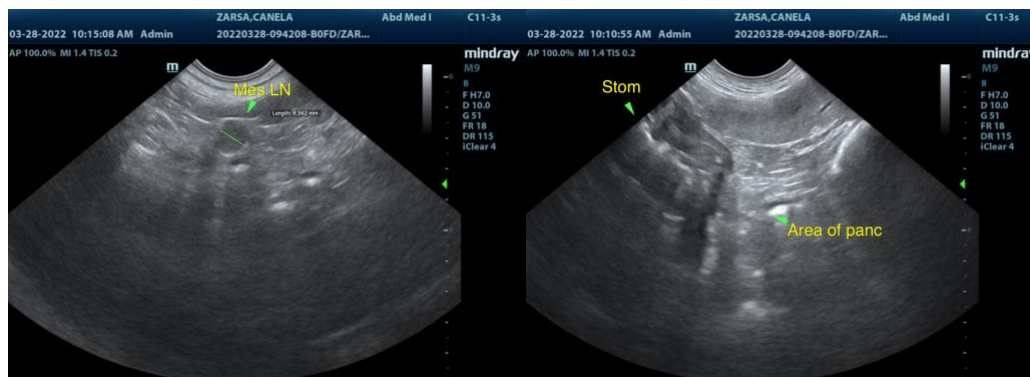
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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