

**PATIENT**

Brooklyn Schmuecker

SPECIES

Canine

BREEDGerman Shorthair
Pointer**SEX**

Spayed Female

AGE

10 Years

WEIGHT

67 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joyce Werning

INVOICE

14155

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: Previous history of hematuria. Has since resolved. She is doing well at this time.
 Abnormal PE/Chem/CBC/UA Results: U/S 1/14/22: Mild yet variable generalized thickened urinary bladder with intermittent polyps, Subtle cranial right adrenal nodule - suspect adenoma 2/2/22
 CADET BRAF and BRAF-PLUS urine test: mutation status and genomic signatures undetected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Intermittent, persistent mild polyps were present in the area of the apical to ventral apical urinary bladder. Previously noted cystitis pattern was primarily resolved. Aortic trifurcation was normal.

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 6.7 cm in length. The right kidney measured 6.4 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 0.66 cm width at the caudal pole and 0.45 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 0.74 cm width at the caudal pole and 0.6 cm width at the cranial pole. Previously noted, subtle, mildly echogenic, non-expansive nodule was present in the cranial right adrenal gland measuring 0.41 cm in diameter. The nodule did not distort the adrenal capsule.

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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

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.



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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.

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

SPECIES

Pancreas

Canine

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Resolved cystitis with persistent intermittent polyps
- Mild chronic renal changes- static
- Non-progressive, subtle cranial right adrenal nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

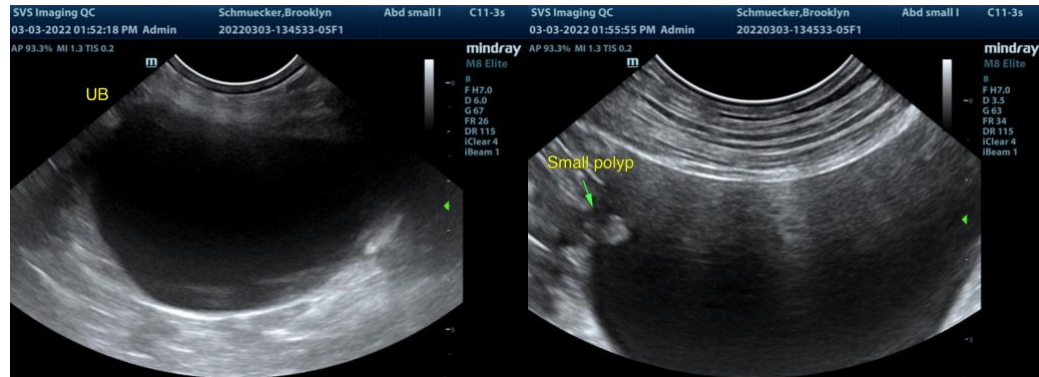
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Periodic monitoring of the right adrenal nodule for evidence of progression along with intermittent screening blood pressure would be appropriate. No evidence of progressive right adrenal nodule enlargement. Sonographic reassessment of the urinary bladder recommended if recurrent signs of cystitis are noted.

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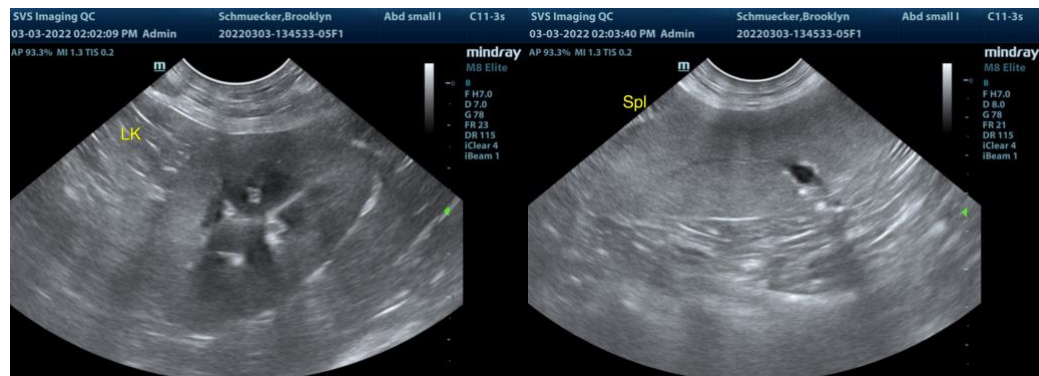
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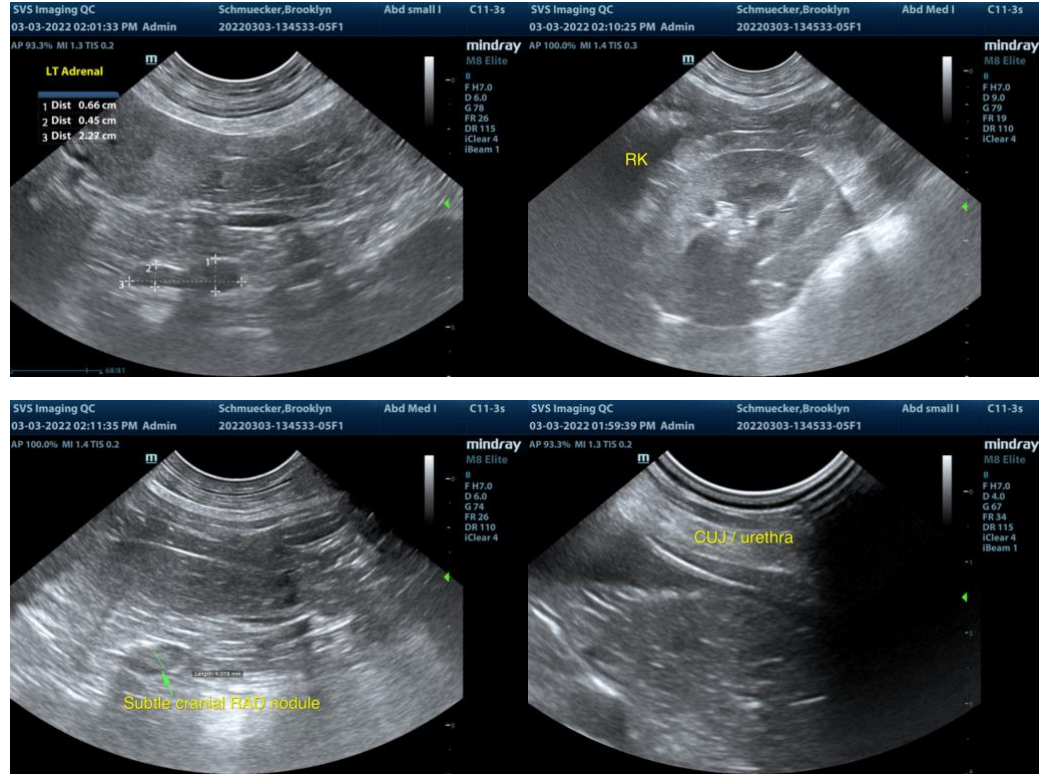
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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