



PATIENT PRESENTING CLINICAL SIGNS

Heidi Dorsey History: ADOPTED IN DECEMBER, DIARRHEA, COLITIS, HEART MURMUR, VOMITING, URINARY INCONTINENCE CERENIA

SPECIES Abnormal PE/Chem/CBC/UA Results: HCT 31.2 WBC 6.5 SDMA 21 ALT 982 APL 551 AST 181 GGT 33 TBIL 0.2 Proteinuria 4+

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Jack Russell The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

Female 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 mildly 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 3.9 cm in length. The right kidney measured 4.1 cm in length

AGE

11 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

11.8 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 0.37 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 0.49 cm width at the caudal pole and 0.92 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

A large expansive lobulated to nodular mass occupying the majority of the left, mid and right medial liver extending into the area of the gallbladder and porta hepatis. The mass measured approximately 10 cm in diameter but is likely larger as the entire mass would not fit into a single viewing window. The mass resulted in distortion of the associated regional hepatic capsule yet was without overt evidence of parenchymal escape. Normal appearing hepatic parenchyma was noted in the right lateral to caudate liver. The gallbladder was non-distended in size with thin walls and without evidence of inflammatory changes. Primarily anechoic luminal content with mild nondependent debris along with dependent nonobstructive mineral/choleliths were present in the gallbladder. The cystic and common bile ducts were normal.

HOSPITAL NAME

Cherryville Animal Hospital

REFERRING VET

Dr. Miller

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10118ag

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

DATE

03/03/2022



PATIENT Heidi Dorsey The stomach was empty without evidence of retrained ingesta, fluid or foreign material with mild luminal gas.

SPECIES Canine The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with minor segmental nonobstructive ileus pattern. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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

SEX Female **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.

AGE 11 years **Free Abdomen** No overt lymphadenopathy or peritoneal effusion was present.

- WEIGHT** 11.8 pounds
- ULTRASONOGRAPHIC FINDINGS:**
- Large expansive lobulated to nodular liver mass.
 - Non obstructive cholelithiasis.
 - Mild chronic renal changes.
 - Overtly normal urinary bladder and visible proximal urethra.
 - Subjective mild gastroenterocolitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline) Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Ultrasound guided FNA of the liver mass assuming normal clotting status could be considered for screening cytology. Neoplastic criteria is favored while nonneoplastic etiology i.e. severe hyperplasia, lipogranuloma or similar is possible yet thought less likely.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT Subjectively the mass does not appear to be amendable to complete surgical resection given the subjective involvement of more than one liver lobe and likely expansion to the area of the gallbladder/porta hepatis.

Hepatosupportive medications including Denamarin and ursodiol may prove beneficial.

HOSPITAL NAME Cherryville Animal Hospital Continued gastrointestinal support and medical therapy for mild gastroenterocolitis would be reasonable.

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PATIENT

Heidi Dorsey

SPECIES

Canine

BREED

Jack Russell

SEX

Female

AGE

11 years

WEIGHT

11.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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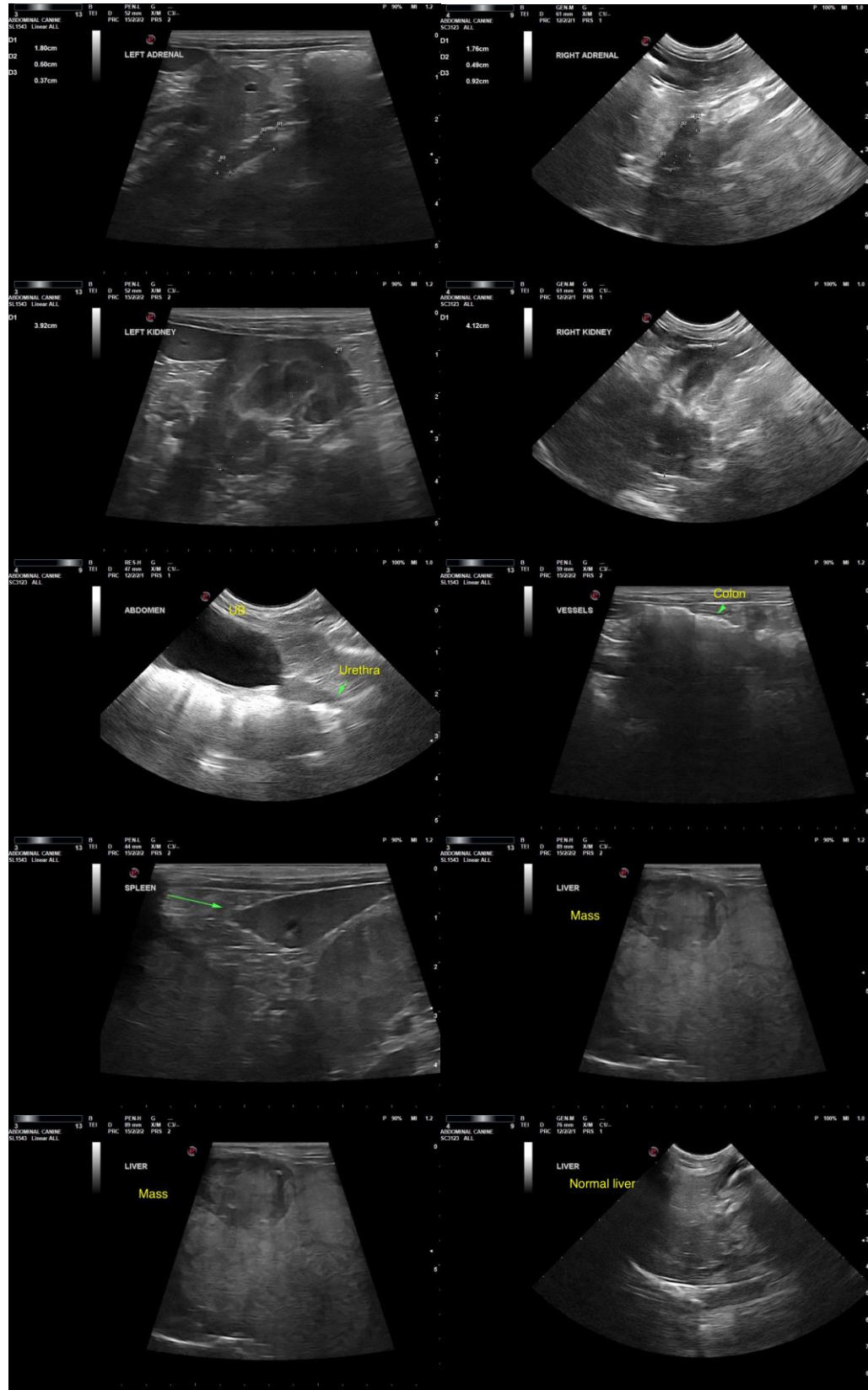
Dr. Miller

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PATIENT

Heidi Dorsey

SPECIES

Canine

BREED

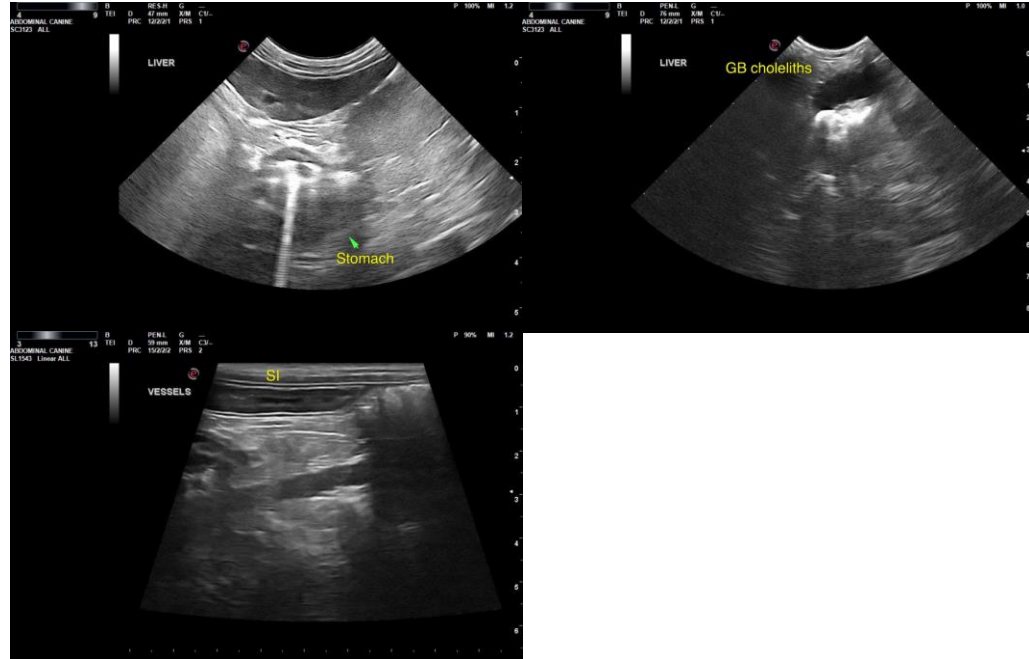
Jack Russell

SEX

Female

AGE

11 years



WEIGHT

11.8 pounds

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.

INTERPRETED BY

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

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

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