



**PATIENT PRESENTING CLINICAL SIGNS**

Shelby Horn History: anorexia, pylenophretits, liver tests abnormal, fever, spindle cell tumor regrowth (L shoulder) zeniquin 100mg SID, clavaseptin 375mg BID, ondansetron 8mg BID

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Please see attached labwork. WBC 16.8 mild neutrophilia and monocytosis, ALP 826, ALT 192, GLOB 53, BUN 4.3, CREAT 8.5, USG 1.017, 1+ blood, + cocci

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Golden Retriever

**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**

12 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 mildly increased echogenicity and loss of corticomdullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.3 cm in length.

**WEIGHT**

27 kg

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was mildly prominent in size with subtle asymmetrical capsule contour and mild nonhomogeneous nonmineralized parenchyma. The left adrenal gland measured 1.27 cm width at the caudal pole and 3.3 cm length. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 2.1 cm in length and 0.81 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic small nodules were present throughout the medial parenchymal adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr, Sommers

**Liver**

The liver was mildly enlarged with areas of subtle areas of asymmetrical hepatic capsule contour. The liver parenchyma was normal in overall echogenicity exhibiting moderate coarse echotexture, evidence of parenchymal remodeling and subtle lobar swelling. No overt masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

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**Gastrointestinal**

**DATE**

04/01/2022

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained subtly shadowing ingesta with no signs of ileus, obstruction or foreign material.



**PATIENT**

Shelby Horn

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**

Canine

***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.

**BREED**

Golden Retriever

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 years

- Hepatopathy.
- Mild bilateral chronic renal changes.
- Benign splenic nodules-consistent with probable myelolipomas.
- Sonographically unremarkable gastrointestinal tract with mild shadowing gastric ingesta.
- Mildly prominent to slightly irregular left adrenal gland-nonspecific.

**WEIGHT**

27 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the liver was nonspecific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, infectious hepatopathy, indistinct nodular hyperplasia, indistinct hepatomas, hematopoiesis, infiltrative neoplasia or other hepatopathy. Further assessment may include assuming normal clotting status, an ultrasound guided FNA of the liver for screening cytology, leptospirosis titer/PCR if potential exposure or endemic to the area as well as urine C/S on a sterile urine sample.

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The mildly prominent left adrenal gland may indicate functional vs nonfunctional adenomatous change or benign hyperplasia while the possibility of emerging left adrenal neoplasia cannot be excluded. Screening BP is recommended. Although the clinical signs are not overtly consistent with adrenal hyperfunction, screening UCCR +/- full adrenal work up could be considered if clinically indicated.

**IMAGING PERFORMED BY**

Crystal Hill

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Sonographic monitoring of the left adrenal gland as well as the liver for evidence of progressive changes with initial recheck in 3-4 weeks would be ideal.

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Three view chest radiographs suggested to rule out occult thoracic pathology if not already done.

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**PATIENT**

Shelby Horn

**SPECIES**

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**BREED**

Golden Retriever

**SEX**

Spayed female

**AGE**

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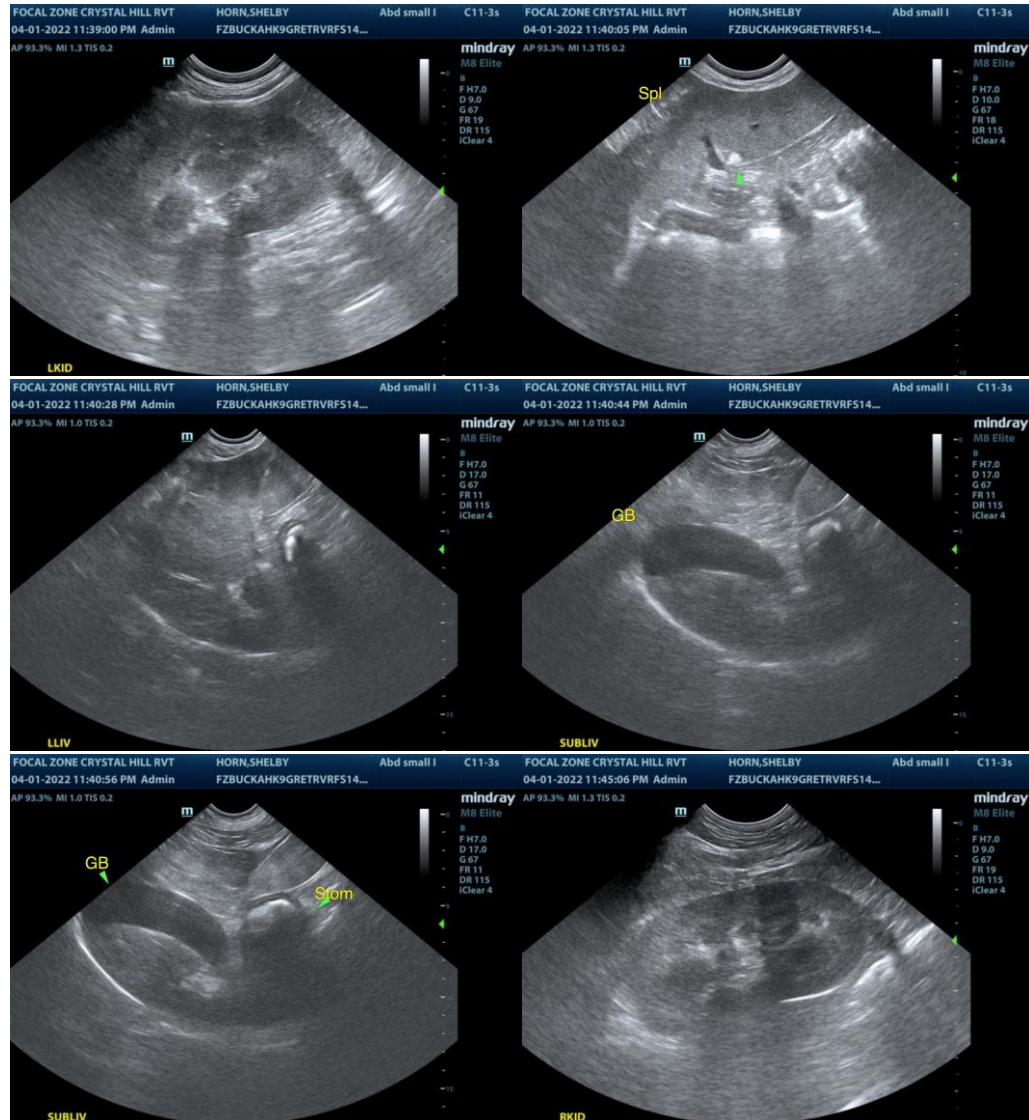
Dr. Sommers

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**PATIENT**

Shelby Horn

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

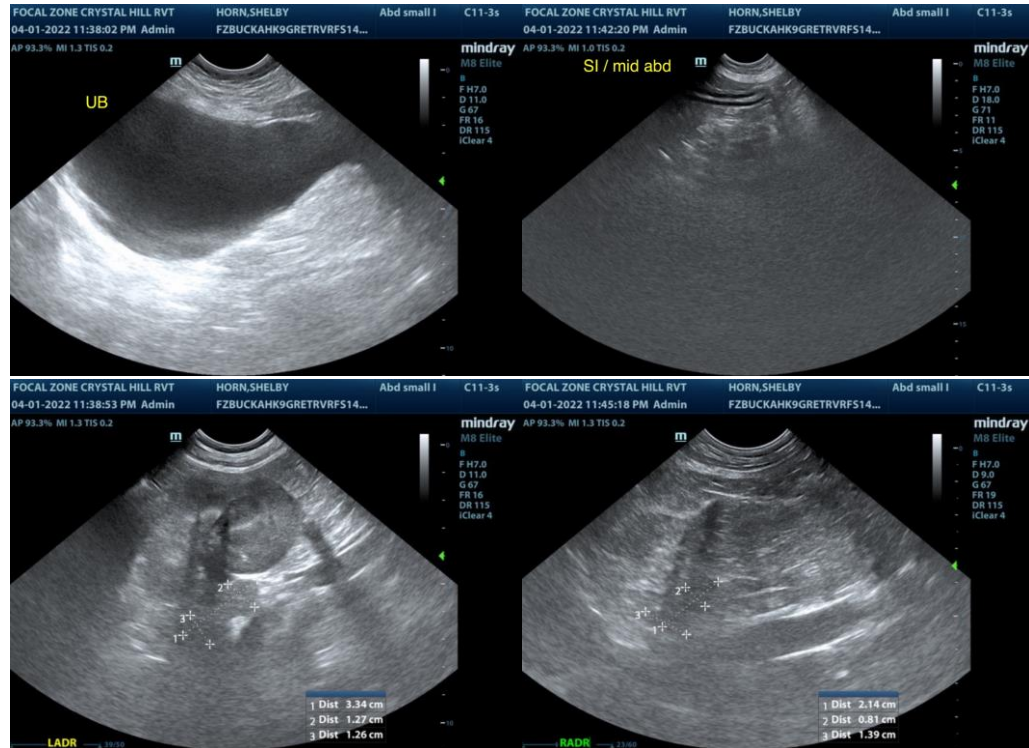
Spayed female

**AGE**

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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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