

**PATIENT**

Sadie Quiroz

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

55.6 pounds

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

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Joseph De Sa

**INVOICE**

10371ag

**DATE**

04/13/2022

**PRESENTING CLINICAL SIGNS**

History: Hx of bilateral cruciate tears and received a TPLO in 9/2/2020. Presented for routine checkup on 4/5/22 and noted thickening of anal gland walls and 1/6 heart murmur noted. and distended abdomen.

Abnormal PE/Chem/CBC/UA Results: SGPT 151 ALK/Phos 406 GGT 56 BUN 32 PLS 389 T4 <0.5  
Urine SG 1.006

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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 mild nondependent particulate 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. Both kidneys exhibited mild cortical hypertrophy with uniform increased cortex echogenicity and mild loss of corticomedullary border demarcation. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology without evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The bilateral adrenal glands borderline to prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the cranial pole and 0.91 cm width in the caudal pole. The right adrenal gland measured 1.9 cm width in the cranial pole and 1.1 cm width in the caudal pole.

**Spleen**

The spleen exhibited normal size with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present with a solitary non expansive hyperechoic nodule observed in the mid cranial spleen consistent with benign myelolipoma. 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**

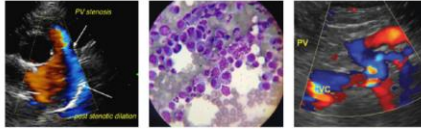
The liver presented enlarged in size. The parenchyma of the liver was mildly decreased echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate nondependent to mildly congealed nonorganized debris. 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**

Canine

**Pancreas**

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

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Shepherd X

**Free Abdomen**

Mild regional perihepatic reactive mesentery was noted. Scent perihepatic free fluid was observed. No overt lymphadenopathy was present.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS****AGE**

9 years

- UB sediment.
- Nonspecific chronic renal changes.
- Hepatomegaly.
- Gallbladder debris (non-mucocele).
- Mixed echogenic to mildly prominent pancreas.
- Subtly prominent bilateral adrenal glands.

**WEIGHT**

55.6 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The hepatomegaly was not specific with considerations including vacuolar hepatopathy, nonobstructive cholestasis given the elevated ALP/SGT, inflammatory hepatopathy such as cholangiohepatopathy given the presence of GB debris while the possibility of occult hepatic neoplasia cannot be excluded. Assuming normal clotting status and using a 25 g needle, a hepatic FNA is warranted for screening cytology to assess for evidence of inflammatory cells and rule out potential neoplasia.

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Overall, the appearance of the pancreas was nonspecific with considerations including patient or age related variant, parenchymal remodeling owing to previous inflammation or low grade to chronic pancreatitis if evidence or cranial abdominal or subxiphoid discomfort on palpation.

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If clinical signs consistent with adrenal hyperfunction are present, full adrenal work up and assessment of systemic BP is suggested

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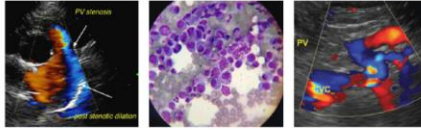
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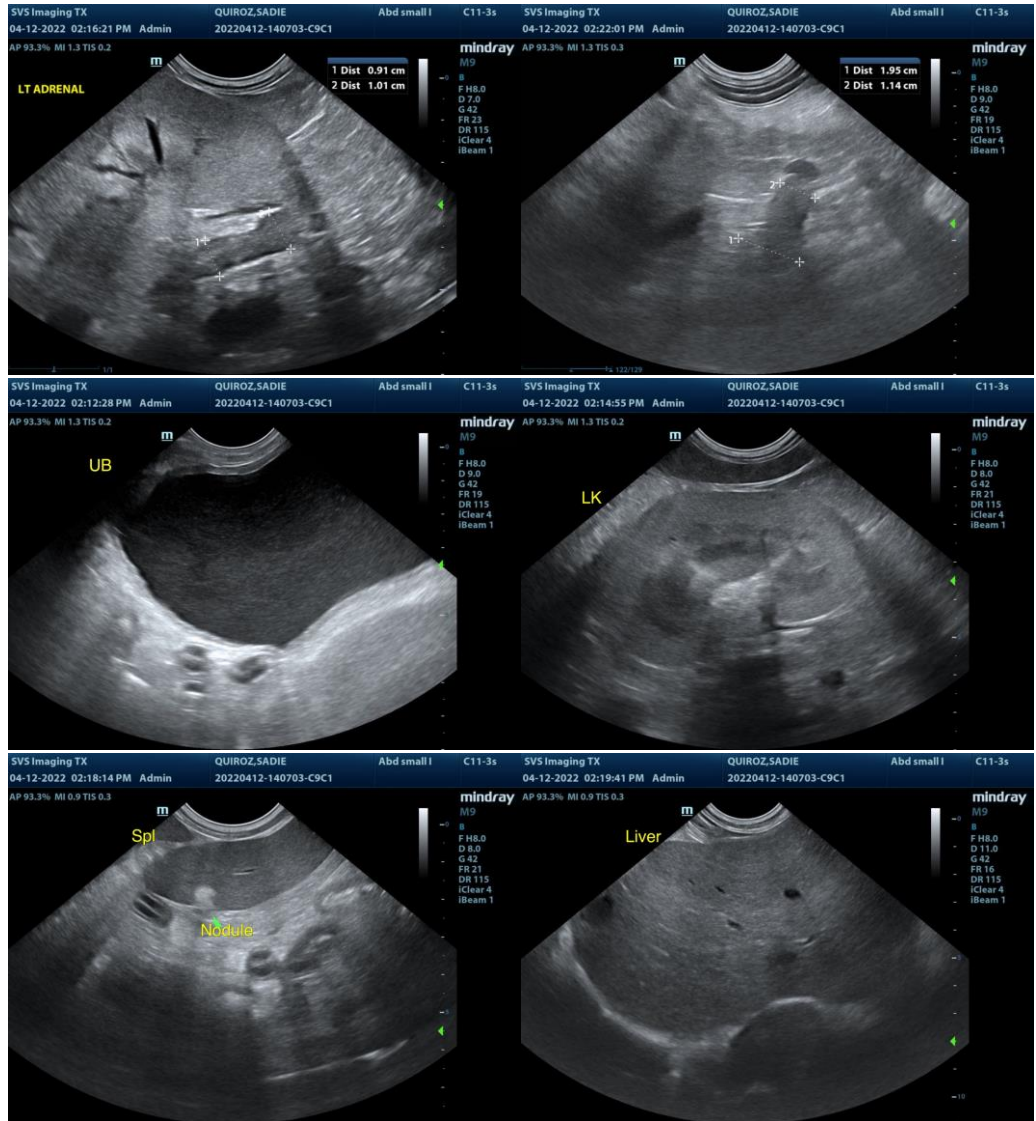
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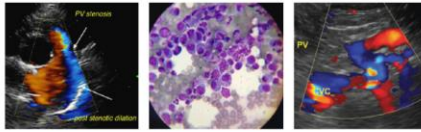
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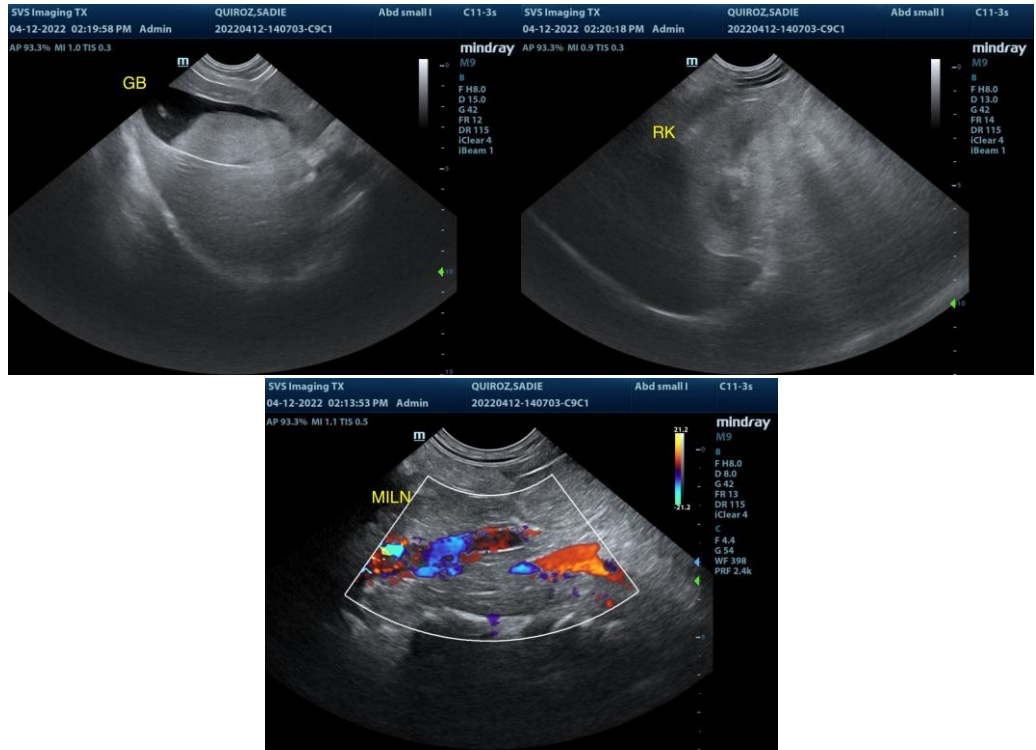
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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