



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Clifford Johnson
History: Abnormal lab results on noted on routine blood panel pre-dental. Follow up bile acids abnormal. Thoracic radiographs taken 4/4/2022 because O noted abnormal breathing pattern.

SPECIES Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC. ALP 1585 ALT 137 Ca 12.3 CHOL 470
Canine ALB 4.3 BUN 24 GLU 109. Bile acids pre 5.0 post 30.8

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Mini Poodle
Urinary System

SEX Neutered male
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 13 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 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 4.7 cm in length. The right kidney measured 5.4 cm in length.

WEIGHT 19 pounds
The area of the aortic trifurcation was free of pathology.

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 2.1 cm width at the cranial pole.

IMAGING PERFORMED BY Spleen

Sara Hansen
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.

HOSPITAL NAME Liver

South Willamette VC
The liver exhibited generalized enlargement with the ventral liver extending caudally past the level of the gastric axis. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture with variable lobar swelling. A solitary mass exiting primarily symmetrical contour with associated mild caudal symmetrical capsule distortion was present in the mid liver measuring approximately 9.3 cm x 5.2. The mass exhibited mixed echogenic to regionally hyperechoic parenchyma with potential centralized cystic component. No evidence of capsular escape of regional inflammation was noted. 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 and minor debris. The cystic and common bile ducts were normal.

REFERRING VET

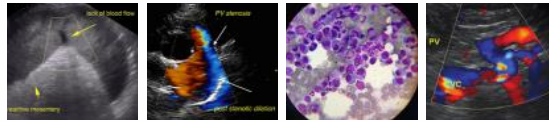
Dr. Willaman

INVOICE

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DATE

04/15/2022



PATIENT *Gastrointestinal*

Clifford Johnson 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.

SPECIES

Canine

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.

BREED

Mini Poodle

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

SEX

Neutered male

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.

AGE

13 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

19 pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting central mixed echogenic mildly expansive mass.
- Mild gallbladder debris (non-mucocele).
- Bilateral mild chronic renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and the central hepatic mass were nonspecific with benign vs malignant etiologies possible. The mass may indicate hyperplasia, hematopoiesis, granuloma, atypical hepatoma or neoplasia such as adenocarcinoma or other. Assuming normal clotting status and using a 25g needle a hepatic mass and parenchymal FNA is recommended for further clarification. No overt evidence of intrahepatic or intra-abdominal metastasis or additional neoplastic criteria. Correlation with previous or recheck three view radiographs is recommended.

IMAGING PERFORMED BY

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HOSPITAL NAME

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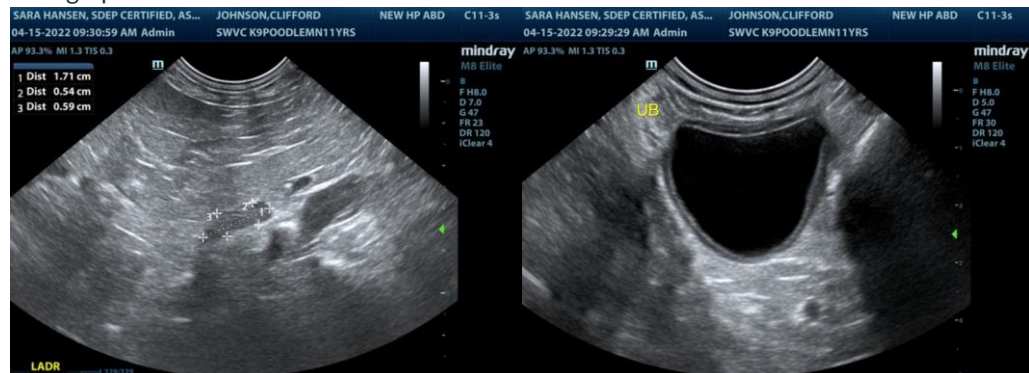
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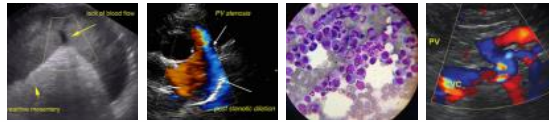
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PATIENT

Clifford Johnson

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered male

AGE

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WEIGHT

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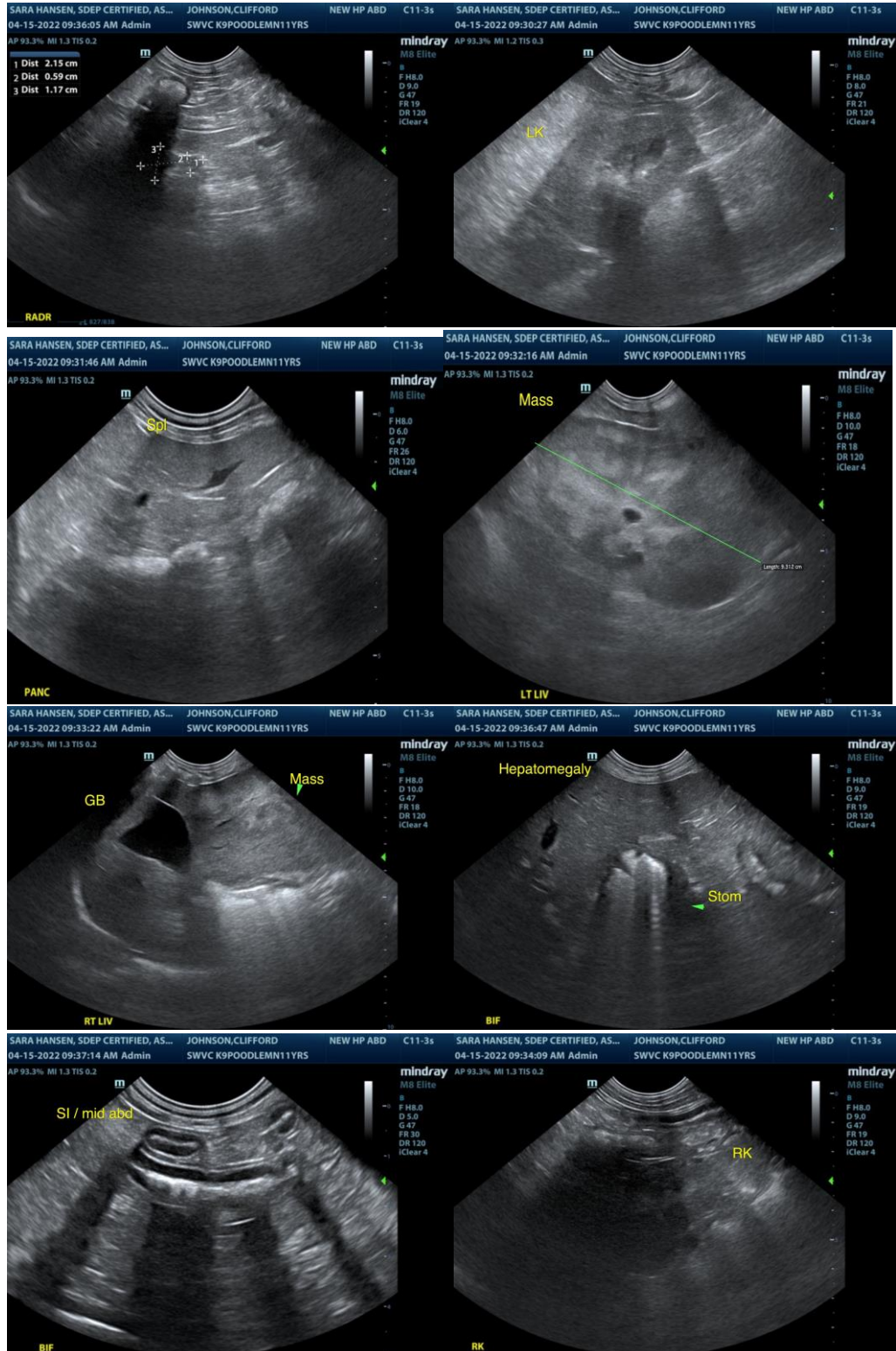
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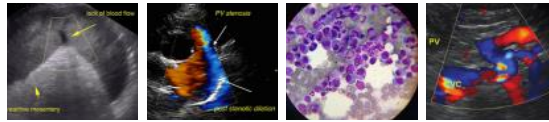
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Canine

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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)

info@SonoPath.com