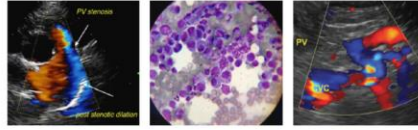


IMAGING PERFORMED BYSVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com**PATIENT**

Bella Janich

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11 years

WEIGHT

16 lbs.

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

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETBest Friends AH-
Dr. Scarbeck**INVOICE**

13601

DATE

4/5/22

PRESENTING CLINICAL SIGNS

Patient presented for coughing.

Abnormal PE/Chem/CBC/UA Results: Right caudal mammary chain mass noted on exam. Elevated ALP (280) and ALT (174). Prior bloodwork in June 2021 showed an elevated ALP (231).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

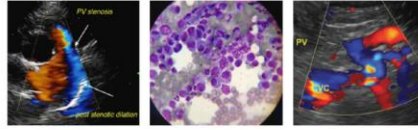
Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal exhibited subtle enlargement of the caudal pole. The left adrenal gland measured 0.63 cm width in the cranial pole and 0.73 cm width in the caudal pole. The right adrenal gland was normal in size measuring 0.59 cm width in the cranial pole and 0.63 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured homogeneous parenchyma with intermittent non-expansive, discrete, hypoechoic nodules. An example of a splenic nodule measured 0.17 cm in diameter.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture with intermittent mildly hypoechoic, non-expansive, intraparenchymal nodules. An example measured 0.95 cm. 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 content with very minor luminal debris. The cystic and common bile ducts were normal.

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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. The gastric body wall width measured 0.40 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor, nonspecific, likely incidental duodenal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.44 cm. The jejunum wall width measured 0.31 cm.

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

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.

Free Abdomen

Several probable cystic hepatic lymph nodes adjacent to the portal vein were present. An example measured 2.0 cm x 0.85 cm. These lymph nodes were also in the area of the distal right pancreatic limb. Potential for pancreatic cysts is also possible. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Intermittent discrete splenic nodules
- Hepatopathy exhibiting intermittent non-expansive mildly hypoechoic intraparenchymal nodules
- Very minor gallbladder debris
- Heterogeneous pancreas
- Probably cystic benign hepatic lymph nodes, potential right pancreatic cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the presentation of the liver was nonspecific yet suggestive of benign low-grade to chronic hepatopathies, such as vacuolar hepatopathy, nonspecific inflammatory hepatopathy, i.e., cholangiohepatitis with areas of nodular / regenerative hyperplasia, hematopoiesis, small granulomas with primary vs. metastatic hepatic nodules considered less likely. Likewise, the splenic nodules are suggestive of areas of hyperplasia, hematopoiesis, or similar with splenic primary vs. metastatic nodules considered less likely.

Given the history of mammary mass, ultrasound guided hepatosplenic FNA for screening cytology using a 25-gauge needle could be considered for further clarification. Sonographic monitoring of the hepatosplenic nodules would be a more conservative approach. Overall, no overt evidence of intra-abdominal metastasis, should the mammary mass be confirmed as neoplasia.

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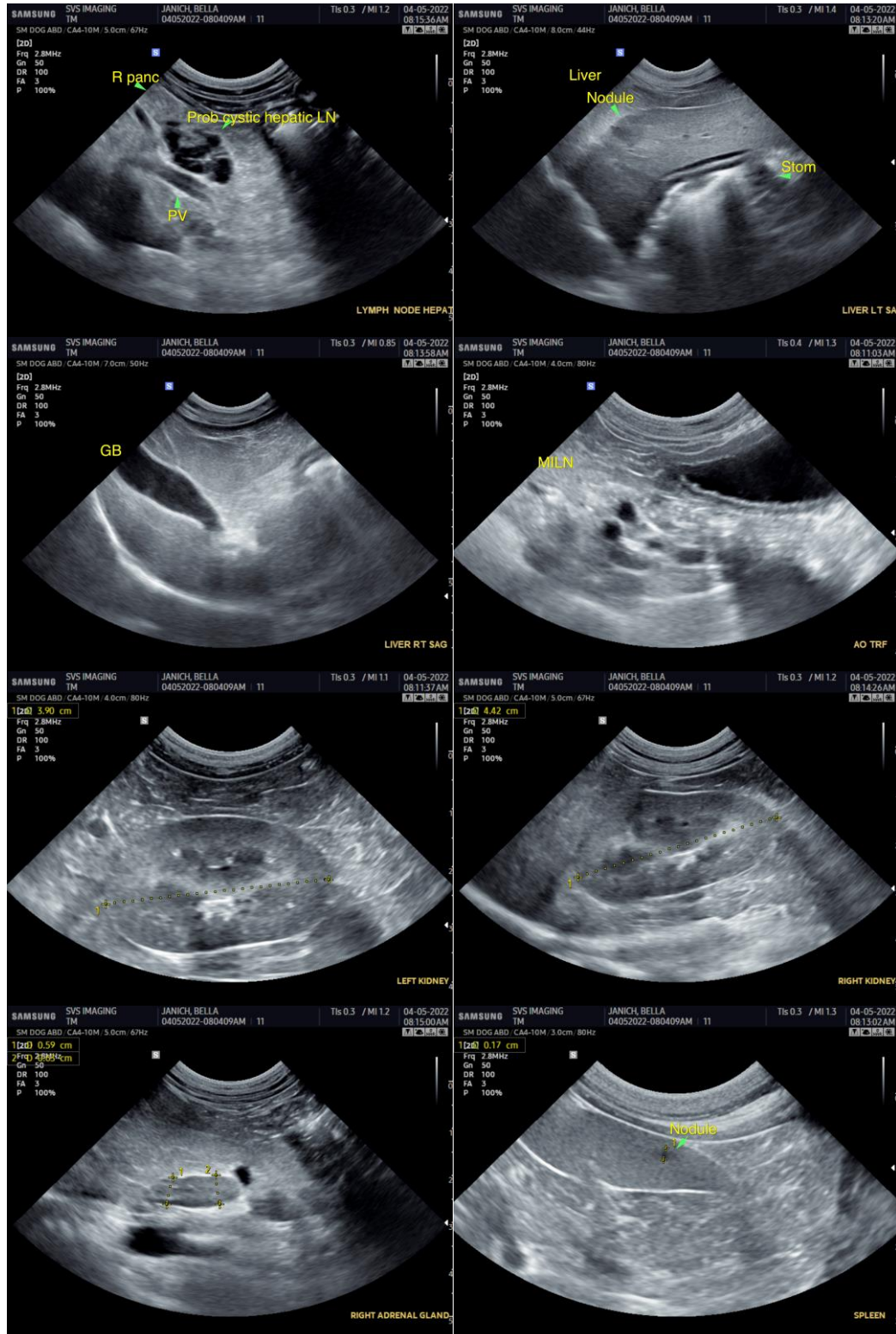
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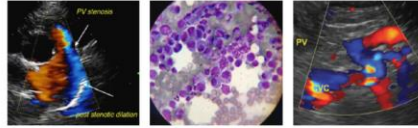
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1-800-838-4268 info@sonopath.com SonoPath.com

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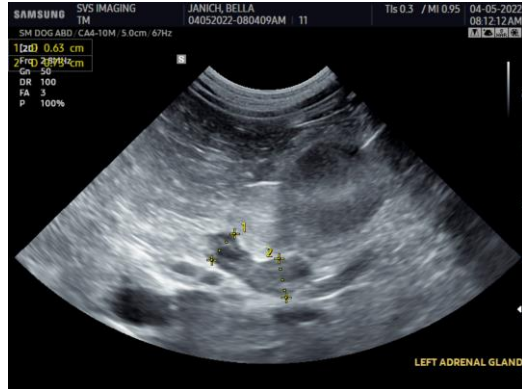
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com