



PATIENT

Kaiah Longenecker

SPECIES

Canine

BREED

Border Collie

SEX

FS

AGE

2009

WEIGHT

49

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

The Village
Veterinarian

REFERRING VET

Dr. Longenecker

INVOICE

13836

DATE

5/10/22

PRESENTING CLINICAL SIGNS

Bladder mass on previous ultrasound Piroxicam, Misoprostol
Previous ultrasound 11/30/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overall normal in size and tone. Previously noted sessile-based mass appearing to arise and involve the dorsal trigone and urinary bladder neck was present. The mass measured approximately 1.6 cm in diameter. No overt evidence of mineralization associated with the mass was noted. The urethra was normal in structure and tone to a depth of 3.0 cm.

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 pyelectasia was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.39 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 0.47 cm width at the caudal pole and 0.79 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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/ Gallbladder

The liver exhibited subjective mild enlargement with generalized mild hepatic parenchymal remodeling. Mixed echogenic mass was present in the mid deep liver measuring 6.7 cm in diameter. The gallbladder was non-distended in size with thin walls containing primarily anechoic content with very minor luminal 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

Pancreas

Canine

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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Static previously noted dorsal trigone urinary bladder mass
- Mixed echogenic liver mass
- Static mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of progression associated with the previously noted dorsal trigone urinary bladder mass was noted. Continued sonographic monitoring along with continued Piroxicam would be reasonable.

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The newly noted liver mass is nonspecific with multiple etiologies including lipogranuloma and nodular hyperplasia with primary vs. metastatic neoplastic criteria favored. Assuming normal clotting status, ultrasound-guided FNA of the mass is recommended for further clarification.

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No overt evidence was noted of regional metastasis associated with the urinary bladder mass or evidence of intrahepatic or perihepatic metastasis associated with the liver mass.

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Three view chest radiographs are suggested. In conjunction with sonographic monitoring of the urinary bladder mass, sonographic monitoring of the liver mass for evidence of progression would be a more conservative approach.

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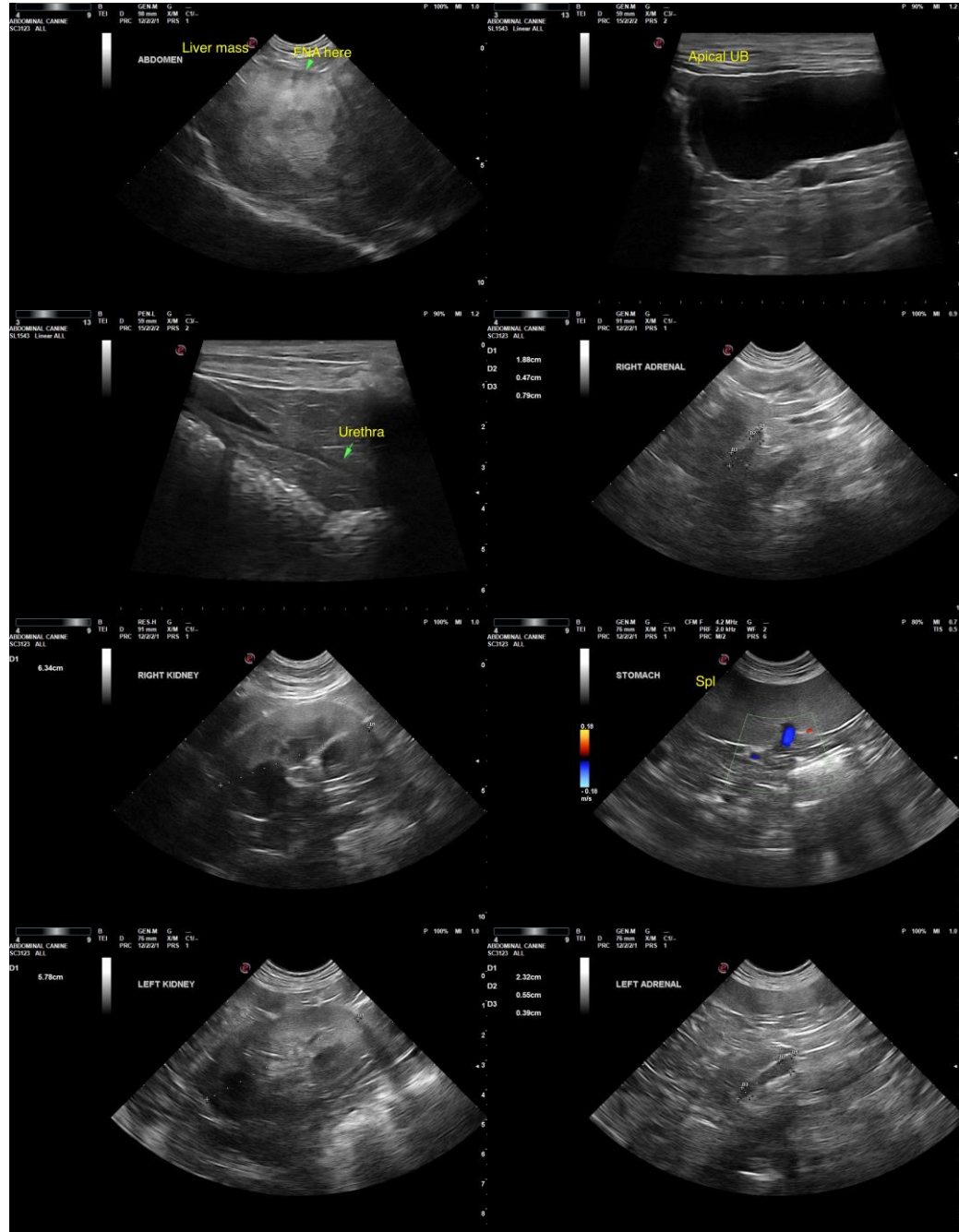
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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