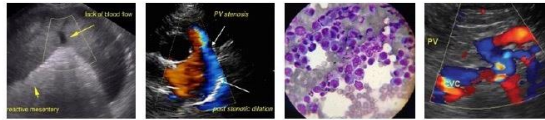




PATIENT	PRESENTING CLINICAL SIGNS
Pokey Pachereva	mid cranial abdominal pain, very large mass on right flank, mild diarrhea Labs: CBC PLT 544 Chem ALP 267 TRI 6.0 LIP 402 Na/K 27
SPECIES	
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
BREED	
Cocker Spaniel	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 was noted.
SEX	
MN	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
AGE	
15 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
33 lbs.	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal to intermittent cortical cysts noted in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.
	Adrenal Glands
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.2 cm length and 0.61 cm width in the caudal pole. The right adrenal gland measured 2.1 cm length and 0.60 cm width in the caudal pole.
IMAGING PERFORMED BY	
Kelly Reschny	Spleen
HOSPITAL NAME	
Beamsville AH	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma primarily around the hilus. The nodules exhibited evidence of distal acoustic shadowing. 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.
REFERRING VET	
Dr. Hagar	Liver/ Gallbladder
INVOICE	
10576ag	The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
DATE	
5/11/22	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate dependent mildly congealed yet nonorganized luminal debris. The cystic and common bile ducts were normal.
	Gastrointestinal



PATIENT

Pokey Pachereva

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.

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

BREED

Cocker Spaniel

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 were evident.

SEX

MN

Free Abdomen

No omental masses. overt lymphadenopathy or peritoneal effusion was present.

AGE

15 years

Large mass consistent with reported mass in the area of the right flank was present potentially measuring 10 -11 cm in diameter. The mass exhibited uniform echogenicity suggestive of fat with nonhomogeneous to nodular interior measuring 8.2 cm x 3.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with small left kidney cortical cyst
- Benign splenic nodules-consistent with myelolipomas or emerging mineralization
- Mild hepatomegaly with parenchymal remodeling-subjectively benign suggestive of vacuolar hepatopathy
- Moderate gallbladder debris (non-mucocele)
- Unremarkable GI tract and colon

WEIGHT

33 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall largely a geriatric abdomen without evidence of significant visceral pathology. An obvious source of cranial abdominal pain was not definitively evident. Potential for referred pain secondary to the right flank mass could be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. An ultrasound guided FNA of the liver and central portion of the right flank mass for screening cytology could be considered for further assessment. Dietary trial, high colony count probiotics and broad spectrum deworming may be considered if progressive diarrhea.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beamsville AH

REFERRING VET

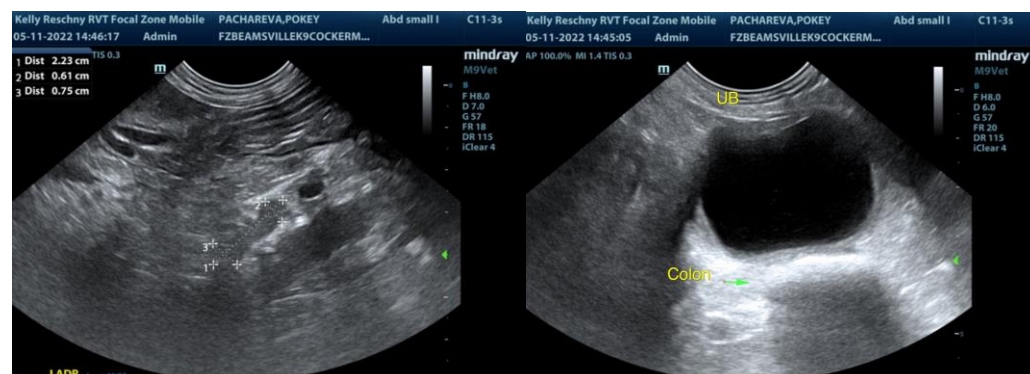
Dr. Hagar

INVOICE

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DATE

5/11/22





PATIENT

Pokey Pachereva

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

15 years

WEIGHT

33 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beamsville AH

REFERRING VET

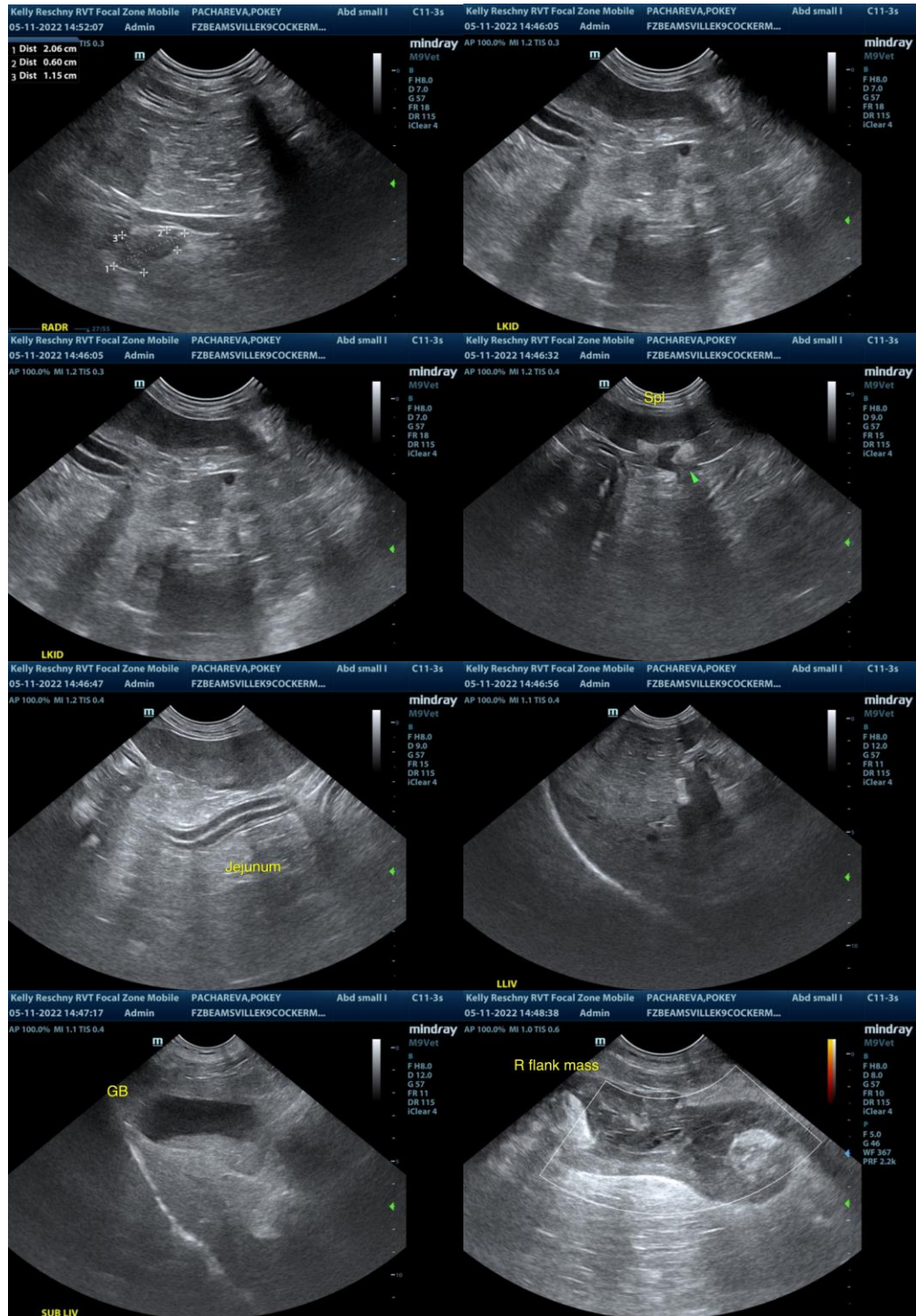
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DATE

5/11/22





PATIENT

Pokey Pachereva

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

15 years

WEIGHT

33 lbs.

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R. McKenzie Daniel,
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**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beamsville AH

REFERRING VET

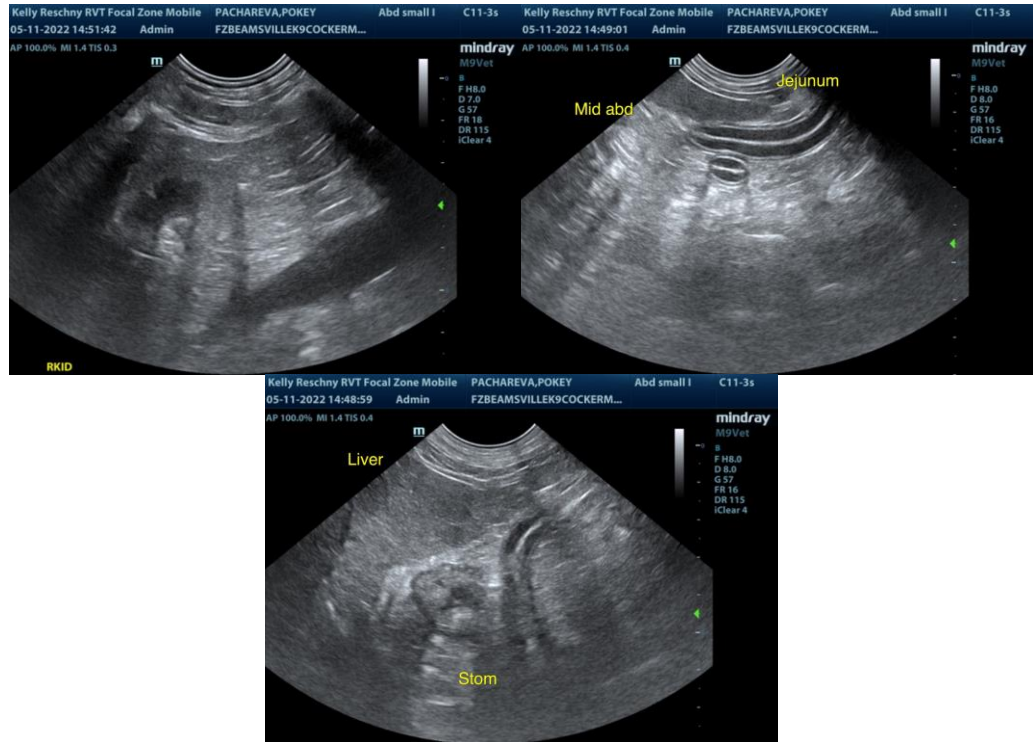
Dr. Hagar

INVOICE

10576ag

DATE

5/11/22



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