



**PATIENT PRESENTING CLINICAL SIGNS**

Baylei Yandersits Weight loss, 4/6 heart murmur, vaginal discharge - resolved with antibiotics, mitotic transitional cells on urinalysis Prazocin, Entyce

**SPECIES** Unremarkable CBC, Chemistry panel- BUN 33, Creatinine 1.1, ALP 460, ALT 275

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix The urinary bladder presented an overall normal size and tone. A small, sessile-based nonhomogeneous mass was present in the ventroapical urinary bladder extending mildly into the urinary bladder lumen, measuring 1.3 cm diameter. A separate mildly nonhomogeneous mass occupying the visible proximal urethra to a depth of 3.0 cm extending mildly into the area of the urinary bladder neck was present, measuring 4.5 cm x 1.7 cm.

FS Multiple enlarged mildly asymmetrical to nonhomogeneous medial iliac lymph nodes were present. An example measured 2.2 cm x 1.7 cm.

**AGE** 2011 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 6.6 cm in length. The right kidney measured 6.6 cm in length.

**WEIGHT** 46.6

*Adrenal Glands*

**INTERPRETED BY** The left adrenal gland was mildly enlarged in size exhibiting mild capsule asymmetry and nonhomogeneous yet nonmineralized parenchyma. The left adrenal gland measured 4.1 cm length x 1.8 cm width at the cranial pole and 1.1 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.53 cm width at the caudal pole.

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 DVM, DABVP  
 (Canine and Feline)

*Spleen*

**IMAGING PERFORMED BY** 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.

Rebekah Jakum, CVT  
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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Myers

*Liver/ Gallbladder*

**INVOICE**

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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. A solitary mildly echogenic intraparenchymal nodule was present measuring 2.5 cm diameter. 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.

**DATE**

5/12/22



**PATIENT**

Baylei Yandersits

The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate shadowing ingesta. The stomach was otherwise normal.

**BREED**

Lab Mix

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.

**SEX**

FS

**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.

**AGE**

2011

**Free Abdomen**

No peritoneal free fluid was noted. No overt evidence of omental lymphadenopathy was present.

**WEIGHT**

46.6

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Ventroapical urinary bladder and proximal urethral / urinary bladder neck mass - consistent with neoplastic criteria i.e., transitional cell carcinoma or other
- Nonhomogeneous enlarged medial iliac lymphadenopathy - strongly suggestive of neoplastic lymphadenopathy
- Mildly enlarged nonhomogeneous to irregular left adrenal gland - nonspecific, hyperplasia, adenomatous change, emerging primary vs. metastatic neoplasia possible
- Hepatopathy with solitary nonspecific intraparenchymal nodule - vacuolar hepatopathy, inflammatory / immune-mediated disease, focal nodular hyperplasia, lipogranuloma, primary vs. metastatic neoplasia cannot be excluded
- Mild gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with moderate shadowing gastric ingesta

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Biopsy of the proximal urethral mass would be required for a definitive diagnosis, yet surgical options are likely precluded, given the location of the proximal urethral and urinary bladder neck mass.

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Ultrasound-guided FNA of the liver could be considered (assuming normal clotting status), for screening cytology. Assessment of systemic BP is suggested to assess for evidence of hypertension which may allude to a left pheochromocytoma.

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The gastric ingesta may indicate post prandial presentation. However, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying with minor potential for gastric foreign body could be considered if documented NPO.

**SPECIES**

Canine

Ultrasound guided FNA of an enlarged medial iliac lymph node could be considered for screening cytology with potential for oncology consultation.

**BREED**

Lab Mix

**SEX**

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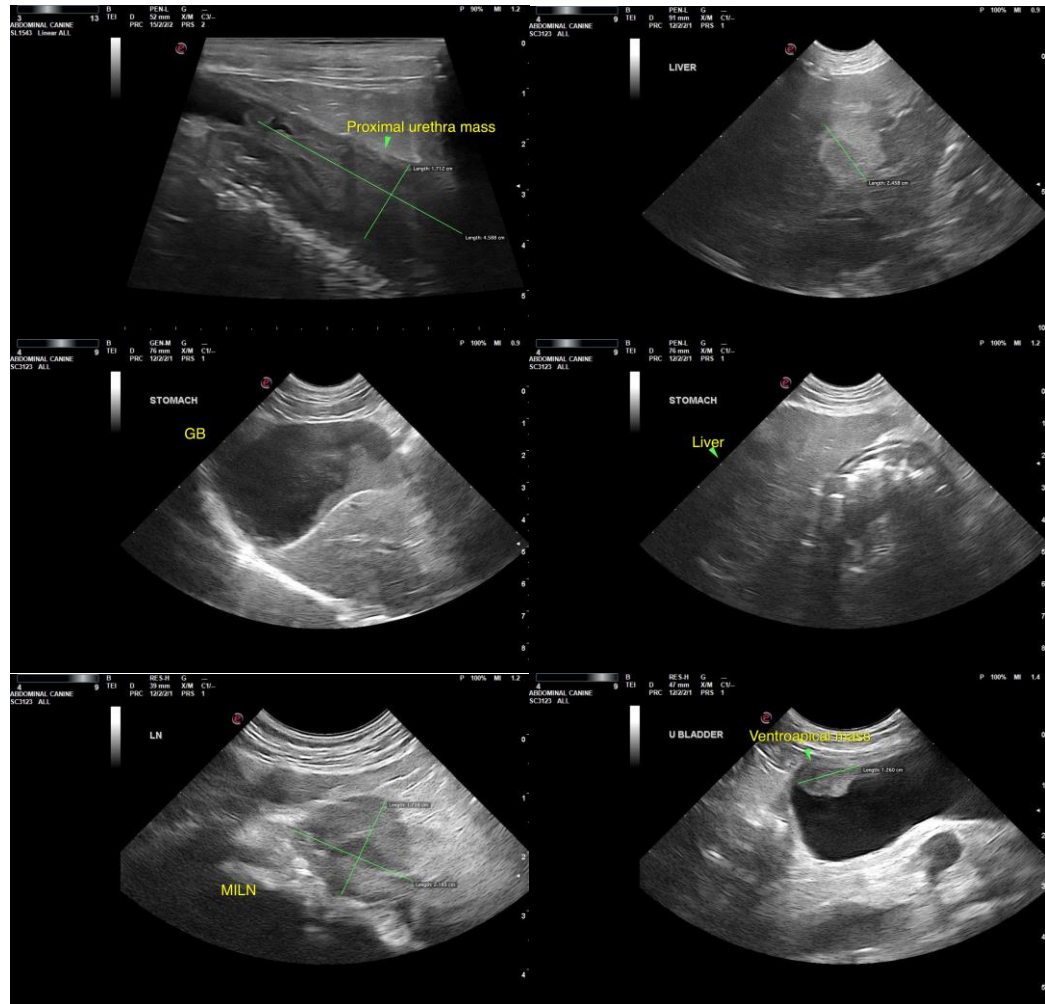
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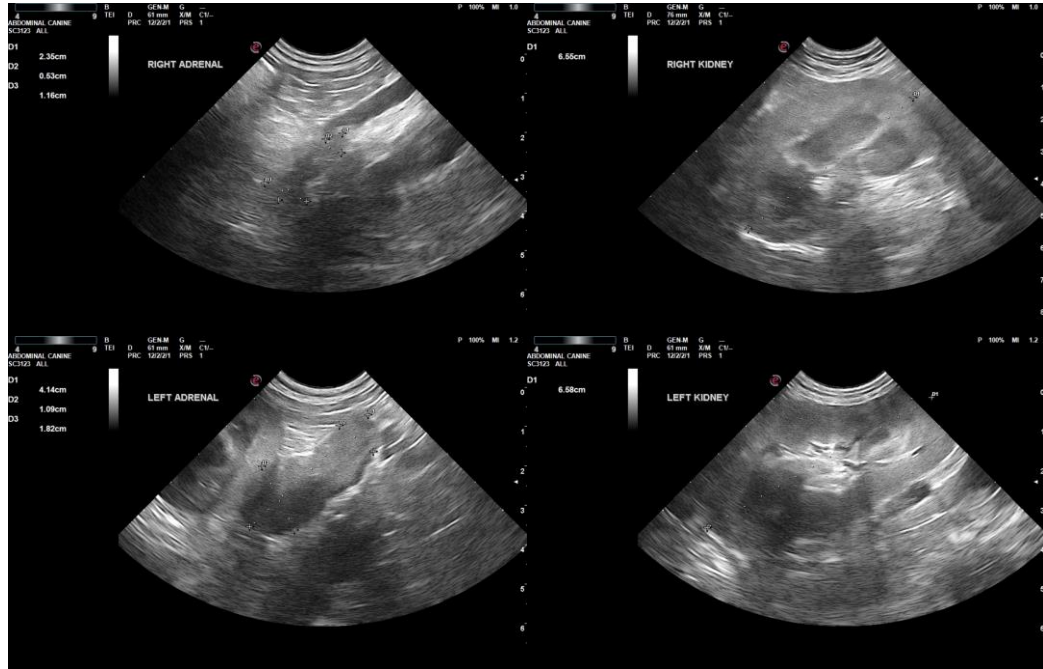
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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