



PATIENT	PRESENTING CLINICAL SIGNS
Soho Chelel	Presenting for anorexia and intermittent vomiting. Lost 5 lbs over past 6 months. BW was overall normal in October
SPECIES	Abnormal PE/Chem/CBC/UA Results: Weight loss, Renal Values elevated, ALKP: 139 U/L , ALT : 249 U/L., BUN 125 mg/dL Crea 5.2 mg/dL, 1.015 USG , phos 9.3 mg/dL
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
MN	
AGE	No overt pathology was noted in the area of the residual prostate.
16 years	
WEIGHT	Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Multiple cortical cysts were present in both kidneys. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.7 cm in length. The right kidney measured 5.5 cm in length.
26.6 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.71 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.81 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Dr. John Ammeraal	Subjective mild splenomegaly was noted exhibiting primarily maintained symmetrical capsule contour with areas of medial capsule asymmetry. Reduced splenic parenchyma echogenicity with moderate coarse echotexture was noted.
HOSPITAL NAME	Liver/ Gallbladder
Sova Animal Hospital	The liver was enlarged with nonhomogeneous to mixed echogenic parenchyma exhibiting parenchymal remodeling. Intermittent variably echogenic intraparenchymal nodules, as well as intermittent thinly-walled Intraparenchymal cysts containing anechoic fluid, were present. The gallbladder was subtly prominent with Isoechoic to mildly echogenic gallbladder walls containing anechoic content with mild to moderate, primarily dependent nonorganized luminal debris. The common bile duct was normal.
REFERRING VET	Gastrointestinal
Dr. John Ammeraal	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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5/13/22	



PATIENT	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.
Soho Chelel	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	The pancreas was normal in size with mild capsule asymmetry exhibiting heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Mixed	Free Abdomen
SEX	Intermittent to multiple medial iliac and mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the medial iliac lymph nodes measured 1.9 cm length and 1.1 cm width. An example of a cranial mesenteric lymph node adjacent to and caudal to the right kidney measured 3.6 cm length and 2.2 cm width. No effusion was noted.
MN	
AGE	
16 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
26.6 lbs	<ul style="list-style-type: none"> Moderate chronic renal changes with multiple cortical cysts Nonhomogeneous to hypoechoic spleen - hyperplasia, hematopoiesis, splenitis, neoplasia or other, concern for infiltrative round cell splenic neoplasia, given this presentation, yet not definitive Hepatopathy exhibiting nonhomogeneous to mixed echogenic parenchyma including Intermittent variably echogenic intraparenchymal nodules, as well as intraparenchymal cysts - vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia or other hepatopathy Moderate gallbladder debris, potential chronic cholecystitis Overtly normal gastrointestinal tract Nonspecific yet suspicious mesenteric / medial iliac lymphadenopathy - concerning for neoplastic criteria, hyperplasia, or lymphadenitis possible
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status, hepatosplenic as well as (if accessible) medial iliac or mesenteric lymph node FNA for screening cytology is recommended.
IMAGING PERFORMED BY	
Dr. John Ammeraal	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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DATE	No overt evidence of structural gastrointestinal disease or ileus. Pending additional diagnostics, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult or concurrent gastrointestinal disease and three view chest radiographs to rule out thoracic pathology as a contributing factor to the patient's weight loss. As-needed continued gastrointestinal supportive care is recommended.
5/13/22	



PATIENT

Soho Chelel

SPECIES

Canine

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Mixed

SEX

MN

AGE

16 years

WEIGHT

26.6 lbs

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal
Hospital

REFERRING VET

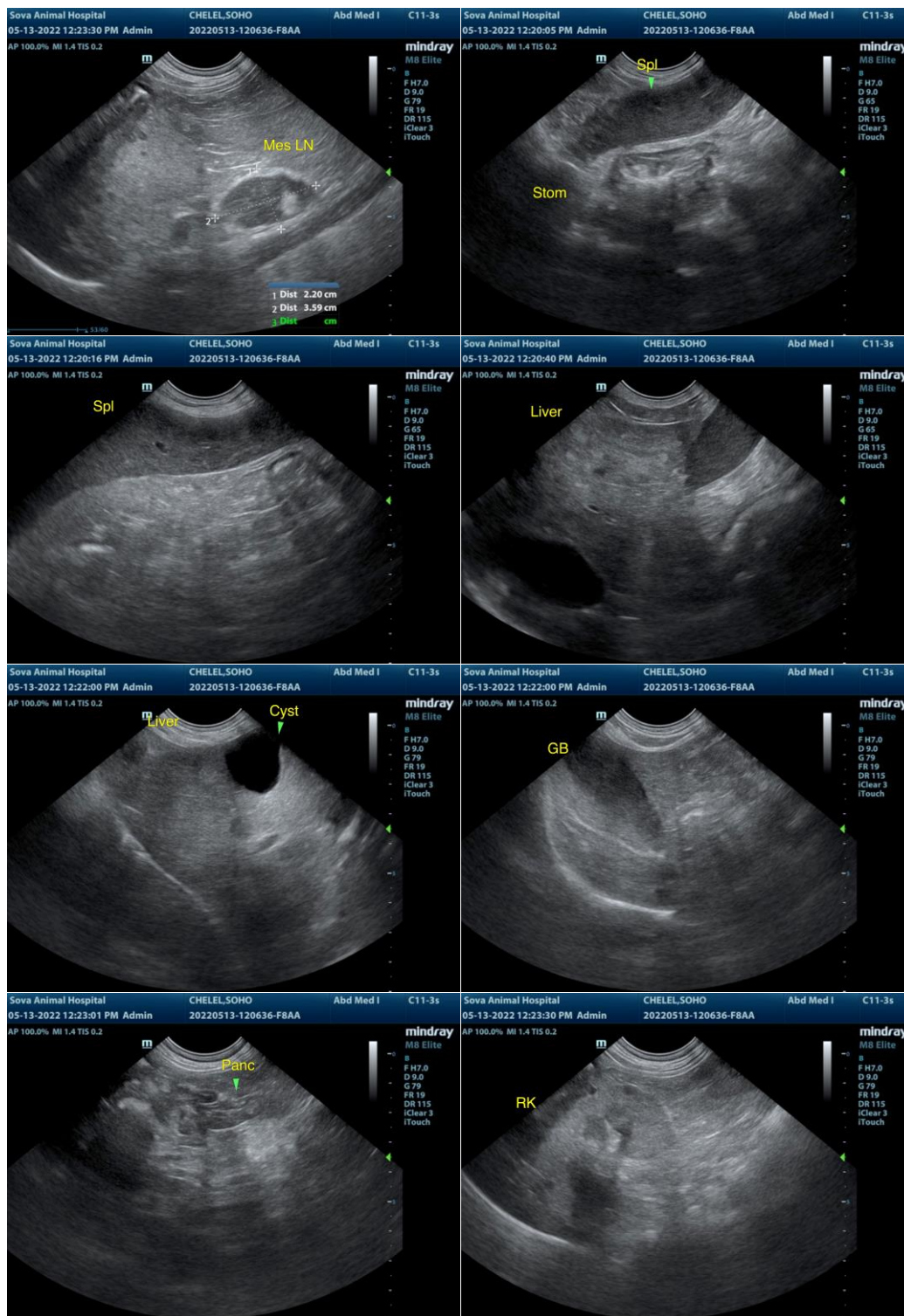
Dr. John Ammeraal

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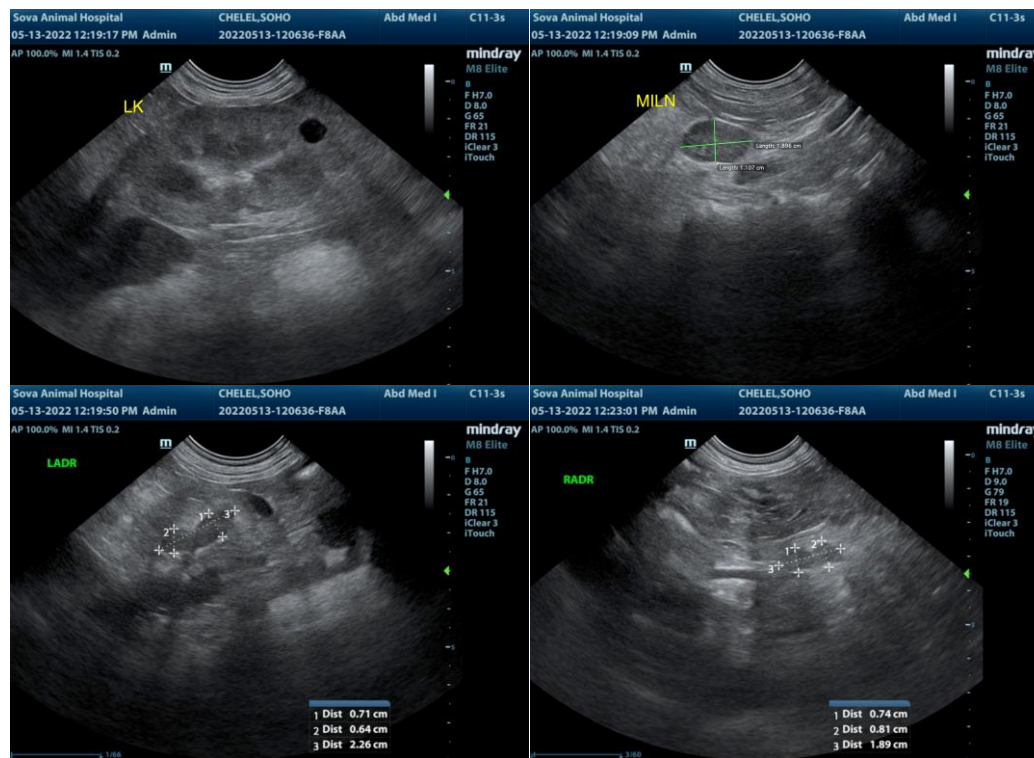
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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