



PATIENT

Sahara Dunn

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

12 years

WEIGHT

9.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Alejandro Vargas
Lumbreras, RVT

HOSPITAL NAME

Central Island Vet
Emergency Hospital

REFERRING VET

Dr. Nikolas Bell

INVOICE

13916

DATE

5/19/22

PRESENTING CLINICAL SIGNS

Presenting for annual examination, requires dental under GA. Otherwise seems to be doing well. Not taking any medication.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs shows enlargement in liver/spleen area. Abnormal CBC: WBC = $3.71 \times 10^9/L$ (5.05-16.76). Lymphs = $0.70 \times 10^9/L$ (1.05-5.10). Neut = $1.83 \times 10^9/L$ (2.95-11.64). Retics = 123.4 K/uL (10.0-110.0). MCV = 58.0 fL (61.6-73.5). MCH = 19.3 pg (21.2-25.9). RDW = 23% (13.6-21.7). MPV = 17.2 fL (8.7-13.2). PLT = 94 K/uL (148-484). Retic-HGB = 20.6 pg (22.3-29.6). Platelets appear adequate on microscopic evaluation. Abnormal CHEM: ALKP = 370 U/L (23-212). SDMA = 15 ug/dL (0-14)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 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 0.5 cm width at the caudal pole and 0.46 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 0.44 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen exhibited generalized enlargement and primarily maintained symmetrical to rounded contour. Generalized mild parenchyma heterogeneity exhibiting potential for mild subjective reduced parenchyma echogenicity and moderate coarse echotexture were present. Splenic folding was present. Focal to intermittent, nonhomogeneous yet non-expansive splenic nodule to nodules were present. An example measured 0.9 cm in diameter. Normal splenic vascularity was noted. Concurrent mild areas of hyperechoic splenic parenchyma suggestive of probable benign myelolipomas, previous Infarction, or emerging mineralization were present.

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 moderate coarse echotexture. A solitary, cystic-appearing nondisruptive intraparenchymal nodule, measuring 1.7 cm in



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diameter, was present. 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 sonographically unremarkable gallbladder walls without overt inflammatory criteria. Anechoic content with mild, nondependent, hyperechoic yet nonmineralized luminal debris was present. No evidence of peripheral gallbladder inflammation was noted. 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.

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.

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.

Free Abdomen

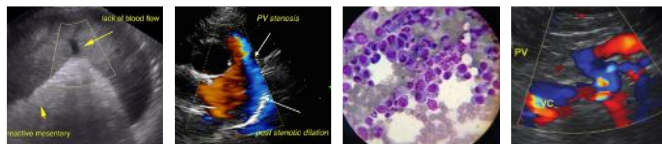
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with focal cystic intraparenchymal nodule - subjectively benign, suggestive of vacuolar hepatopathy pattern with probable benign nodule i.e., complex hepatic cyst, cystic biliary adenoma, cystic granuloma or similar, inflammatory hepatopathy i.e., cholangiohepatitis possible with neoplastic criteria considered a less likely differential diagnosis
- Mild gallbladder debris (non-mucocele)
- Splenomegaly exhibiting folding and focal nonhomogeneous to cystic-appearing nodules - multiple etiologies possible including benign hyperplasia, hematopoiesis, and splenitis, while the possibility of splenic neoplasia cannot be excluded
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver and spleen, as well as a splenic nodule if accessible, assuming normal clotting status and using a 25-gauge needle, is recommended for screening cytology and further assessment.



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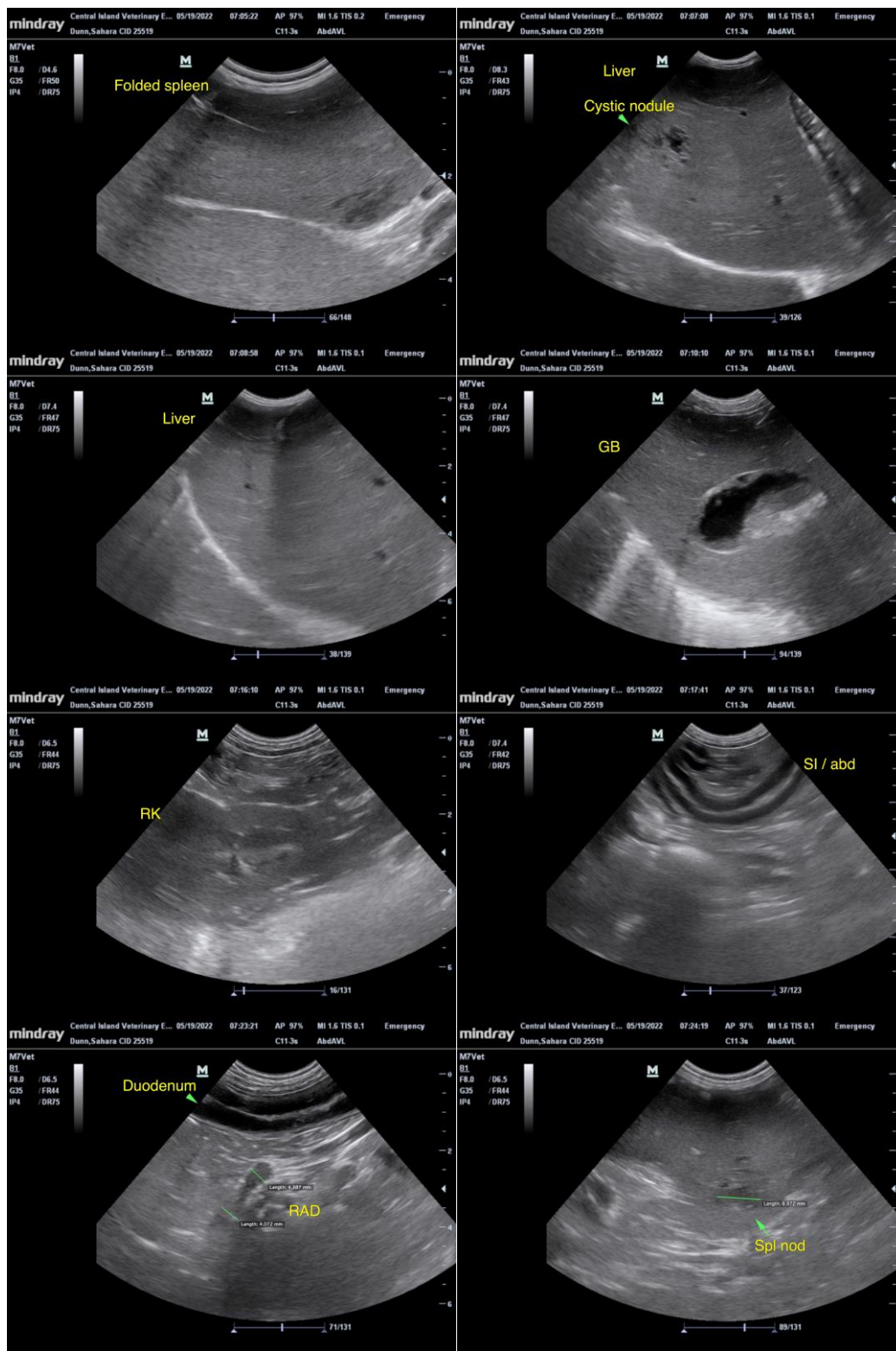
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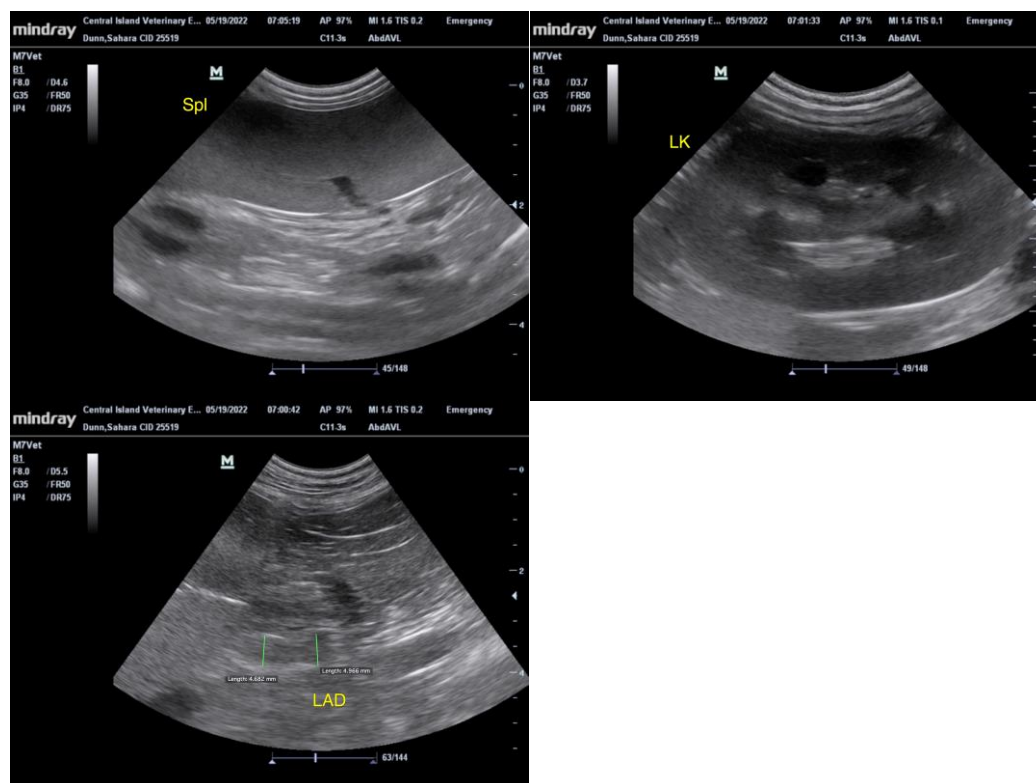
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com