



PATIENT

Jersey Slater

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

10 Years

WEIGHT

80.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

47054

DATE

5/2/23

PRESENTING CLINICAL SIGNS

Today Mom said she took her outside and when they came inside she saw some blood dripping from her vulva. She said there was a decent amount. She said that she has not been straining to urinate or going more frequently. She is eating and drinking good. Stool is normal. No vomiting, diarrhea, coughing or sneezing. She is on dasaquin but is not on prevention. Mom said she normally only does that in the summer. We also did the ultrasound because her liver enzyme was raised last month.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm. The right kidney measured 7.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.81 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 0.78 cm at the caudal pole. No adrenal tumors.

Spleen

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.

Liver

The liver exhibited subjective borderline to possible mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Focal, potentially intermittent, well demarcated, non-homogeneous, hyperechoic, small intraparenchymal nodules were noted. Example measured 1.6 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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Pancreas

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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 was evident.

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Other

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No evidence of pathology in the area of the uterine remnant.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild non-uniform focal to intermittently nodular parenchyma – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Mild age related kidneys
- Sonographically normal urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was non-specific, yet sonographically consistent with benign hepatopathy and likely benign hepatic nodules, sonographically suggestive of hyperplasia, small lipogranulomas or similar. Screening hepatic FNA cytology could be considered assuming normal clotting status for further clarification. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No evidence of upper or lower urinary tract or uterine remnant pathology as a contributing factor to the vulvar blood.

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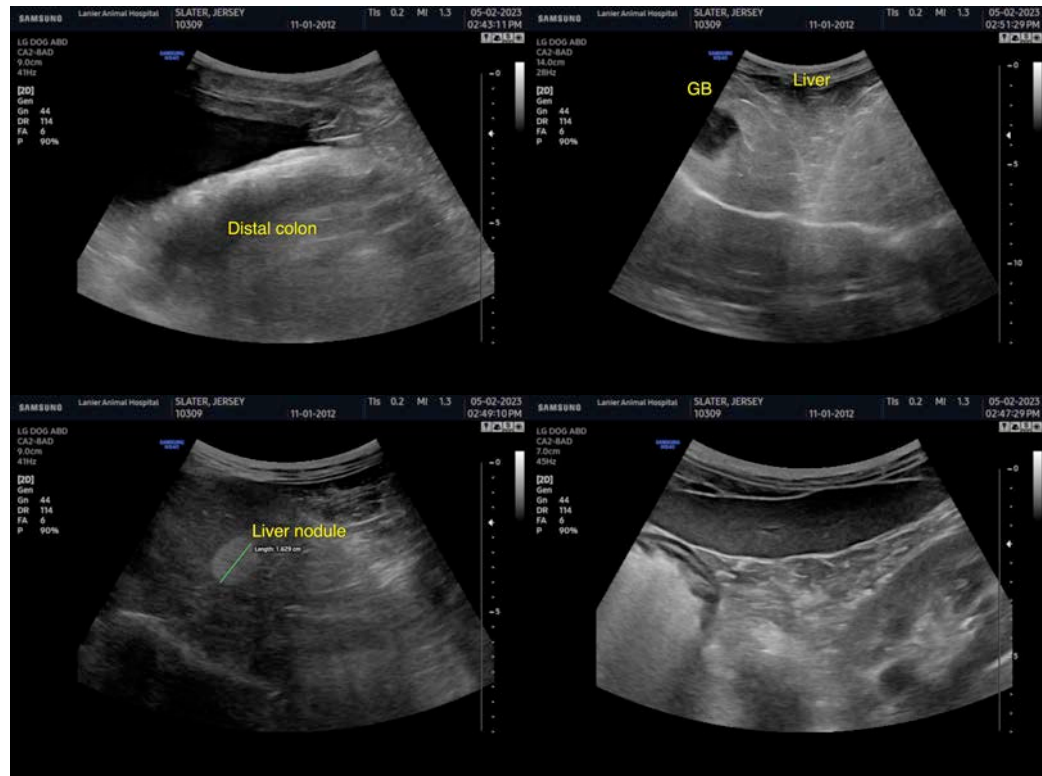
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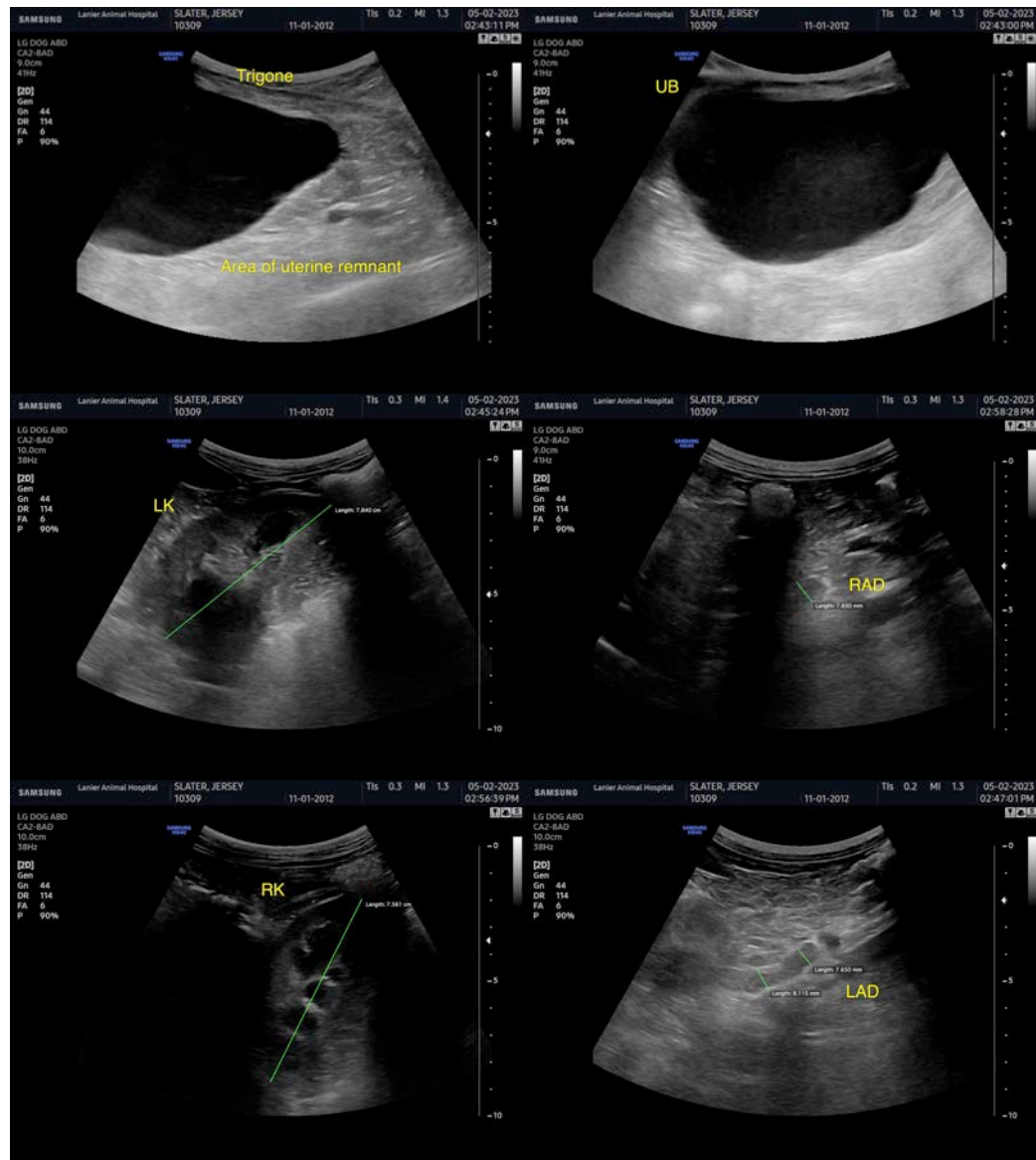
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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