



PATIENT PRESENTING CLINICAL SIGNS

Cash Toms Decreased appetite for ~ month, lethargy Mirtazipine
 ALP 573, ALT 100, AST 83. Precision PSL 534, unremarkable CBC.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

Golden Retriever

SEX The residual prostate was free of pathology.

Neutered Male Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild uniform increased cortex echogenicity noted with mildly enhanced corticomedullary border demarcation. The right kidney measured 8.0 cm. The left kidney measured 7.8 cm.

AGE 2012 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm at the cranial pole and 0.70 cm at the caudal pole.

105.6 Pounds

The right adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.58 cm at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver was enlarged in size with areas of mild capsule asymmetry. Generalized decreased hepatic parenchyma echogenicity noted, exhibiting moderate non-uniform coarse echotexture. No masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Littlestown VH

REFERRING VET

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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.

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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.

DATE

5/20/22



PATIENT

Cash Toms

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 was evident.

SPECIES

Canine

Free Abdomen

Solitary to several enlarged mesenteric lymph node(s) present. Example measured 1.7 cm x 1.2 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Subjective mild width to length ratio >0.5. Evidence of perilymphatic inflammation was evident.

BREED

Golden Retriever

Small pockets of scant perihepatic free fluid and mild perihepatic reactive mesentery noted.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting non-uniform parenchyma hypoechogenicity.
- Normal spleen.
- Mild perihepatic reactive mesentery and scant free fluid.
- Overtly normal gastrointestinal tract.
- Mild non-specific chronic renal changes.
- Overtly normal pancreas.
- Focal to intermittent mildly prominent of hypoechoic cranial mesenteric lymph nodes.

AGE

2012

WEIGHT

105.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the hepatomegaly exhibiting decreased parenchyma echogenicity is non-specific with potential considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, or other hepatopathy. Given this presentation, concern for infiltrative neoplasia is warranted, yet not definitive.

Correlation with pending hepatic FNA recommended. Biopsy may be required for definitive diagnosis. Potential for low-grade or chronic pancreatitis, which may present sonographically normal, cannot be excluded. Continued supportive care pending hepatic cytology and based on the clinical impression of the patient recommended.

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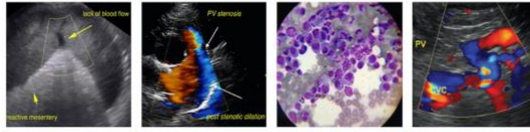
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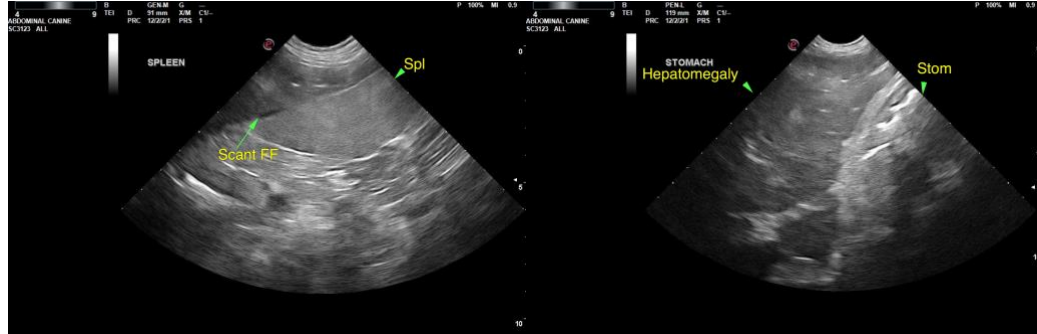
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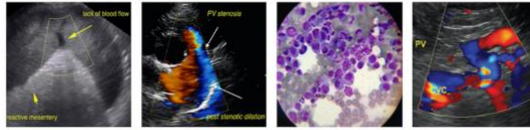
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



PATIENT info@SonoPath.com

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