



PATIENT	PRESENTING CLINICAL SIGNS
Annie Sheppard	Follow up ultrasound from one done in May of last year. Has been on Ursodial and Hepato Support and seems to be doing well at home.
SPECIES	Abnormal PE/Chem/CBC/UA Results: n/a - will be done at annual check up shortly
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
WHWT	The urinary bladder exhibited mild to moderate, prominent to thickened ventroapical to dorsoapical urinary bladder walls with mild asymmetrical luminal surface. No evidence of mural mineralization or definitive masses was noted. The ventral apical urinary bladder wall measured 1.4 cm width. Mild anechoic urine was present with mild particulate urinary bladder sediment. No calculi were noted. The urethra was normal in structure and tone to a depth of 2.0 cm.
SEX	The area of the aortic trifurcation was free of pathology.
FS	
AGE	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 border demarcation expected for the age of the patient. Intermittent cortical cysts were present. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.
13 years	
WEIGHT	Adrenal Glands
11 kg	Spherical, uniform mild hyperechoic, nonmineralized nodule was present in the cranial left adrenal gland. The nodule appeared to mildly distort the adrenal capsule. The nodule did not exhibit signs of mineralization, parenchymal escape or vascular invasion. The nodule measured 1.4 cm x 1.4 cm. The overall left adrenal gland measured 0.55 cm width at the caudal pole and 1.4 cm width at the cranial pole.
INTERPRETED BY	The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.56 cm width in the caudal pole.
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	Spleen
Crystal Hill	The spleen was normal in size and contour with subtle splenic parenchyma heterogeneity. A solitary, non-expansive or disruptive hyperechoic nodule was noted in the cranial spleen measuring 0.38 cm diameter.
HOSPITAL NAME	Liver/ Gallbladder
The Maples AH	The liver was mildly enlarged in size yet maintained symmetrical capsule contour exhibiting uniform mildly increased hepatic parenchyma echogenicity compared to the spleen and falciform fat. No masses or nodules were noted. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Kazienko	
INVOICE	
13786	
DATE	
5/4/22	



PATIENT

Annie Sheppard

SPECIES

Canine

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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.

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

Primary Findings

- Cystitis pattern with mild urinary bladder sediment
- Mildly progressive left adrenal nodule
- Benign hepatomegaly
- Mild gallbladder debris (non-mucocele) - subjectively static

Secondary Findings

- Static mild chronic renal changes with cortical cysts
- Benign splenic nodule - consistent with small myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although lack of urinary bladder distention with urine prohibited full evaluation of the urinary bladder walls, a cystitis pattern was present. Minor potential for emerging neoplastic urinary bladder criteria is possible yet thought less likely. Full urinary workup +/- screening BRAF Assay could be considered. If current or progressive signs of inappropriate urination, sonographic monitoring of the urinary bladder is suggested.

Although the previously noted left adrenal nodule exhibited mild progressive increased size, the lack of significant progression was not overtly suggestive of neoplastic criteria. However, this potential cannot be definitively excluded. Periodic monitoring of systemic blood pressure for evidence of hypertension which may allude to a pheochromocytoma, as well as continued sonographic monitoring for evidence of further progression of size would be reasonable.

Continued hepatic supportive medications and correlation with the hepatic presentation to pending blood work is suggested.



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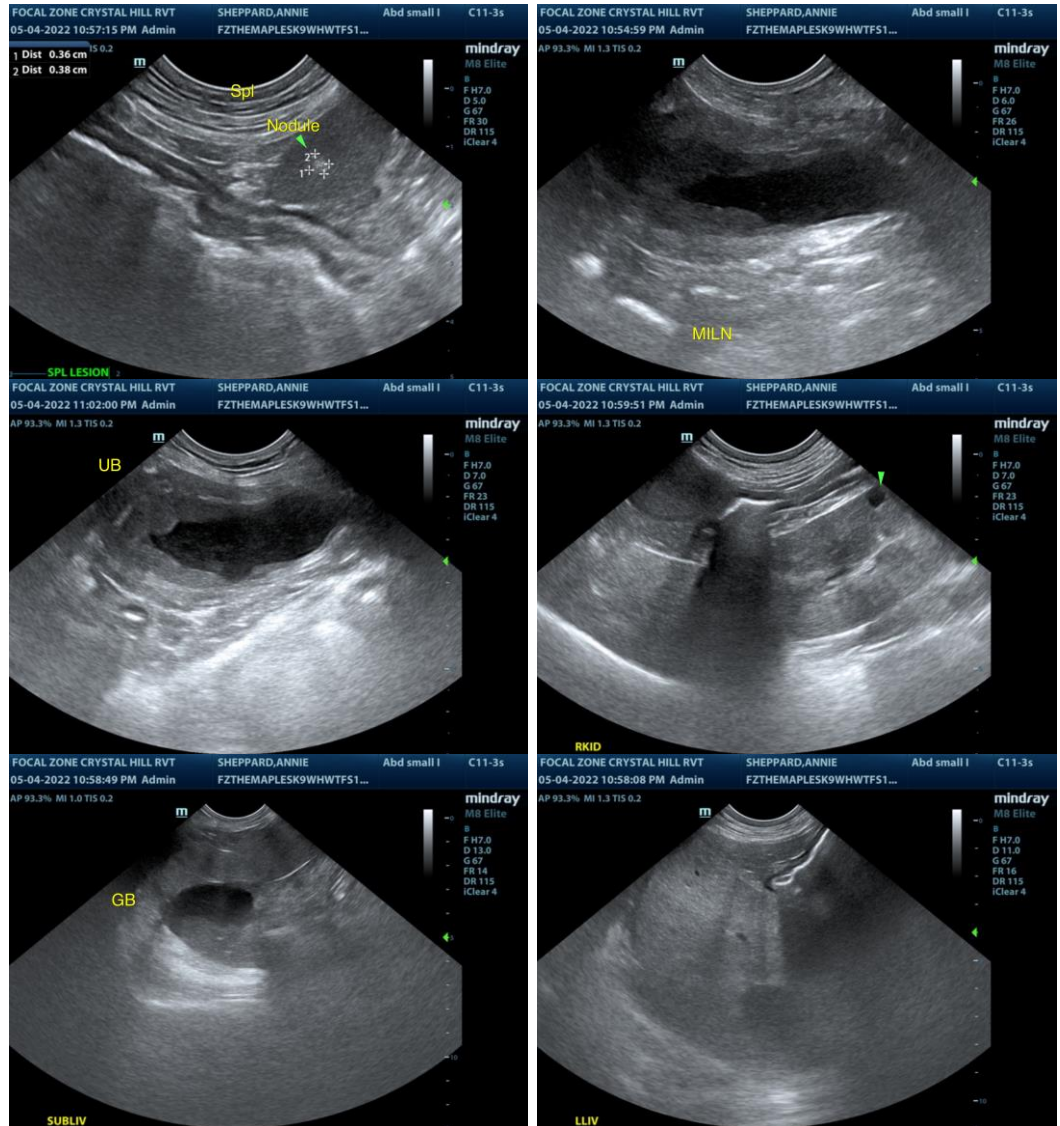
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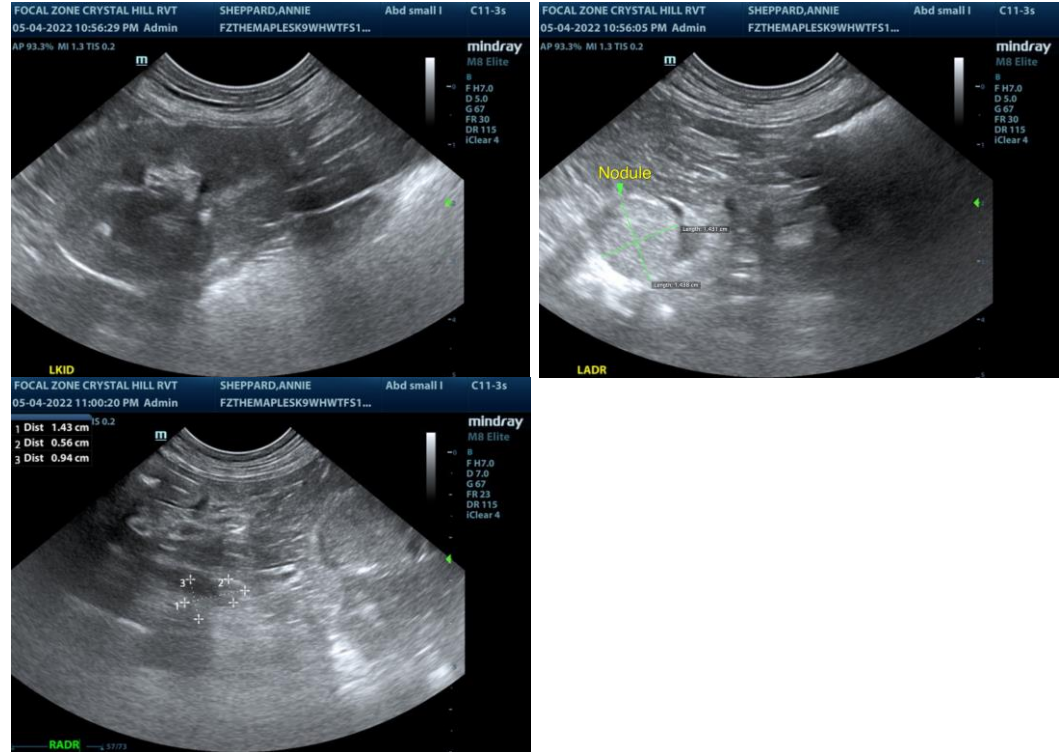
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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