

PATIENT

Gizmo
VanKlausmeier

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

12 y

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Banfield of South
Eugene

REFERRING VET

Dr. Harret

INVOICE

13793

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History of several mammary masses, o would like to schedule sx Rec echo and cardiac workup prior to anesthesia due to new grade 3/4 heart murmur Hx of seizures Heart Rate and Respiratory Rates 120, 30 on presentation Current Medications Benazapril, pimobendan Primary Question/Differential to Be Answered in This Exam Metastasis scan in abdomen Heart disease stable enough for surgery

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology and without evidence of medial iliac or sublumbar lymphadenopathy.

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. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. No evidence of enlargement or neoplastic / metastatic criteria was noted. The left adrenal gland measured 1.7 cm length x 0.61 cm width in the caudal pole. The right adrenal gland measured 1.3 cm length x 0.52 cm width in the caudal pole.

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/ Gallbladder

The liver was normal in size and contour with generalized normal hepatic parenchyma echogenicity and echotexture. Intermittent subtly hypoechoic nondisruptive intraparenchymal nodules were



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present. An example of a subtle hepatic nodule measured 1.4 cm in diameter. The gallbladder was non-distended in size with mild gallbladder debris. 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and considered incidental.

Free Abdomen

No intrabdominal lymphadenopathy, masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mild age-related kidneys
- Intermittent subtly hypoechoic liver nodules
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, mild geriatric abdomen without evidence of significant visceral pathology was noted.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Although nonspecific, the subtle hypoechoic hepatic nodules are suggestive of subtle areas of probable nodular to regenerative hyperplasia, hematopoiesis, or small granulomas. Neoplastic or metastatic hepatic nodules are considered a less likely differential diagnosis based on appearance, yet cannot be definitively excluded.

Prior to anesthesia, while assuming normal clotting status, screening ultrasound-guided FNA of a liver nodule if accessible and using a 25-gauge needle could be considered for screening cytology. Correlation with hepatic enzyme assessment is suggested. Sonographic monitoring of the liver nodules for evidence of progression would also be reasonable.



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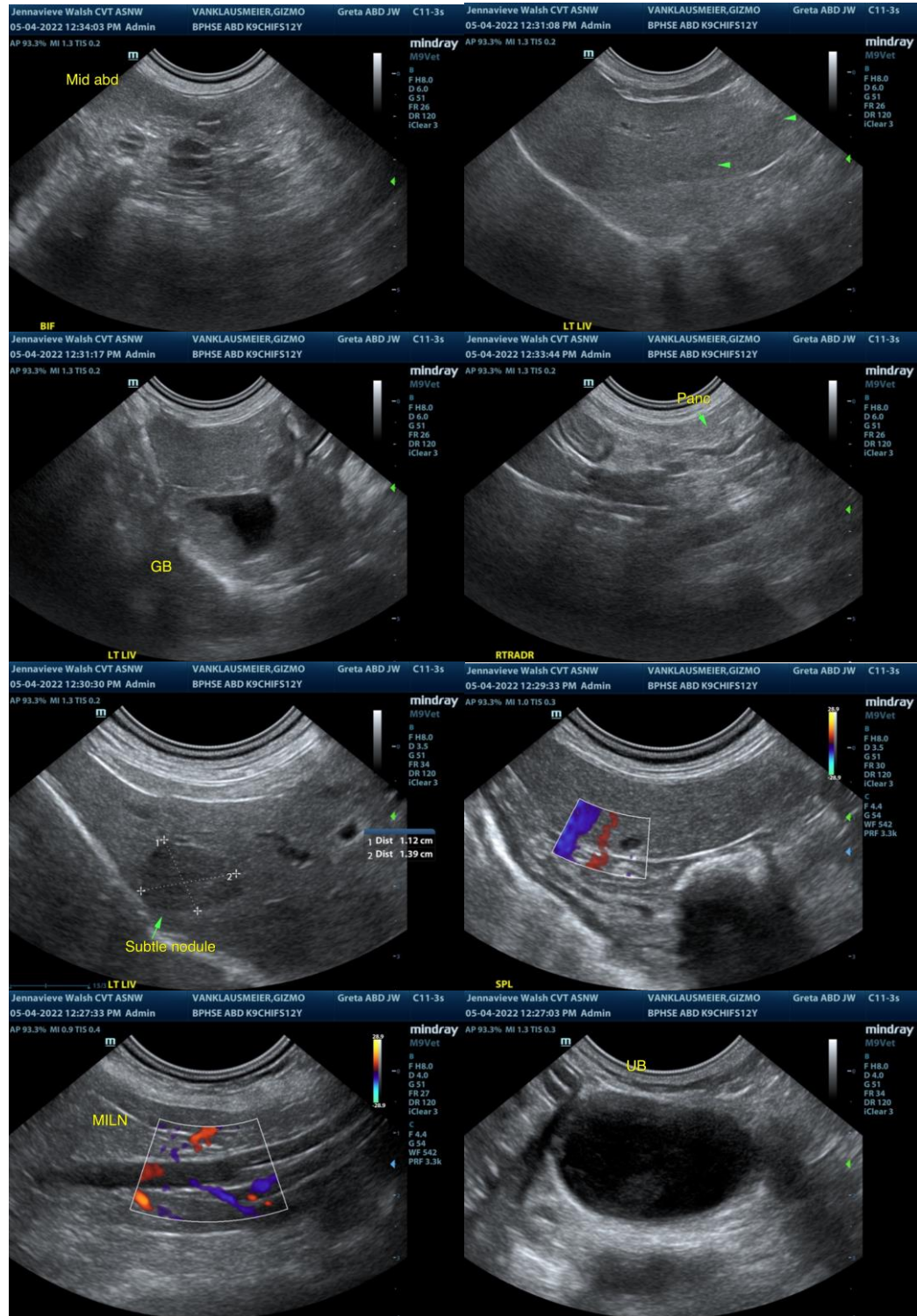
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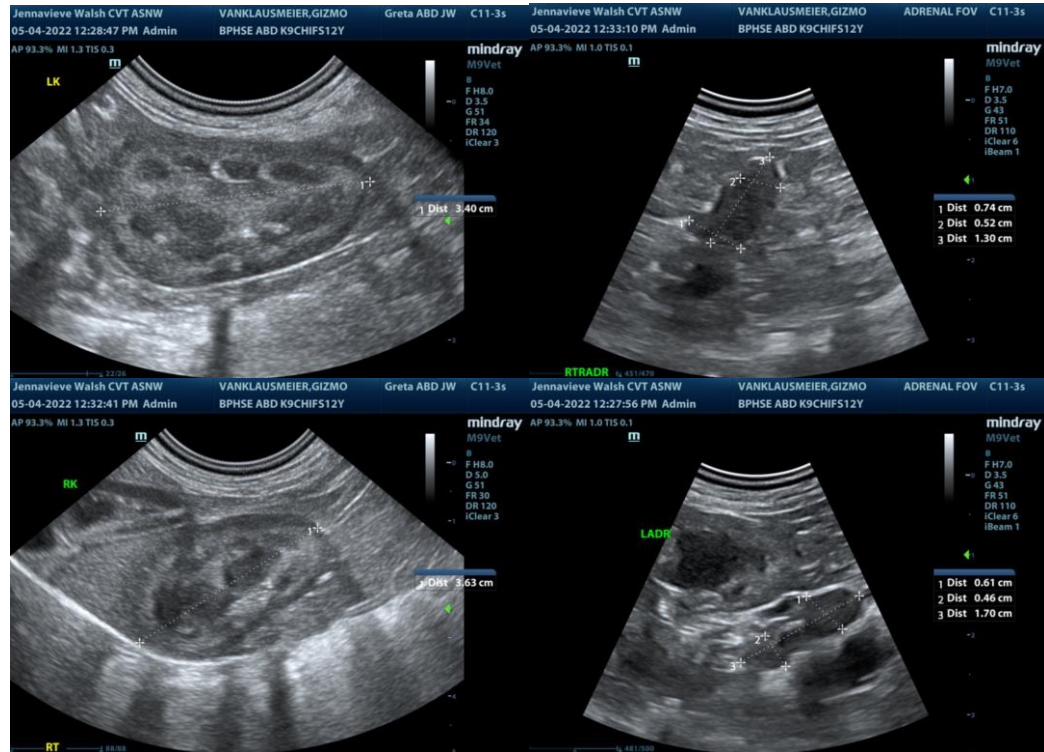
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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