



PATIENT

Bonnie Winburn

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

12yr

WEIGHT

30.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Ark Animal Clinic

REFERRING VET

Kevin Long DVM

INVOICE

13762ag

DATE

05/09/2023

PRESENTING CLINICAL SIGNS

Patient has increasing LE's despite use of Denamarin x 1 month. Reported on 4/10/23: -- Owner says dog is not wanting to go outside as much, not spending time with family (stays in the bedroom) . -- No vomiting or diarrhea, normal appetite. MEDS: -- Denamarin -- Proin (USMI well-controlled) -- Gabapentin 100 mg BID (paraspinal pain) -- Galliprant Patient received butorphanol and midazolam to facilitate AUS today

Abnormal PE/Chem/CBC/UA Results: PE: 4/10/23 -- Dog seems a little depressed, mild tenderness along the lumbar spine and some tenderness in the cranial abdomen. 4/10/23: --x-rays shows mild spondylosis of lumbar spine, no other abnormalities seen with the x-rays. Blood work (5/3/23): CBC: -- WNL Chemistry 5/3/23: -- ALT 659 U/L (18-121); was 555 on 4/10/2023, 242 on 7/15/2022, 185 on 6/7/2022, 106 on 8/22/2020. -- AST 113 U/L (0-50); was 104 on 4/10/2023 -- ALP 702 U/L (23-212); was 473 on 4/10/2023 -- Biliirubin total 0.4 (0-0.3) with unconjugated bilirubin elevated. -- Cholesterol 404 (131-345)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral were present. The left kidney measured 6.7 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the cranial pole and 0.88 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the caudal pole.

Spleen

A mildly expansive non-homogenous to nodular mass was present in the area of the cranial spleen measuring ~ 4.0 cm in diameter. The mass appeared to distort the regional cranial splenic capsule without evidence of parenchymal escape. The perisplenic omentum exhibited normal echogenicity. The remainder of the spleen was sonographically normal.

Liver/Gallbladder

The liver was enlarged with areas of capsule asymmetry. Non-homogenous to mixed echogenic parenchyma exhibiting moderate coarse echotexture was present. Evidence of parenchymal remodeling was present. Mild increased yet indistinct prominence of the portal vascular borders was noted. A solitary non-homogeneously hyperechoic nodular mass lesion was present in the deep mid liver measuring 4-5 cm in diameter.



PATIENT	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Bonnie Winburn	
<i>Gastrointestinal</i>	
SPECIES	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild focally shadowing ingesta (suspect food with potential medication or treats) with no signs of ileus, obstruction or foreign material.
Canine	
BREED	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.
Lab Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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.
AGE	<i>Free Abdomen</i>
12yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
30.7kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Small mildly expansive non-homogenous/nodular cranial splenic mass-benign vs malignant etiologies possible i.e., hyperplasia, hematopoiesis, splenitis, granuloma, sarcoma, hemangioma or similar possible. • Non-homogenous/non-uniform hepatomegaly with non-homogenous hyperechoic intraparenchymal nodular mass lesion-vacuolar hepatopathy, chronic inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis, prominent lipogranuloma or neoplasia possible. • Sonographically unremarkable gallbladder. • Mild chronic renal changes with pinpoint/minor medullary mineral.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Patti Mayfield DVM	Sonographically the splenic mass was not obviously consistent with neoplastic criteria with benign etiology possible. Assuming normal clotting status and using a 25g needle, a splenic mass and hepatic parenchyma FNA for screening cytology could be considered for further assessment.
HOSPITAL NAME	Assuming no evidence of pathology on three view chest radiographs, laparotomy with splenectomy and hepatic parenchyma +/- nodular mass lesion biopsy if accessible is likely required for a definitive diagnosis.
Ark Animal Clinic	Conservatively hepatosupportive medications such as Denamarin with sonographic monitoring of the liver and spleen for evidence of progression would be reasonable.
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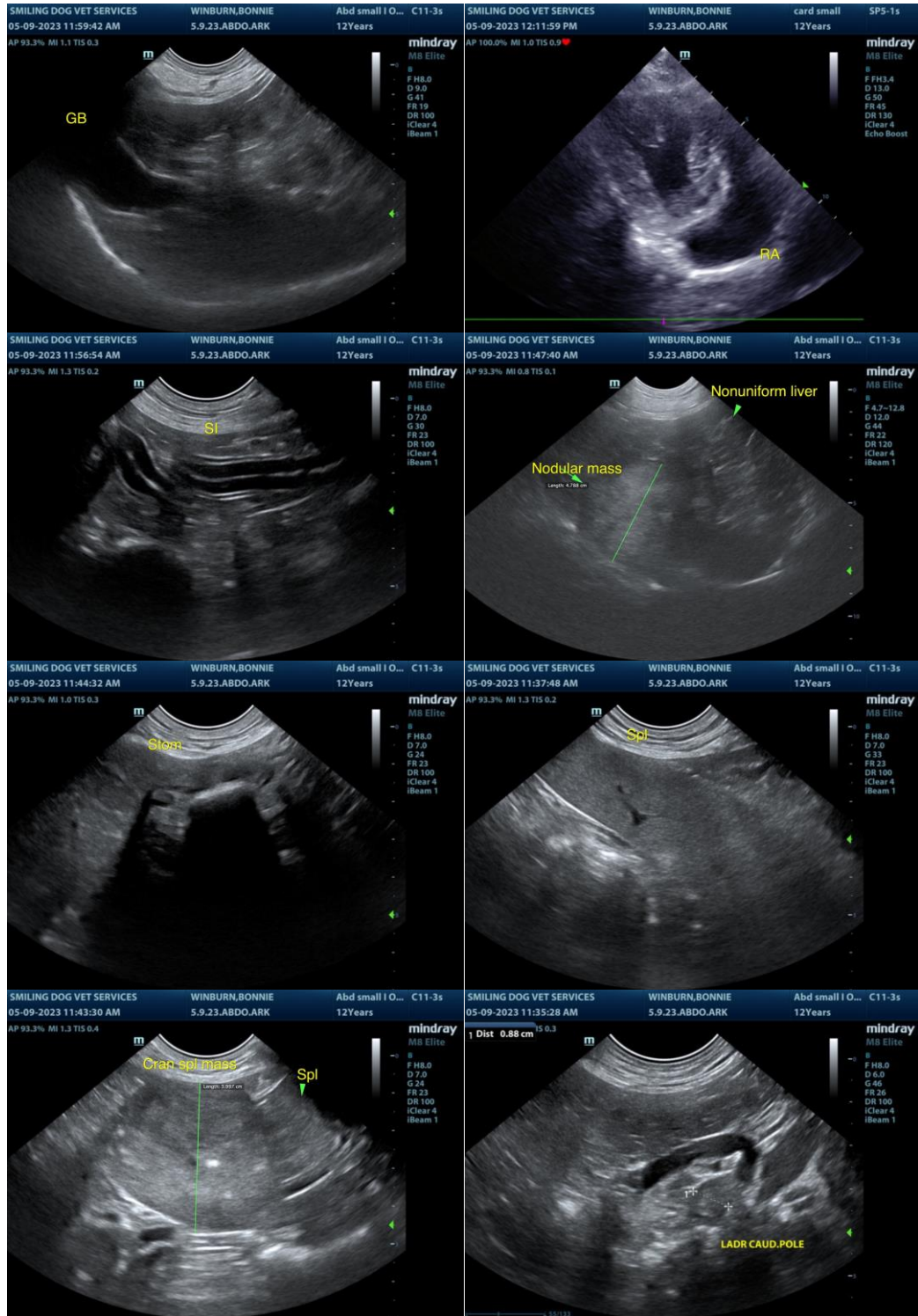
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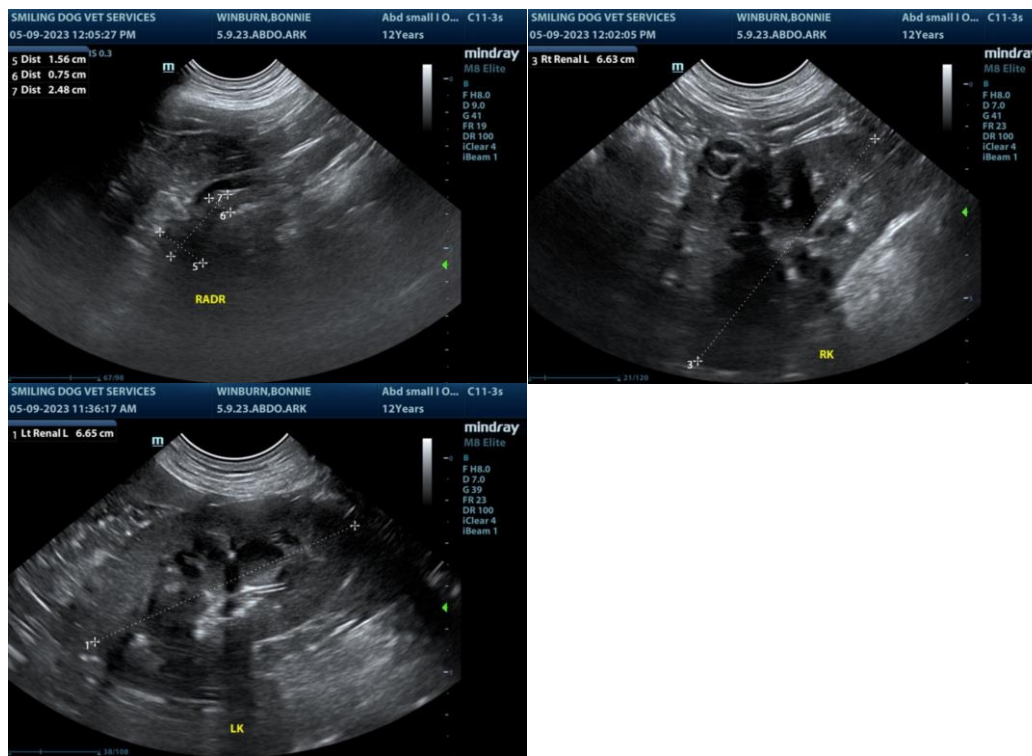
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com