



PATIENT PRESENTING CLINICAL SIGNS

Simba Cegelka Elevated liver values, previous workup in 2018 Ursodial 300, VitE 200, Zinc 25

SPECIES Unremarkable CBC, Chemistry Panel - BUN 13, Cholesterol 372, Albumin 3.3, Glucose 91, ALT 995, AST 87, ALP 322, GGT 15, TBili 0.3, Lipase 3.6

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Golden Retriever Mix The urinary bladder was normal in size and tone containing primarily anechoic urine with mild primarily dependent mineral. The urethra was normal in structure and tone to a depth of 5.0 cm.

SEX The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.
 MN

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

2011 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 minor to mild loss of corticomedullary symmetry and definition expected for the age of the patient.
WEIGHT No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

INTERPRETED BY The left adrenal gland exhibited minor mid to cranial enlargement with an indistinct yet suspected cranial left adrenal nodule measuring approximately 1.1 cm x 1.1 cm. No evidence of capsular escape or vascular invasion, as well as no evidence of left adrenal parenchymal mineralization. The overall left adrenal gland measured 3.0 cm length x 1.3 cm width at the cranial pole and 0.70 cm width at the caudal pole.

IMAGING PERFORMED BY The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.67 cm width at the caudal pole.
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME *Spleen*

Pocono Peak VC The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Dr. Coyle

INVOICE *Liver/ Gallbladder*

13972 The liver exhibited mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE
 6/1/22



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The gallbladder was non-distended in size. The gallbladder walls exhibited mild thickening and hyperechoic mural echogenicity. Potential for pinpoint areas of mineral in the gallbladder possibly along the inner luminal surface yet primarily anechoic content. No evidence of peripheral gallbladder inflammation was noted. The common bile duct was normal.

SPECIES

Canine

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.

BREED

Golden Retriever Mix

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.

SEX

MN

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

AGE

2011

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

WEIGHT

56.4

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral
- Mild age-related kidneys
- Indistinct yet suspect left adrenal nodule
- Chronic hepatopathy - subjectively benign
- Mild cholecystitis pattern

INTERPRETED BY

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

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Pocono Peak VC

The overall appearance of the liver was nonspecific with considerations including primary suspicion for chronic inflammatory hepatopathy, given the primarily elevated ALT/AST combination, i.e., cholangiohepatitis or other. Concurrent vacuolar hepatopathy and nonobstructive cholestasis, nodular hyperplasia and parenchymal remodeling, early fibrosis, hematopoiesis, or other hepatopathy are possible with neoplasia considered unlikely.

REFERRING VET

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INVOICE

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The indistinct yet suspect left adrenal nodule may indicate adenoma or benign hyperplasia, although the possibility of emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other cannot be definitively excluded.

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Further assessment may include ultrasound-guided Hepatic FNA for screening cytology, assuming normal clotting status, primarily to assess for evidence of inflammatory cells, as well as screening



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blood pressure to assess for evidence of hypertension which may allude to an emerging left pheochromocytoma. Given the lack of clinical signs, adrenal hyper functionality is considered less likely. Hepatic functionality is likely normal given the normal albumin, BUN, glucose, and cholesterol levels.

SPECIES

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Urine culture and sensitivity +/- bile acid testing for further assessment of hepatic functionality in light of the presence of urinary bladder mineral could also be considered.

BREED

Golden Retriever Mix

Sonographic monitoring of the suspected left adrenal nodule for evidence of progression with an initial recheck in 6 weeks is recommended. If possible.

SEX

Continued hepatosupportive medications and monitoring of hepatic enzyme level would be reasonable. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

MN

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2011

WEIGHT

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HOSPITAL NAME

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REFERRING VET

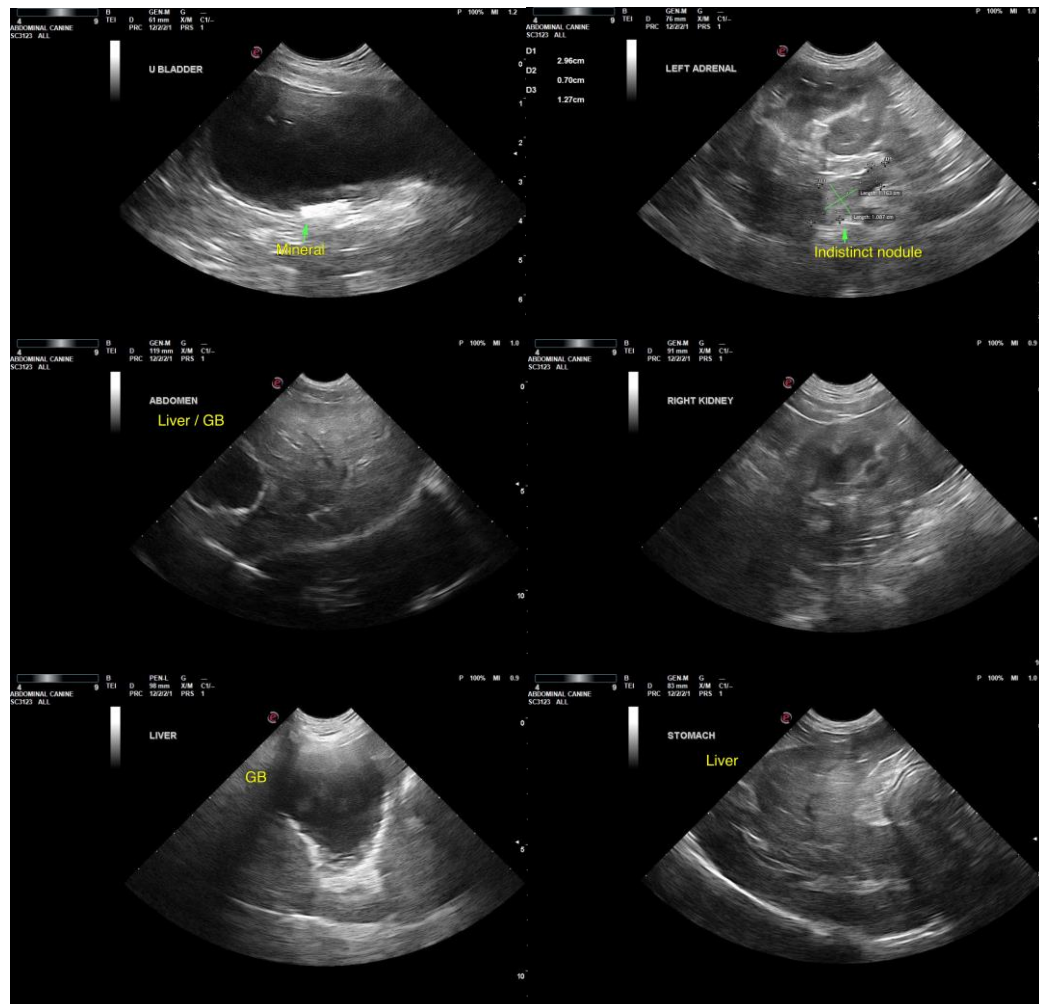
Dr. Coyle

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SPECIES

Canine

BREED

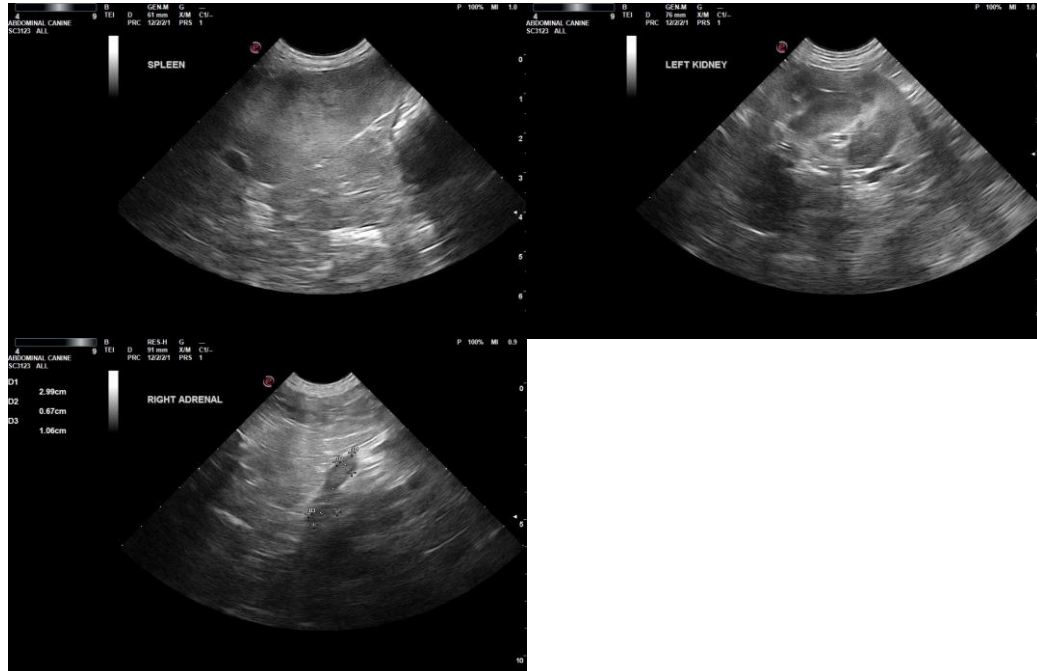
Golden Retriever Mix

SEX

MN

AGE

2011



WEIGHT

56.4

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.

INTERPRETED BY

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

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.

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