



PATIENT PRESENTING CLINICAL SIGNS

Dottie Pickert History: SQ Sarcoma removed 3.2021, regrowth of masses in same area, evaluation prior to surgery

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

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.

BREED

Beagle

Normal size and margination was 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. The left kidney measured 5.4 cm in length. The right kidney measured 5.4 cm in length.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2008

Adrenal Glands

The left adrenal gland was mildly enlarged in size exhibiting subjective nonhomogeneous parenchyma without evidence of parenchymal mineralization. Mild asymmetrical yet intact left adrenal contour was observed. The left adrenal gland measured 1.2 cm width at the caudal pole and 0.92 cm width at the cranial pole. The right adrenal gland exhibited subjective subnormal size with maintained symmetrical capsule contour and subtle nonhomogeneous parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 1.8 cm width at the cranial pole.

WEIGHT

31

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. A solitary small nondisruptive hypoechoic nodule in the medial splenic parenchyma was present measuring 0.65 cm in diameter. 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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REFERRING VET

Dr. Kubala

The gallbladder was non-distended in size with mildly prominent isoechoic to mildly echogenic walls and primarily anechoic luminal content with moderate nondependent to organized hyperechoic luminal debris exhibiting a stellate pattern. The cystic and common bile ducts were normal.

INVOICE

10787ag

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.

DATE

06/10/2022



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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.

SPECIES

Canine

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Brief sonographic assessment of the subcutaneous mass revealed a hypoechoic to nonhomogeneous mass exhibiting subjective moderate vascularity.

FS

ULTRASONOGRAPHIC FINDINGS

AGE

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- Mild chronic renal changes
- Mildly enlarged nonhomogeneous left adrenal gland-adenomatous change, benign hyperplasia, potential for primary vs metastatic neoplasia cannot be excluded.
- Mild subnormal right adrenal gland
- Vacuolar hepatopathy pattern with minor parenchymal remodeling
- Gallbladder mucocele
- Nonspecific splenic nodule-multiple etiologies including focal lymphoid hyperplasia, hematopoiesis, small hematoma, focal splenitis while the possibility of emerging primary vs metastatic neoplasia although thought less likely cannot be excluded
- Nonhomogeneous subcutaneous mass-consistent with probable previous subcutaneous sarcoma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup if clinical signs consistent with Cushing's syndrome as well as assessment of systemic BP for evidence of hypertension which may allude to a left pheochromocytoma is recommended. Though nonspecific, the overall hepatic presentation is suggestive for benign vacuolar hepatopathy and cholestasis given the ALP/GGT elevation with potential for concurrent or primary inflammatory hepatopathy given the elevated ALT. No overt evidence of hepatic neoplastic criteria was present. Sonographic monitoring of the nonspecific small splenic nodule for evidence of progression would be reasonable at this stage. Eventual cholecystectomy, hepatic biopsy +/- left adrenalectomy may be indicated.

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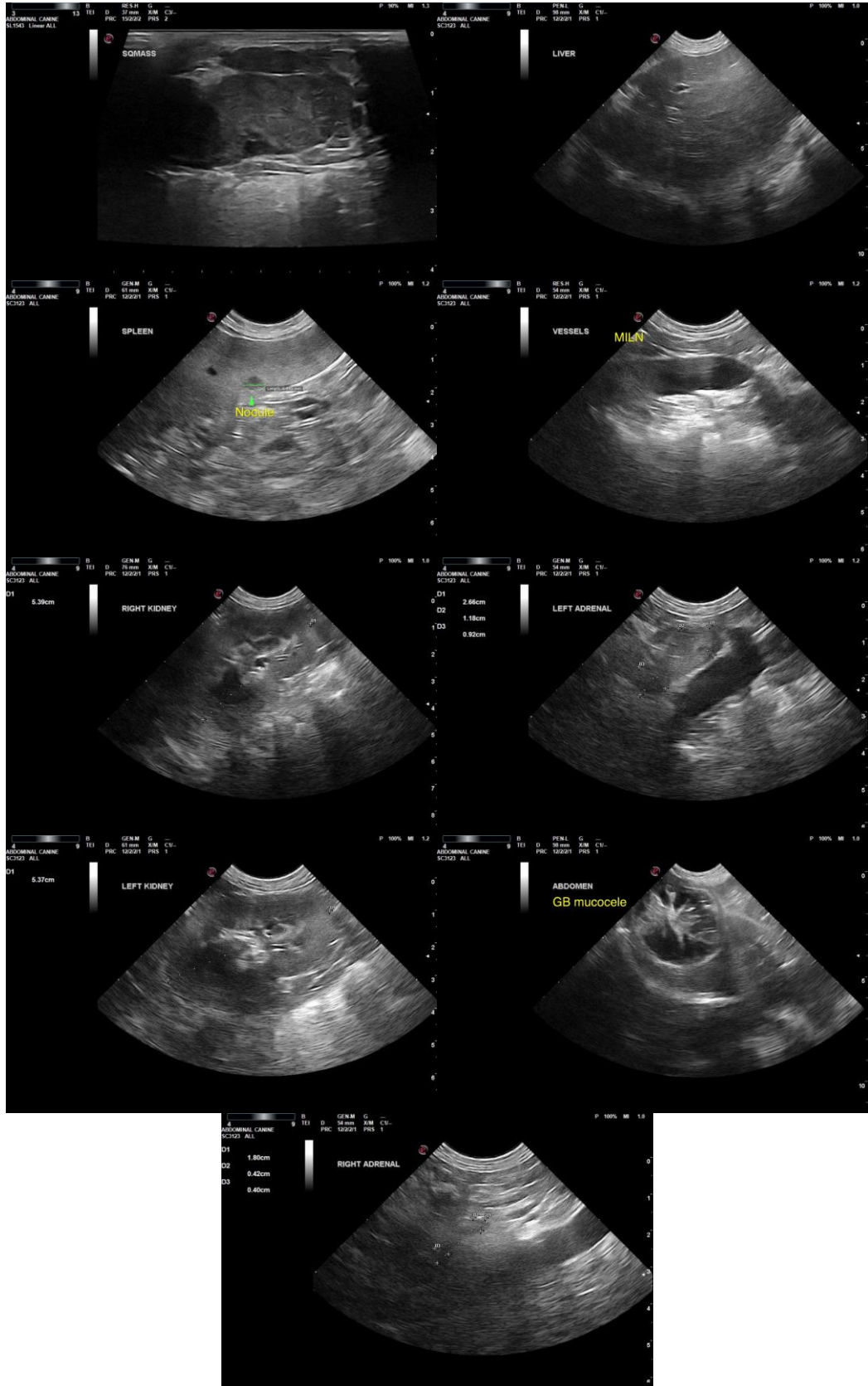
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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