



PATIENT

Henry Waples

SPECIES

Canine

BREED

Havanese

SEX

M/N

AGE

12

WEIGHT

22.00

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Blystone

INVOICE

17118

DATE

6/20/23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss. Lethargy. Intermittent abdominal pain. Cranial organomegaly

Abnormal PE/Chem/CBC/UA Results: Lab Findings: Elevated Alk Phos 2336, otherwise NSA Current Medications: Cerenia, Intermittent Rimadyl Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to discreet micropolypliod luminal surface changes were present likely associated with age-related mural changes. Anechoic urine was present in the lumen with mild dependent to non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of urinary bladder tumors was noted.

The area of the residual prostate was free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Minor areas of medullary mineralization were noted. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

A subtle, nondisruptive, nonhomogeneous, mildly hyperechoic nodule was present in the left adrenal pole with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of parenchymal escape, mineralization or vascular invasion. The caudal left adrenal nodule measured 0.73 cm x 0.7 cm. The overall left adrenal gland measured 1.6 cm length x 0.70 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.68 cm width at the caudal pole.

Spleen

The spleen exhibited subjective borderline enlargement with minor capsule asymmetry. Multiple, variably sized, nondisruptive, well-demarcated, hypoechoic splenic nodules were noted. An example measured 0.9 cm in diameter. No splenic masses were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited moderate enlargement with the ventral caudal liver extending past the level of the gastric. 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. Intermittent, nondisruptive, nonhomogeneous, hyperechoic intraparenchymal nodules were noted An example measured 1.7



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diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

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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.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Minor urinary bladder sediment
- Mild to moderate chronic renal changes
- Subtle left adrenal nodule - probable adenoma
- Nodular spleen - hyperplasia, hematopoiesis, infiltrative neoplasia, possible
- Hepatomegaly exhibiting nonhomogeneous nodular parenchyma - sonographically suggestive of vacuolar hepatopathy pattern with suspect benign nodules i.e., hyperplasia, lipogranulomas or similar, potential for inflammatory or low-grade neoplastic criteria is possible
- Mild gallbladder sediment (non-mucocele)
- Sonographically unremarkable gastrointestinal tract
- Minor pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification, given the patient's weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs to assess for occult disease as a contributing factor. Possible low-grade/chronic pancreatitis may be suspected if cranial abdominal or subxiphoid discomfort on palpation. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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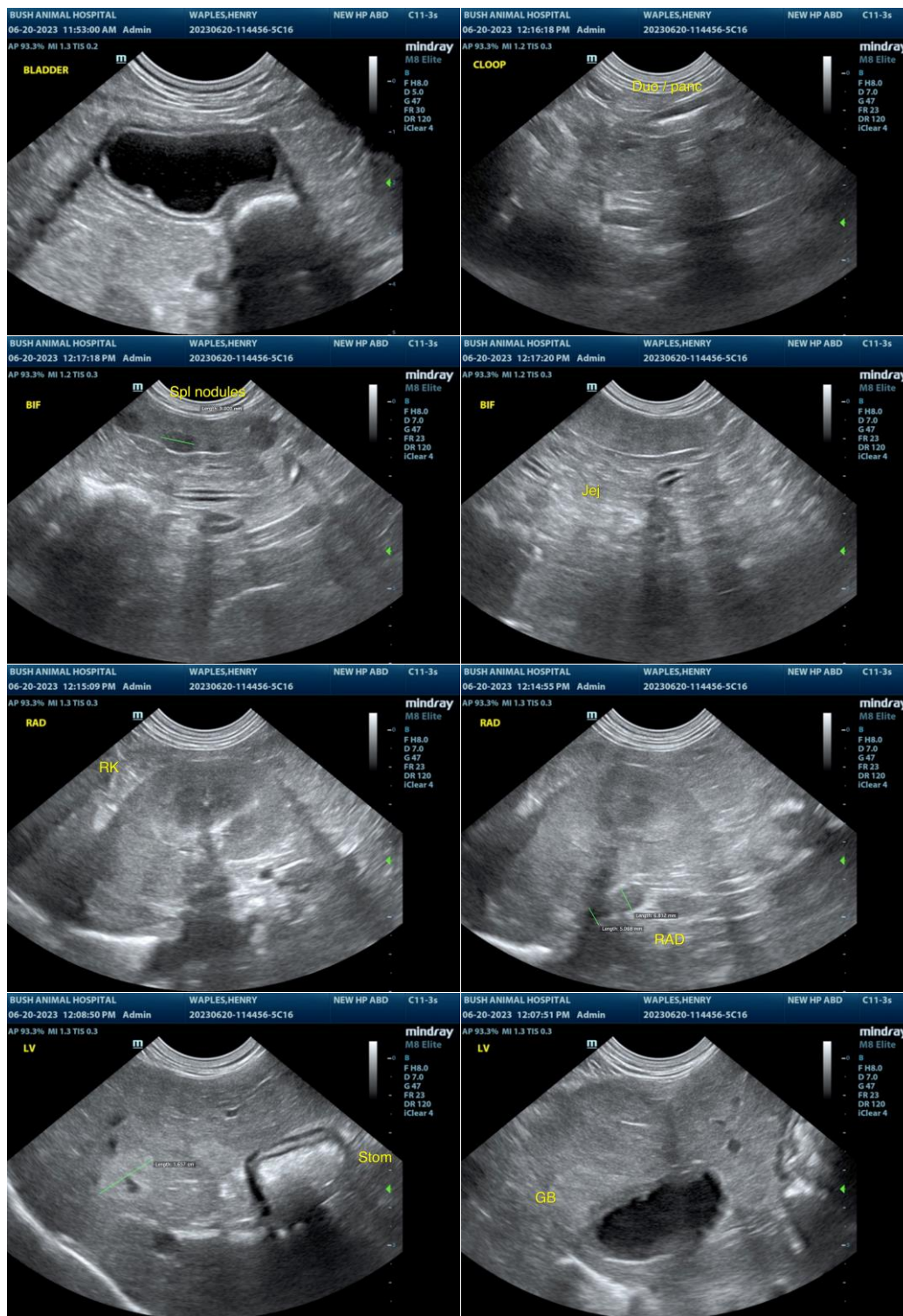
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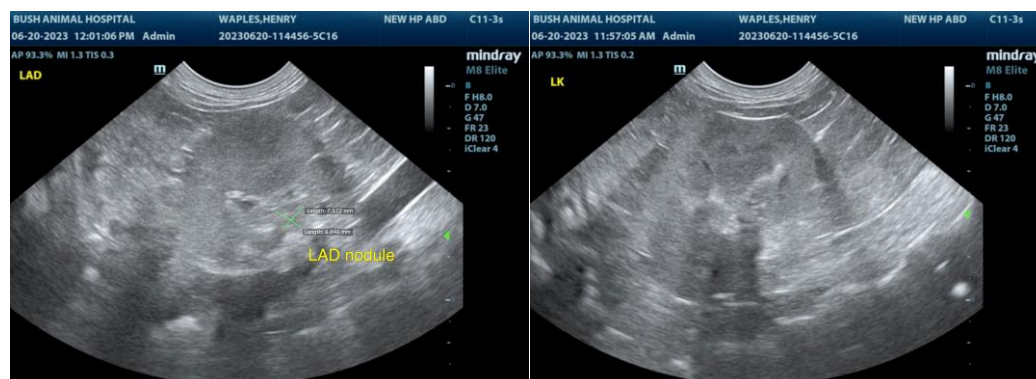
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com