



PATIENT

Nala Cruz

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

7 years

WEIGHT

106 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

14144

DATE

6/28/22

PRESENTING CLINICAL SIGNS

presented for spindle cell tumor removal, R/O - pyelonephritis, neoplasia, addisons, stones, CRD

Abnormal PE/Chem/CBC/UA Results: Creat 1.9, urine - trace hematuria, spec. grav. 1.010

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet with normal tone. Mild primarily dependent particulate sediment was present. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited subtle subjective mild cortical hypertrophy and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pyelectasia or retroperitoneal inflammation was present. Caudal lateral cortical infarct was present in the right kidney. The left kidney measured 6.1 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.92 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 3.0 cm length x 0.52 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with mild generalized splenic parenchyma heterogeneity. A solitary small nondisruptive hypoechoic nodule was present craniomedial spleen measuring 0.7 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, 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. 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.



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Pancreas

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The right pancreatic limb exhibited mild prominent size, asymmetrical contour, and nonhomogeneous parenchyma. No evidence of peripancreatic reactive mesentery was noted.

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Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Rottweiler

ULTRASONOGRAPHIC FINDINGS

SEX

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- Mild primarily dependent particulate urinary bladder sediment
- Nonspecific small nondisruptive splenic nodule - focal hyperplasia, hematopoiesis, small hematoma, infarct, infection / splenitis, with neoplastic criteria thought less likely yet cannot be definitively excluded
- Bilateral chronic renal changes with right kidney cortical infarct - no overt pyelonephritis
- Mild gallbladder debris - incidental
- Mildly prominent nonhomogeneous right pancreas - parenchymal remodeling possibly owing to previous inflammatory episode, low-grade to chronic / chronic active pancreatitis possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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Sonographic monitoring of the overall spleen and small splenic nodule for evidence of progression with Initial recheck in 4-6 weeks is warranted. Assuming normal clotting status, screening splenic cytology using a 25-gauge needle, could also be considered.

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Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL could be considered if clinically indicated.

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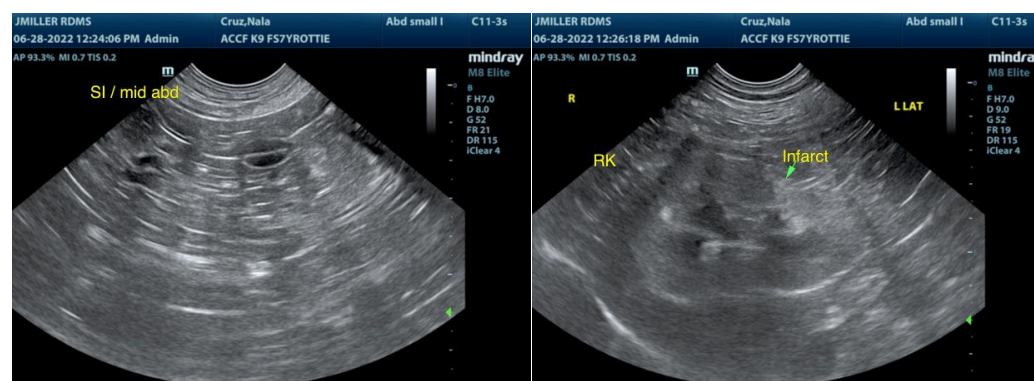
No evidence of intraabdominal metastasis from spindle cell tumor. Addison's Disease is considered unlikely, given the sonographic appearance of the bilateral adrenal glands and subjective stress leukogram.

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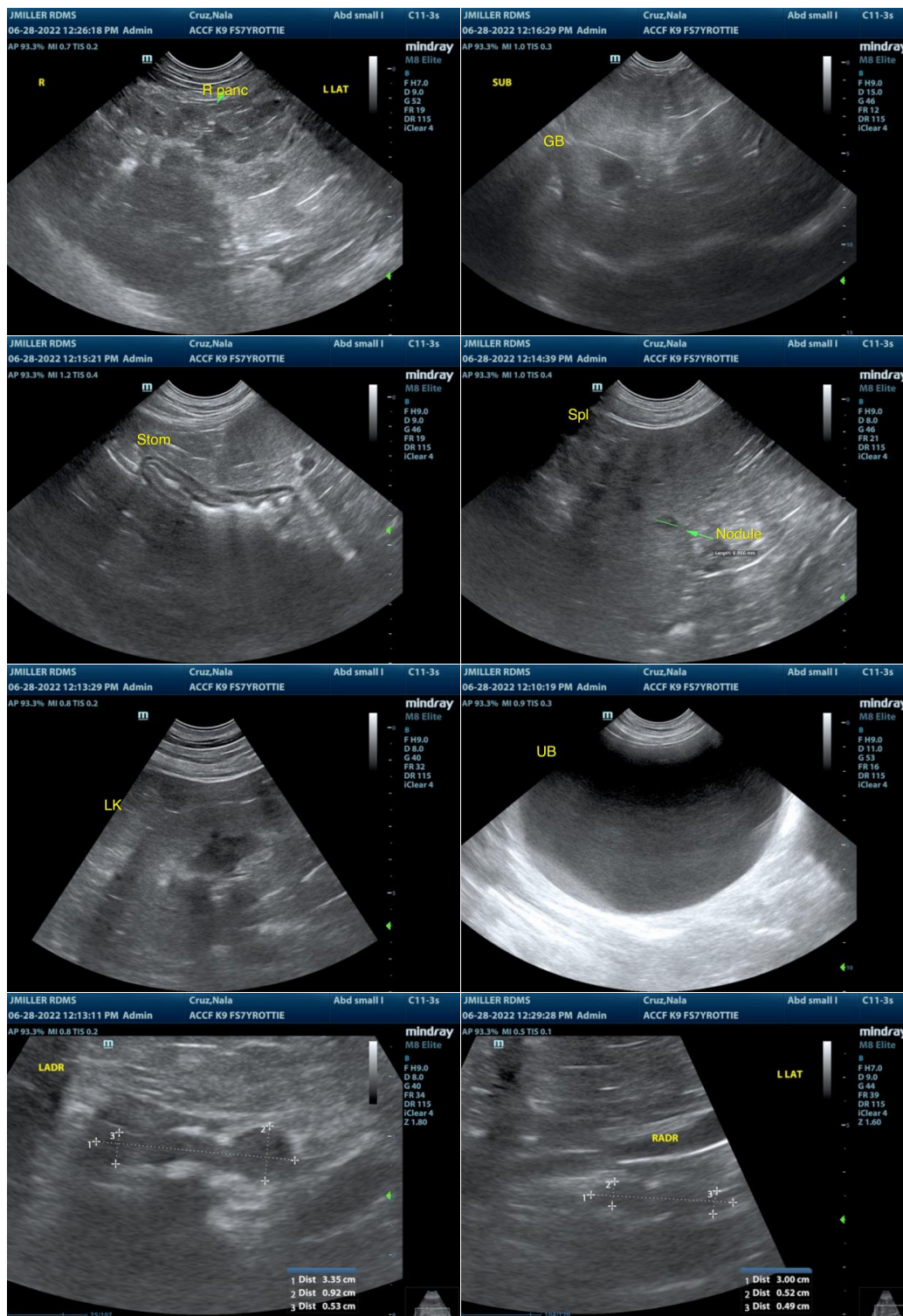
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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