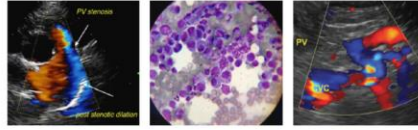


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**

Jade Caminata

SPECIES

Canine

BREED

American Bulldog

SEX

Female Spayed

AGE

10 years

WEIGHT

104.9 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMukwonago AH -
Dr. Thompson**INVOICE**

14201

DATE

7/1/22

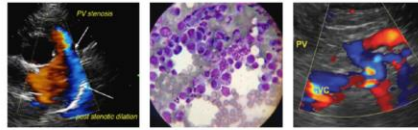
PRESENTING CLINICAL SIGNS

Presented for limping on left rear - swollen, twice the size + check lump on same leg.

Abnormal PE/Chem/CBC/UA Results: Abdomen full/nonpainful but difficult to palpate Rads lat/VD
abd/hips/stifles - ST density of ventral abd-possible end on pylorus vs mass, spleen mildly enlarged.No obvious free fluid. LR lameness/mild edema (resolved per owner), weight gain & possible mass vs
normal/enlarged anatomy**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm
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 was noted.

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. 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 7.6 cm in length. The right kidney measured 9.1
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 0.63 cm width at the caudal pole and 0.57 cm width at the cranial pole. The
right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right
adrenal gland measured 1.0 cm width at the caudal pole.**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. 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.**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. Intermittent nondisruptive uniform isoechoic to mildly hypoechoic
intraparenchymal macronodules were present with an example measuring 4.5 cm in diameter. The
gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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. Subjective mild to possible moderate luminal gas was present with no evidence of gastric distention with retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.38 cm. No evidence of gastric neoplastic criteria was noted.

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. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.40 cm width.

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

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 were evident.

Free Abdomen

Focal to intermittent mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.2 cm x 0.86 cm width. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with intermittent nondisruptive uniform Intraparenchymal macronodule
- Sonographically unremarkable gastrointestinal tract
- Focal to intermittent benign / reactive mesenteric lymph nodes
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology with largely mild age-related changes present.

The hepatic macronodules were nonspecific yet not overtly suggestive of neoplastic criteria. Areas of nodular to regenerative hyperplasia, hematopoiesis, small granulomas or similar, are considered most likely with neoplasia considered an unlikely differential diagnosis.

Sonographic monitoring of these nodules +/- ultrasound-guided FNA for screening cytology, assuming normal clotting status, could be considered. Correlation with hepatic enzyme assessment is suggested if not recently done.

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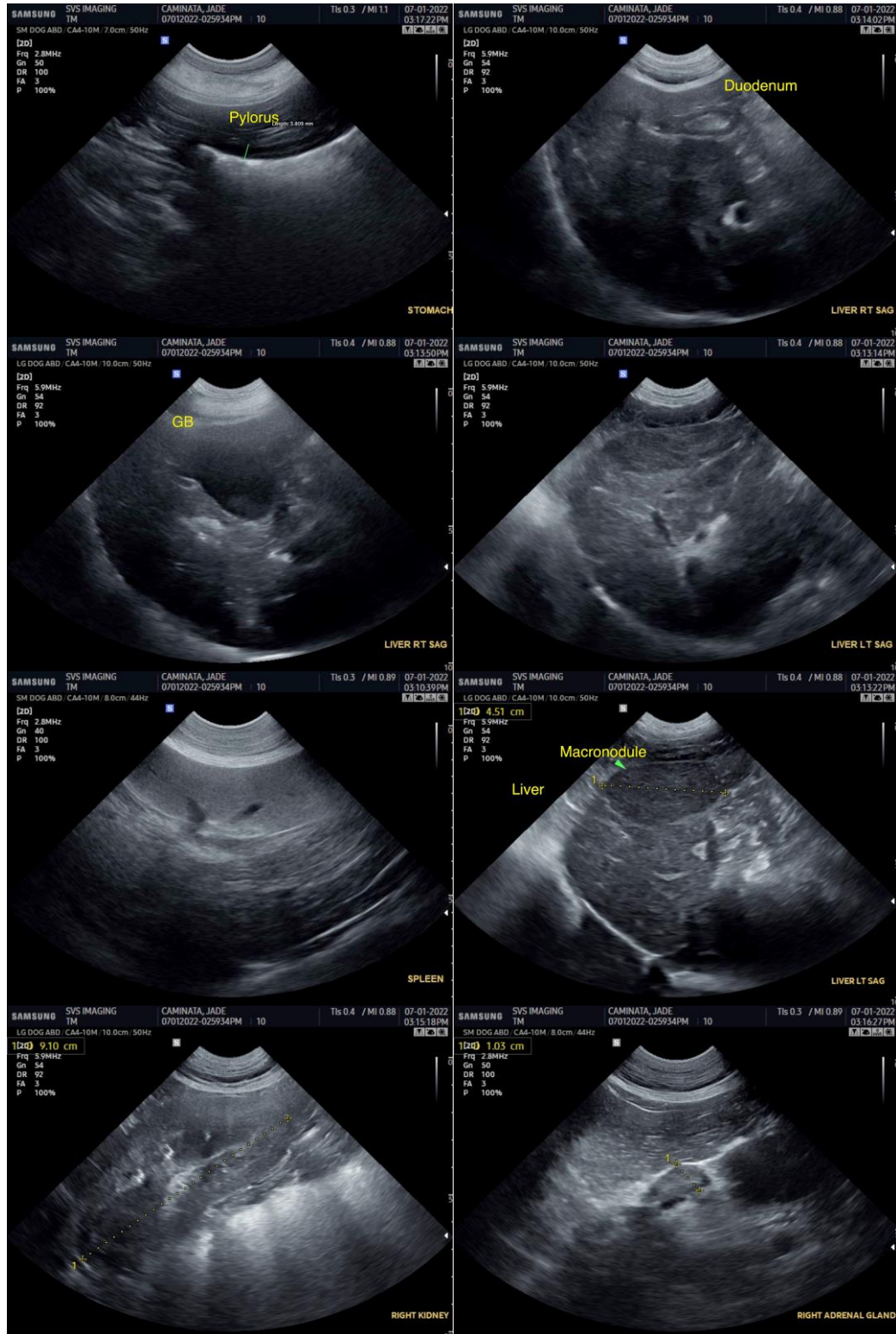
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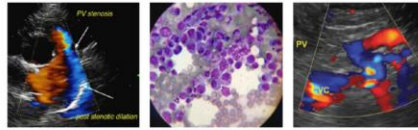
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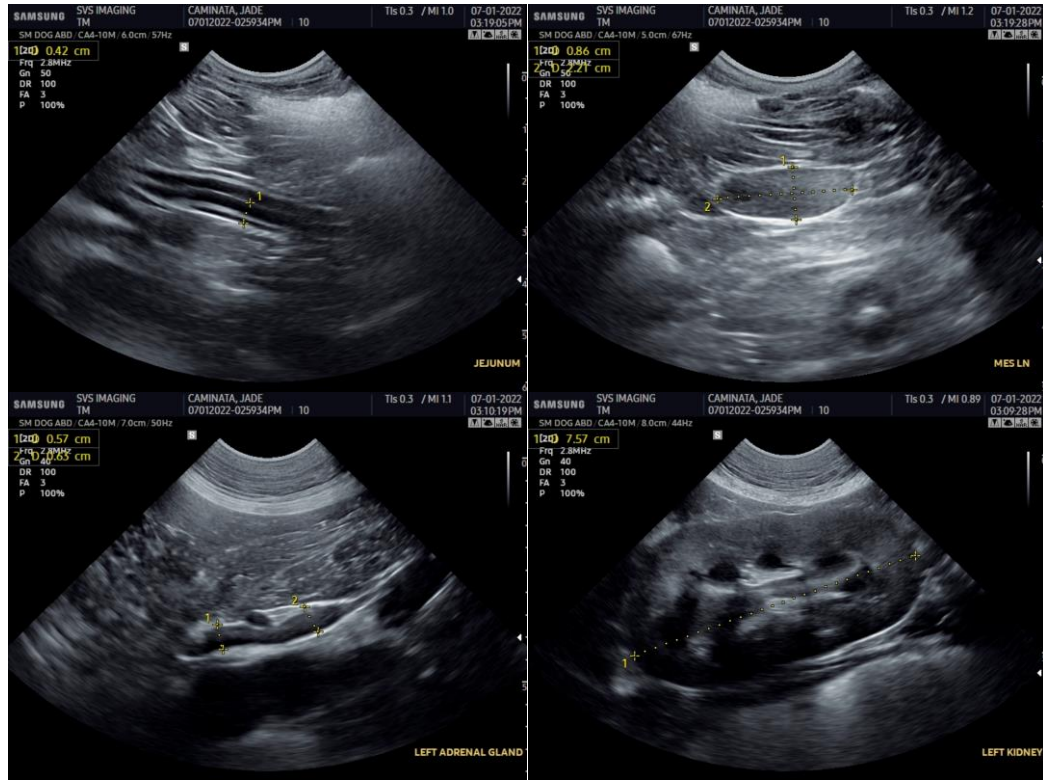
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com