



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Krall Several episodes of pancreatitis, elevated liver values, elevated platelets.  
 Medication: Cerenia, Pepcid, SQF

**SPECIES**

Canine

HCT 34, Platelets 907, BUN 31, ALP 1796, ALT 858, GGT 20, TBili 0.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Bichon Frise Mix

The urinary bladder was subnormal in size owing to lack of urine distention which prohibited full evaluation of the urinary bladder walls. No evidence of urinary bladder tumors was noted. Minimal anechoic urine was present without evidence of overt sediment, mineral, or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2008

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. Both kidneys exhibited cortical cysts. The left kidney exhibited mild pyelectasia. There was no evidence of right kidney pyelectasia. The left kidney measured 4.6 cm in length. The right kidney measured 5.0 cm in length.

**WEIGHT**

12.7

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was enlarged in size with mild asymmetrical yet intact capsule contour. Previously noted cranial well demarcated hyperechoic nodule was present measuring 1.0 cm x 0.53 cm. The overall left adrenal gland measured 2.7 cm length x 1.2 cm width at the cranial pole and 0.99 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 1.9 cm length x 0.48 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Maple Hills VH

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**REFERRING VET**

Dr. Banzhof

**Liver/ Gallbladder**

**INVOICE**

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The liver exhibited moderate to marked generalized enlargement was present primarily owing to moderately sized to expansive, irregular, mixed echogenic to nodular mass occupying the mid to caudal liver extending into the subjective mid to cranial abdomen. The mass measured approximately 8.0-9.0 cm diameter. Intact hepatic parenchyma exhibited moderate coarse echotexture and parenchymal remodeling.

**DATE**

7/18/23



**PATIENT**

Gracie Krall

The gallbladder was non-distended in size containing anechoic content with moderate, nonorganized, hyperechoic gallbladder sediment and suspect peripheral luminal mucus. No overt evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were 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**

Bichon Frise 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**

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

**Pancreas**

**AGE**

2008

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

12.7

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly with large nonhomogeneous / nodular caudal mass
- Immature gallbladder mucocele
- Benign scenic nodules - consistent with myelolipomas
- Left adrenomegaly with previously noted cranial nodule
- Chronic renal changes with cortical cysts and mild left kidney pyelectasia
- Pancreatic remodeling

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

PERFORMED BY  
Rebekah Jakum, CVT  
ARDMS/RVT

Assuming normal clotting status, FNA cytology of the liver parenchyma and liver mass is warranted for further assessment. Hepatic histopathology is likely required for a definitive diagnosis.

**HOSPITAL NAME**

Maple Hills VH

Full adrenal workup if clinical signs consistent with Cushing's Syndrome, as well as monitoring of systemic BP for evidence of hypertension, which may allude to functional left adrenal gland nodule or pheochromocytoma, is recommended.

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Dr. Banzhof

Recheck UA with baseline renal staging to include screening C/S and baseline UPC level may be considered.

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Empirically, as-needed gastrointestinal support and empirical therapy for possible chronic pancreatitis are suggested.

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**REFERRING VET**

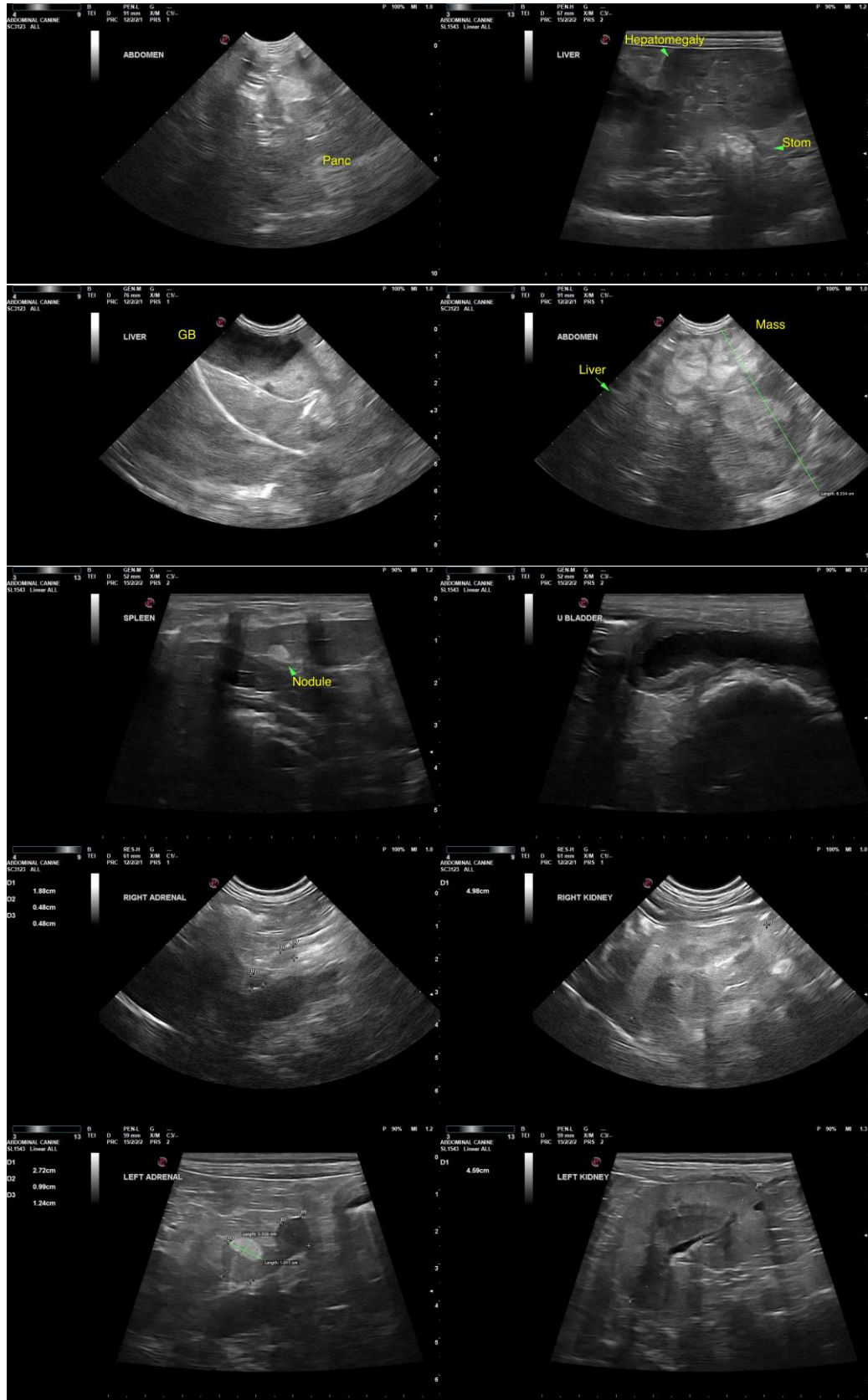
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**PATIENT**

Gracie Krall

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.

**BREED**

Bichon Frise Mix

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