



PATIENT	PRESENTING CLINICAL SIGNS
Amber Vanexem	Presented 7/15 for less than 24 hours of lethargy and inappetence. Couple days of coughing noted as well. Vomited dead grass once. Has DJD and dental disease as well as chronic mild otitis, recent fecal and Accuplex negative. Only meds are monthly Spectra. Quiet on exam, fever 40.3, overweight, panting and anxious HR 150. No known toxin exposure or dietary indiscretion. Had a history of grade 3 systolic heart murmur. Has been on Metacam and Zeniquin. Abnormal PE/Chem/CBC/UA Results: Leukocytosis(mild), consisting of lymphocytosis and neutrophilia, elevated TProtein due to hyperglobulinemia, elevated ALT(mild), elevated ALKPH(slight), GGT(moderate elevation), T bili highnormal all else normal.
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Nova Scotia Duck Tolling Retrivr	
SEX	
FS	Urinary System
AGE	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.
10 years	Weight
WEIGHT	No overt pathology was noted in the area of the uterine remnant.
50.6 lbs.	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	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 5.7 cm in length. The right kidney measured 6.7 cm in length.
R. McKenzie Daniel, DVM, DABVP	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was not definitively visualized owing to patient size and conformation. No obvious pathology was noted in the area of the right adrenal gland.
Crystal Hill	Spleen
HOSPITAL NAME	The spleen was normal in size and contour and maintained a finely textured homogeneous parenchyma. A solitary, nondisruptive, discrete hypoechoic nodule was present in the caudal spleen measuring 0.78 cm in diameter.
Tilsonburg VC	Liver/ Gallbladder
REFERRING VET	The liver presented mild to moderately 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. A solitary, mildly expansive, hypoechoic Intraparenchymal nodule was present in the ventral liver measuring 2.0 cm in diameter. The capsule of the liver was
Dr. Reed	
INVOICE	
14344	
DATE	
7/21/22	



PATIENT	symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, primarily dependent to focally nondependent, yet nonorganized, mildly hyperechoic gallbladder debris. The gallbladder walls were sonographically unremarkable. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized, yet without evidence of dilation, stasis, or post-hepatic obstructive criteria.
Amber Vanexem	
SPECIES	
Canine	
BREED	
Nova Scotia Duck Tolling Retrvr	
SEX	
FS	
AGE	
10 years	
WEIGHT	
50.6 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
Tilsonburg VC	
REFERRING VET	
Dr. Reed	
INVOICE	
14344	
DATE	
7/21/22	

Gastrointestinal

The stomach was normal in size without evidence of gastric distention owing to retained ingesta, fluid, or foreign material. The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus.

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.

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

No omental masses, lymphadenopathy or evidence of free fluid was present.

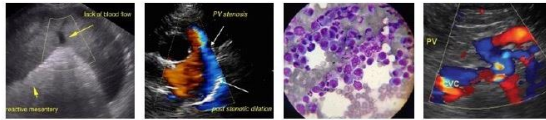
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate hepatomegaly with solitary, mildly expansive ventral intraparenchymal nodule- nonspecific, mild vacuolar vs. Inflammatory hepatopathy, nonobstructive cholestasis, solitary hematopoiesis, nodular to regenerative hyperplasia, granuloma, emerging neoplastic nodule possible
- Minor gallbladder debris (non-mucocele)
- Non-expansive discrete caudal splenic nodule - Multiple etiologies for the discrete nodule possible including; suspected area of minor hematopoiesis, lymphoid hyperplasia, small hematoma, infarct, granuloma, with emerging splenic neoplastic nodule considered less likely
- Overtly normal gastrointestinal tract
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA of the liver nodule, as well as liver parenchyma, for screening cytology is warranted if accessible.

Sonographic monitoring of the hepatosplenic nodules for evidence of progression would be a more conservative approach. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.



PATIENT

Amber Vanexem

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retrvr

SEX

FS

AGE

10 years

WEIGHT

50.6 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Tilsonburg VC

REFERRING VET

Dr. Reed

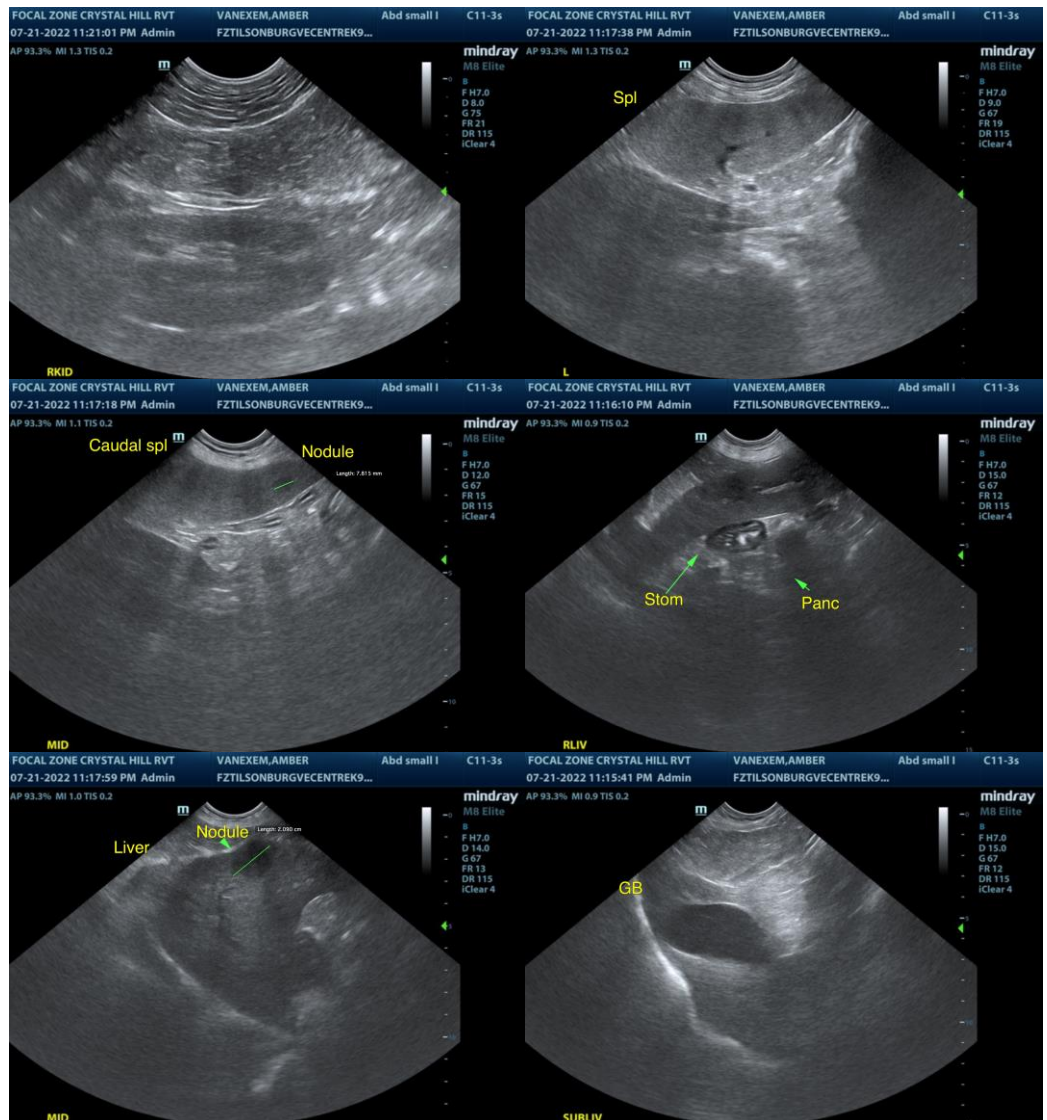
INVOICE

14344

DATE

7/21/22

A definitive intraabdominal cause of the fever was not obvious. Potential for low-grade gastrointestinal inflammation six possible. A thorough muscular/skeletal examination could be considered If not done. CBC pathology review +/- protein electrophoresis, depending on the degree of hyperglobulinemia, could be considered. As needed gastrointestinal support is recommended.





PATIENT

Amber Vanexem

SPECIES

Canine

BREED

Nova Scotia Duck
Tolling Retrivr

SEX

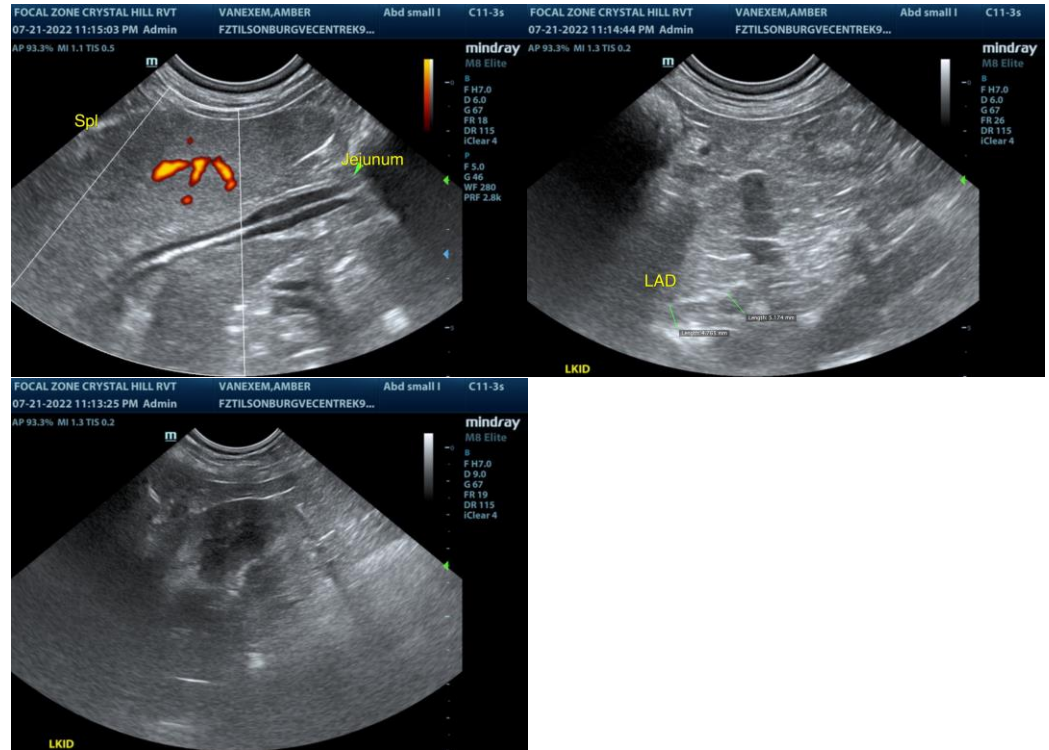
FS

AGE

10 years

WEIGHT

50.6 lbs.



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Tilsonburg VC

REFERRING VET

Dr. Reed

INVOICE

14344

DATE

7/21/22

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