



**PATIENT PRESENTING CLINICAL SIGNS**

Max Finizzi Recheck ultrasound with FNA of liver Rimadyl, Gabapentin

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

Terrier Mix

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.

**SEX**

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.77 cm in diameter.

**MN**

The area of the aortic trifurcation was free of pathology.

**AGE**

2011

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.5 cm in length.

**WEIGHT**

28

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.55 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 2.1 cm length x 0.49 cm width at the caudal pole.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

Maple Hills VH

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Eckman

The liver was mildly enlarged yet maintained symmetrical capsule contour with mild generalized increased parenchyma echogenicity exhibiting moderate coarse echotexture. Minor parenchymal remodeling and previously noted intermittent, nondisruptive, uniform hypoechoic intraparenchymal nodules, which appear to be essentially static in presentation, were present. An example measured 2.2 cm in diameter in the mid caudal liver. The gallbladder was non-distended in size containing primarily anechoic content with minor areas of congealed mildly hyperechoic luminal debris. The cystic and common bile ducts were normal.

**INVOICE**

14456

**DATE**

7/28/22



**PATIENT** *Gastrointestinal*

Max Finizzi 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

Terrier Mix 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.

**SEX** *Free Abdomen*

MN No overt lymphadenopathy or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

- 2011
- Mild hepatomegaly exhibiting similar appearing parenchymal remodeling and subjectively static Intermittent nonspecific intraparenchymal nodules
  - Mild age-related renal changes

**WEIGHT**  
28

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The hepatic presentation appeared to be similar / static compared to the previous ultrasound without evidence of progressive parenchymal or nodular changes. Previously mentioned etiologies are still applicable.

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Correlation with pending cytology is suggested. Hepatic core or surgical biopsy may be required for a definitive diagnosis. Pending cytology, sonographic monitoring of the nodules for evidence of progression would also be reasonable.

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**PATIENT**

Max Finizzi

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

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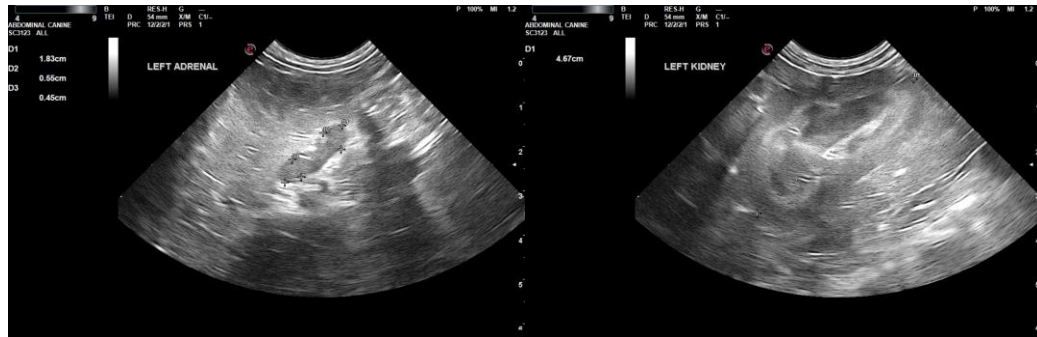
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**PATIENT**

Max Finizzi

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

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