



PATIENT PRESENTING CLINICAL SIGNS

Gracie Wieder History: Chronic Alp elevation, chronic UTI, hind end weakness, seen at referral for possible emerging Cushing's Soloxine, Ursodial, Hepatobenefits, Flax Hull lignans, melatonin? ALP 5709 ALT 105 CHOL 555 PLT 675 USG 1.037 neg pro and glu

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Golden Retriever

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

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Normal size and margination was 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. No evidence of pelvic dilation was present. A small thinly walled cortical cyst was present in the left kidney.

AGE

2009

The left kidney measured 6.6 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT

68

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the cranial pole and 2.8 cm length. The right adrenal gland measured 0.58 cm width in the cranial pole and 3.0 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited generalized parenchyma heterogeneity with a solitary homogeneous nodule present in the craniomedial spleen measuring 2.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver exhibited generalized enlargement and symmetrical to rounded contour. Nonhomogeneous to remodeled parenchyma with intermittent to multiple variably sized isoechoic to mildly nonhomogeneous macronodules to small masses were present an example measuring 5.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild nondependent luminal debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Pocono Peak
 Veterinary Center

REFERRING VET

Dr. Thompson

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.

INVOICE

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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.

DATE

07/29/2022

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



PATIENT *Pancreas*

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

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

Golden Retriever

- Hepatomegaly exhibiting nonhomogeneous to irregular parenchyma with intermittent parenchymal nodules to small masses
- Nonspecific splenic nodule
- Chronic renal changes with small left kidney cyst
- Mild nondependent gallbladder debris (non-mucocele)

SEX

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AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2009

The generalized hepatic changes are nonspecific with consideration considering vacuolar hepatopathy, hematopoiesis, nodular hyperplasia, or other hepatopathy with infiltrative neoplasia possible. Multiple etiologies are possible for the splenic nodule including hyperplasia, hematopoiesis, granuloma, small hematoma with neoplastic criteria considered less likely based on sonographic appearance. Correlation with pending cytology is recommended. Cushing's syndrome is considered a less likely differential diagnosis. Continued hepatosupportive medications are recommended.

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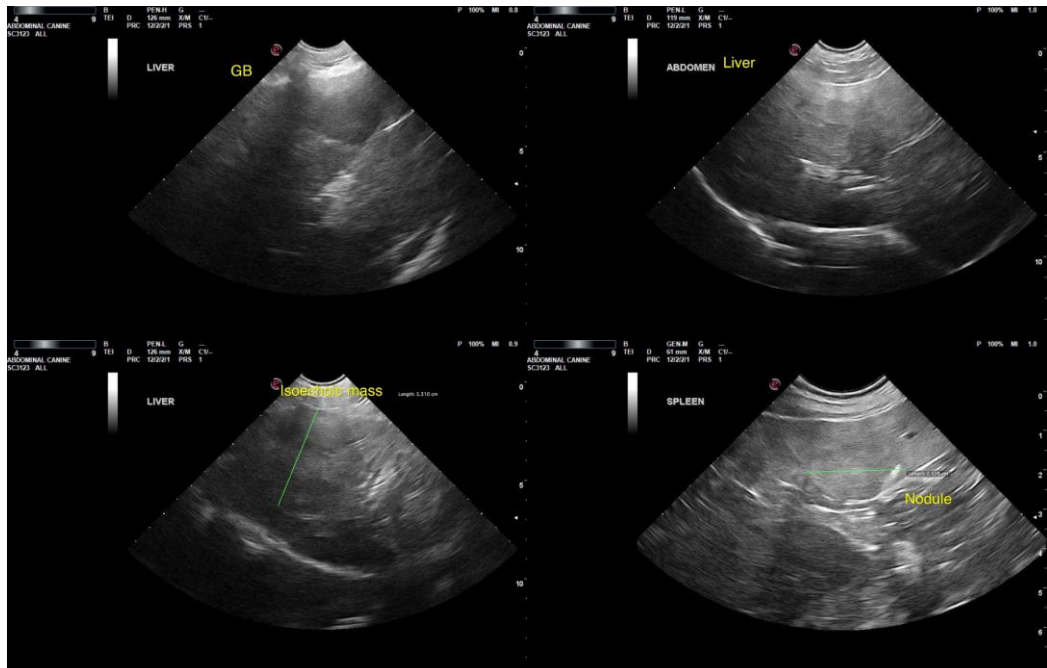
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PATIENT

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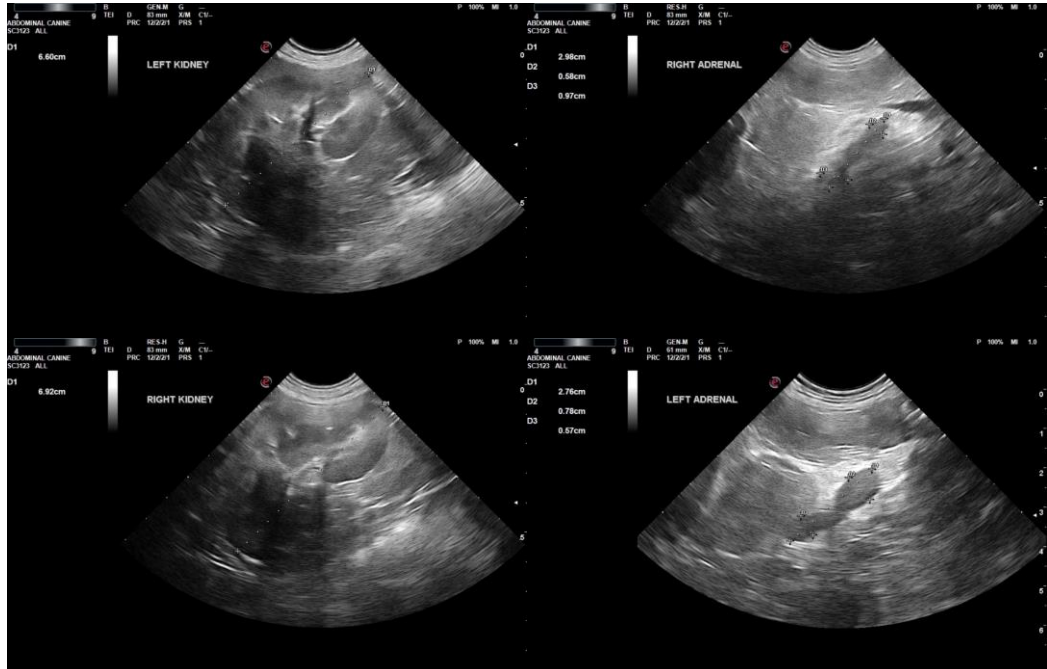
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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