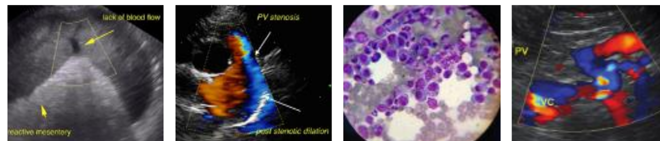

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1-800-838-4268 info@sonopath.com

PATIENT
Mardene Brown

SPECIES
Canine

BREED
Lab Mix

SEX
FS

AGE
13yr

WEIGHT
67lb

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

IMAGING PERFORMED BY
Christina Sitton

HOSPITAL NAME
Sherwood Family Pet Clinic

REFERRING VET
Robert Merrill

INVOICE
14576ag

DATE
08/11/2023

PRESENTING CLINICAL SIGNS

not been interested in eating. She had some bleeding from her nose (unilateral resolved on own) and short of breath No nose bleeding at PE today. No sneezing, no nasal discharge. Mardene is able to breath through both nares. Mardene recently had bleeding from her right nares and was seen at Emergency Clinic in Bend. Her CBC and PT and PTT blood tests were normal on 8/4/23. AUS for general screen

Abnormal PE/Chem/CBC/UA Results: PT and PTT and CBC blood tests were normal on 8/4/23. current chem labs pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 5.6 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

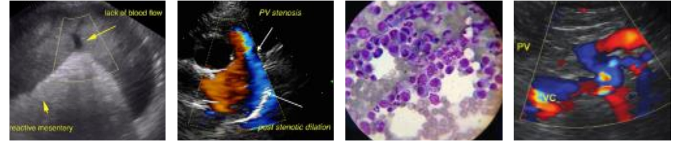
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.74 cm width at the cranial pole. The right adrenal gland exhibited mild enlargement with symmetrical contour and mild non-homogenous non-mineralized parenchyma subjectively measuring 1.2 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 presented normal 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 non-homogenous macronodule to small mass was present in the caudal to mid liver measuring 4.2 cm in diameter. The capsule of the liver was 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



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primarily anechoic luminal content and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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.

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 was evident.

Free Abdomen

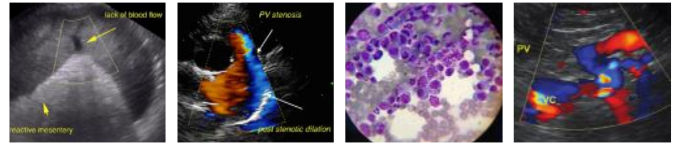
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Solitary non-specific hepatic intraparenchymal macronodule/small mass- hematopoiesis, hyperplasia, granuloma or emerging neoplasia possible.
- Mild right adrenomegaly-mild benign hyperplasia, adenomatous change, emerging neoplastic criteria possible yet thought less likely.
- Mild non-specific transdiaphragmatic comet tail artefact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. If accessible and assuming normal clotting status a hepatic mass FNA for screening cytology is warranted for further assessment. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma. Correlation with pending CBC/chemistry panel and UA is recommended if not already done.



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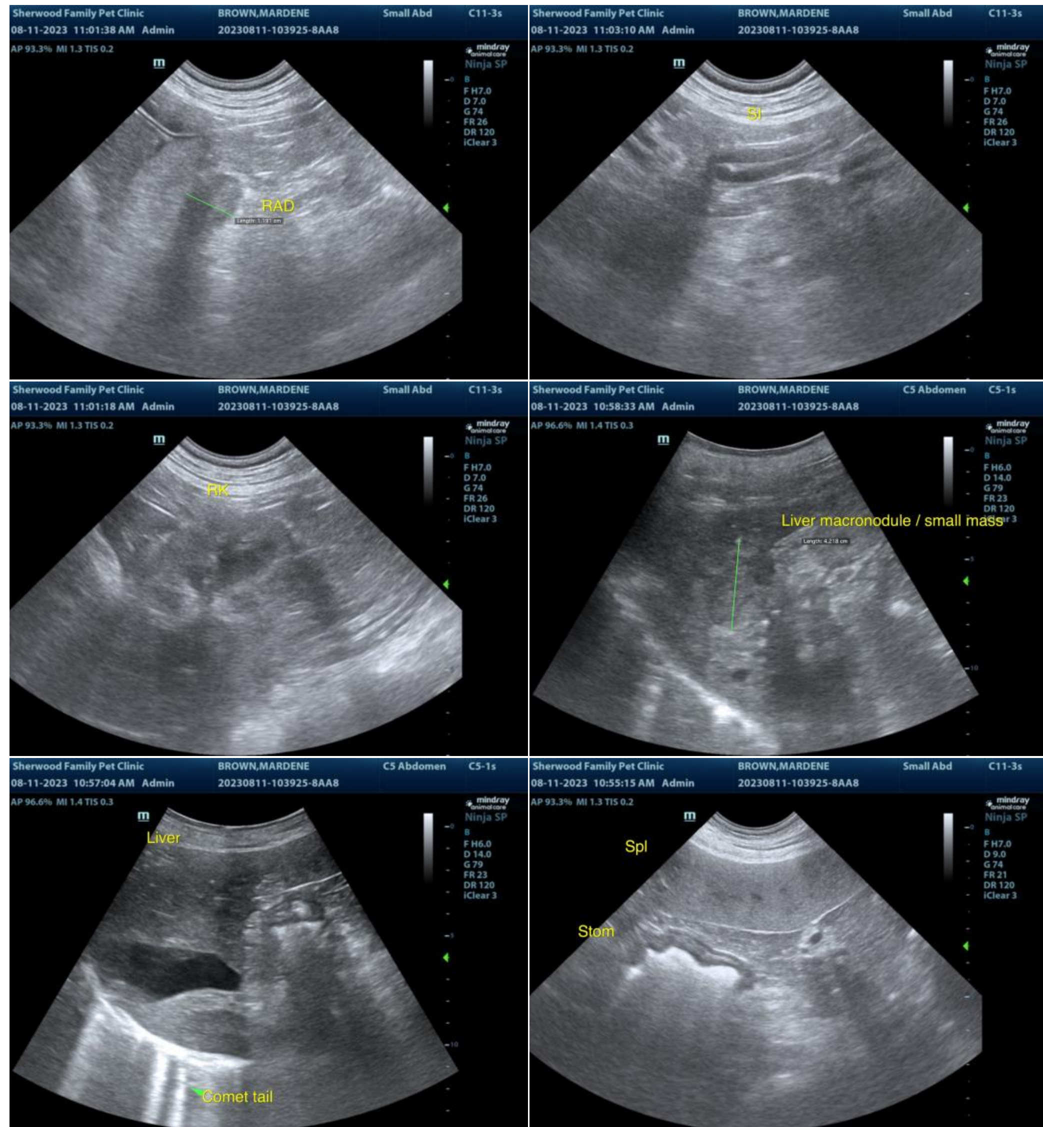
Sonographic monitoring of the hepatic macronodule / small mass and right adrenal gland with initial recheck in 4-6 weeks would be ideal.



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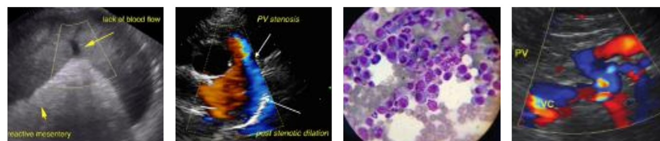
Clinical Sonography & Telecytology



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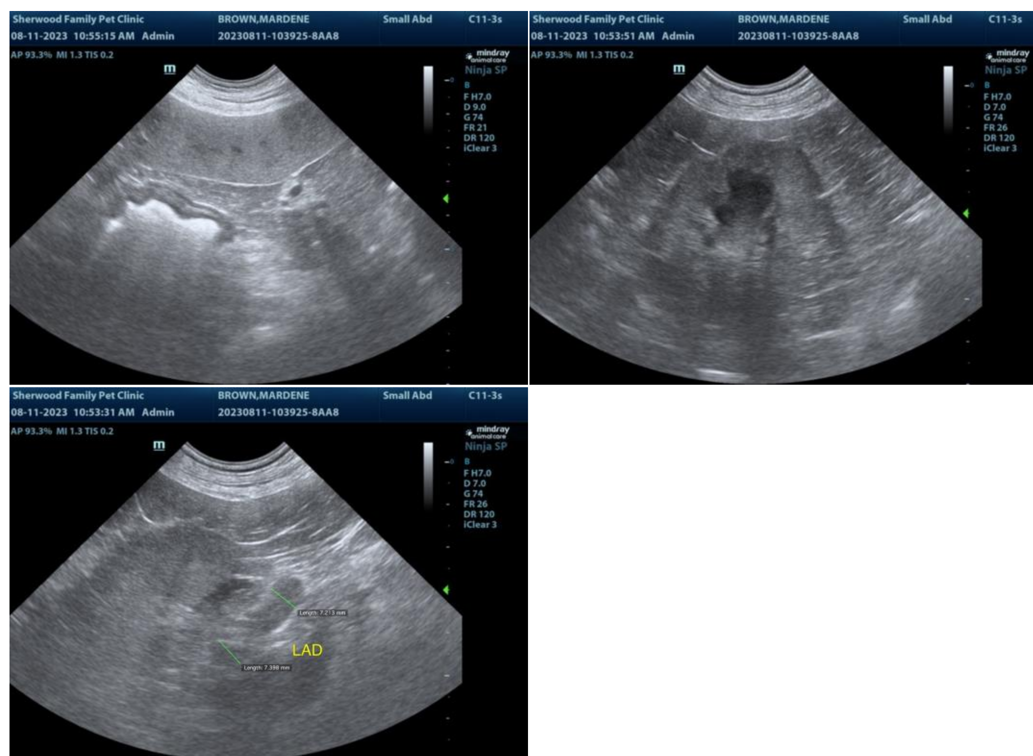

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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