



**PATIENT PRESENTING CLINICAL SIGNS**

Abby Stoffa

History: Licking paws, hyperkeratosis, PU, hematuria

Medication: Amoxicillin, Metronidazole, Dermalone/Chlorhex topical

**SPECIES**

ALT 404, ALP 269

Canine

Urinalysis- Specific gravity 1.033, pH 9, RBCs and WBCs

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Bullmastiff

**Urinary System**

**SEX**

The urinary bladder exhibited subnormal size owing to lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to lack of urine. No overt evidence of sediment or calculi was noted. The proximal urethra exhibited subjective normal structure with subtle dilation to a depth of 3.0 cm. The proximal urethra measured 0.53 cm in diameter.

FS

**AGE**

The area of the aortic trifurcation was free of pathology.

10 years

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 pyelectasia or overt pyelonephritis was present. The left kidney measured 6.8 cm in length. The right kidney measured 5.8 cm in length.

**WEIGHT**

123 Pounds

**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 0.92 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 1.1 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

Leighton AH

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**REFERRING VET**

Dr. Carpenter

**Liver/ Gallbladder**

**INVOICE**

12121

The liver exhibited subjective mild subnormal size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. Intermittent, hypoechoic to nonhomogeneous parenchymal nodules were present. An example of a liver nodule measured 2.4 cm in diameter. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**DATE**

8.12.2021



**PATIENT**

***Gastrointestinal***

Abby Stoffa

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***

Bullmastiff

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***

FS

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

10 years

***Primary Findings***

**WEIGHT**

- Subnormal urinary bladder owing to lack of urine distention
- Structurally normal proximal urethra with subtle dilation
- Mild age-related renal changes, no overt pyelonephritis
- Subjective mild subnormal liver with generalized nonuniform to intermittently nodular parenchyma
- Mild gallbladder debris (non-mucocele)

123 Pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

Appropriate therapy for UTI is recommended based on urine culture and sensitivity results. Potential for possible cystitis cannot be definitively excluded. No overt evidence of urinary bladder proximal or proximal urethra masses, which is considered unlikely. However, ideally, sonographic reassessment of the full urinary bladder is recommended. If evidence of incontinence, a Phenylpropanolamine trial may be considered assuming normal blood pressure.

**HOSPITAL NAME**

Leighton AH

**REFERRING VET**

Dr. Carpenter

The overall appearance of the liver was consistent with chronic hepatopathy. The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. Reassessment of hepatic enzymes following current antibiotic therapy is recommended. Concurrent hepatosupportive medications including Denamarin and Ursodiol may also prove beneficial.

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Bullmastiff

**SEX**

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**AGE**

10 years

**WEIGHT**

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**HOSPITAL NAME**

Lehighton AH

**REFERRING VET**

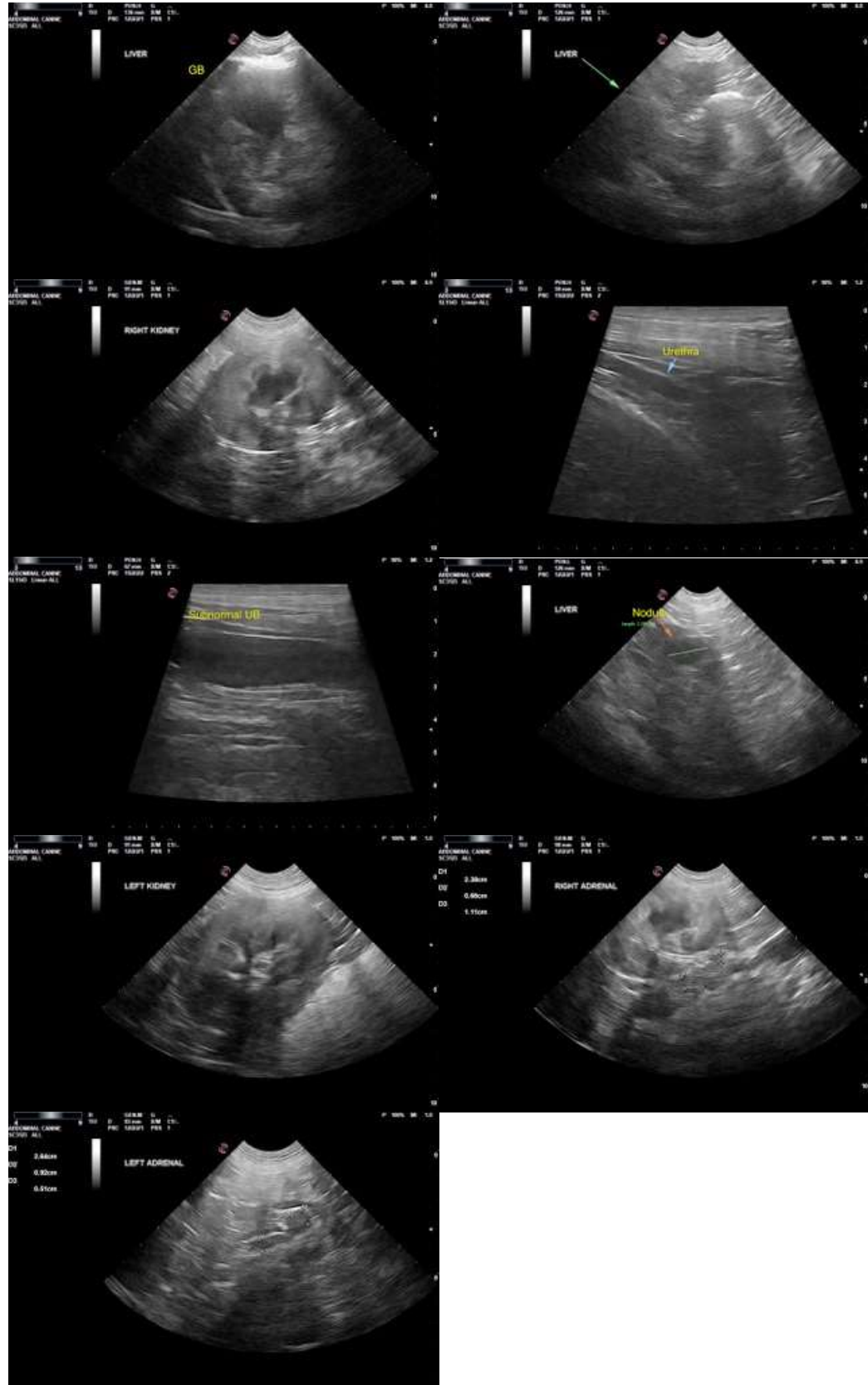
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)