



PATIENT

Polly Bizer

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

12 years

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE

14833

DATE

8/16/23

PRESENTING CLINICAL SIGNS

Presented with PU/PD complaint- 8/10 for PU/PD, lethargy, diarrhea, and anorexia. She had decreased appetite for a couple of weeks and was not eating for 2 days prior to presentation. anaplasma elisa pos in June 2023

Abnormal PE/Chem/CBC/UA Results: Moderate progressive ALP elevation from 202 in 2021 to 412 now. (was 488 in June 2023). MOST RECENT 8/10/23: --CBC normal --BUN 38 with creat 1.1 and USG 1.026, trace proteinuria --ALT now elevated at 404, AST now elevated at 109, ALP 412, GGT anaplasma elisa pos in June 2023 normal at 0, total Bili normal at 0.3 --Lepto PCR neg on blood and urine -- Abdominal radiographs show a lobulated hepatic mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Minor areas of medullary mineral were noted. Intermittent small cortical cysts were present. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited borderline caudal pole enlargement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.86 cm width in the cranial pole and 0.75 cm width in the caudal pole. The right adrenal gland measured 0.98 cm width in the cranial pole and 0.91 cm width in the caudal pole. There were no adrenal tumors noted.

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 was enlarged in size yet maintained symmetrical, mildly rounded capsule contour with generalized mild nonhomogeneous parenchyma exhibiting intermittent subtle, variably echogenic, nondisruptive intraparenchymal nodules. An example of a liver nodule measured 2.0 cm diameter. The



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gallbladder was non-distended in size containing primarily anechoic content with mild to moderate gallbladder sediment. The cystic and common bile ducts were normal.

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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.

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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.

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

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Pancreas

The pancreas base and right pancreatic limb was normal in size and contour with heterogeneous, variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Moderate chronic renal changes
- Mildly enlarged, nonhomogeneous, subtly nodular liver - nonspecific, vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, fibrosis, infiltrative hepatic neoplasia (thought less likely), or other hepatopathy
- Nonorganized gallbladder sediment (non-mucocele)
- Mild chronic pancreatitis / pancreatic fibrosis pattern
- Structurally normal gastrointestinal tract
- Borderline bilateral adrenomegaly - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Correlation with pending hepatic histopathology is recommended. Adrenal workup could be a consideration in this patient if clinical suspicion for hyperadrenocorticism. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to chronic pancreatitis, +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Pending additional diagnostics, as-needed gastrointestinal support is recommended.

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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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