



PATIENT PRESENTING CLINICAL SIGNS

Maya Cooper History: Has been on Gabapentin. Examined for pallor, weakness, lethargy.

SPECIES

Abnormal PE/Chem/CBC/UA Results: HCT 33, no evidence of reticulocytosis, M1 Neutrophilia, lymphopenia, monocytosis, Urea 11, ALT 176

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 cm in length.

AGE

12 Years

Adrenal Glands

WEIGHT

20.1 Pounds

Unilateral enlargement of the left adrenal gland was present. Asymmetrical adrenal capsule margination was present. The enlarged left adrenal gland presented nonhomogeneous to mixed echogenic focally hyperechoic parenchyma. Potential for early vascular, specifically phrenicoabdominal vein invasion is possible yet not definitive. The enlarged left adrenal gland measured 3.9 cm x 3.2 cm.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm in length x 0.42 cm width at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The spleen was mildly enlarged with nonhomogeneous decreased splenic parenchyma echogenicity, exhibiting subjective discreet nodules. Splenic vascularity was normal.

HOSPITAL NAME

Nelson AH

Liver

The liver was enlarged with generalized nonhomogeneous mixed echogenic parenchyma, including multiple variably sized to variably echogenic intraparenchymal macronodules to small masses. An example of liver macronodule measured 2.8 cm in diameter.

REFERRING VET

Anderson

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

16880

Gastrointestinal

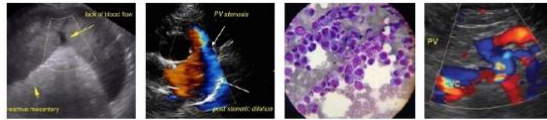
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

8/17/22

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.



PATIENT

Pancreas

Maya Cooper

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.

SPECIES

Canine

Free Abdomen

Mild to moderate volume primarily perihepatic free fluid was present. Generalized reactive perihepatic to perisplenic, as well as perirenal mesentery was noted. No overt lymphadenopathy.

BREED

Lab X

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Left adrenal mass
- Hepatosplenomegaly, exhibiting nonhomogeneous mixed echogenic to nodular hepatosplenic parenchyma
- Mild to moderate volume primarily perihepatic free fluid

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

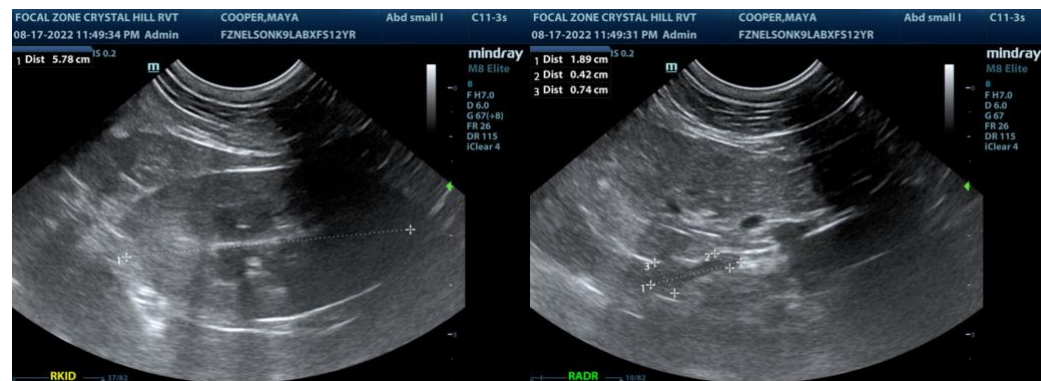
WEIGHT

20.1 Pounds

Unfortunately, the sonographic abnormalities involving the spleen, liver and adrenal gland are most consistent with multicentric neoplastic criteria. Assuming normal clotting status, hepatosplenic FNA could be considered for cytology with potential for oncology consult. Screening blood pressure is suggested to assess for evidence of systemic hypertension. Concurrent effusion analysis and cytology for additional correlation would be appropriate. However, given this presentation, an unfavorable long term prognosis is likely indicated.

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DABVP (Canine and
Feline)

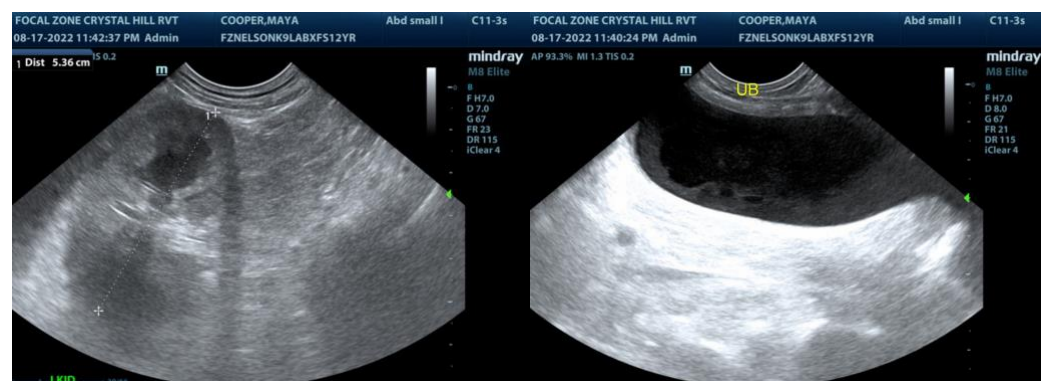


IMAGING PERFORMED BY

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HOSPITAL NAME

Nelson AH



REFERRING VET

Anderson

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PATIENT

Maya Cooper

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

12 Years

WEIGHT

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

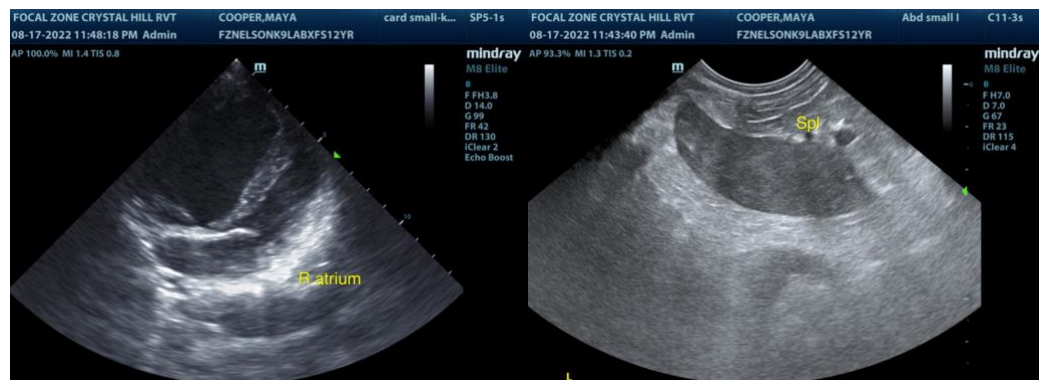
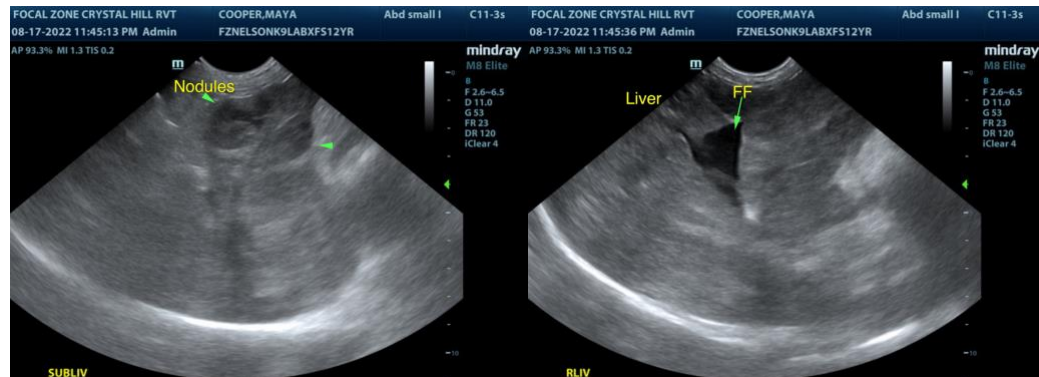
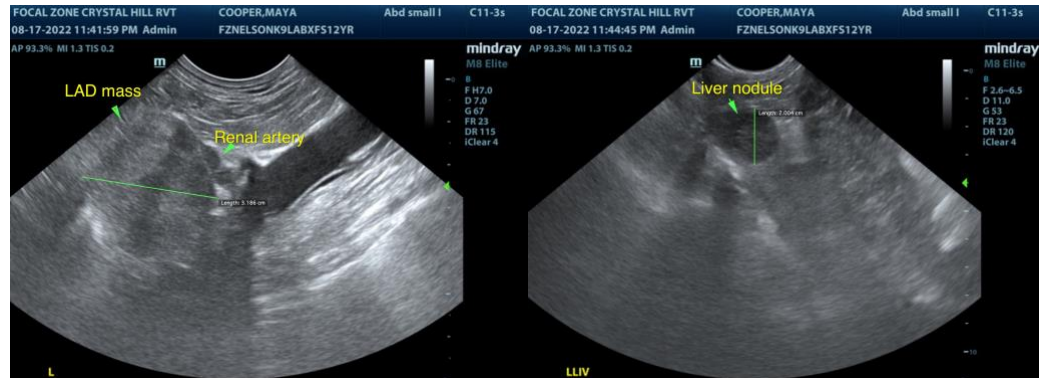
Anderson

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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.

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