



**PATIENT PRESENTING CLINICAL SIGNS**

Roxy Kutz Increased liver values, BUN, platelet count, littermate recently had stomach mass. BUN 40 CREAT 1.7 Ca 12.1 ALP 1942 ALT 413 TBIL 0.7

**SPECIES** Medication: Galliprant PRN, cbd product

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Lab Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral 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** Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Multiple bilateral cortical cysts were present. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

2010 The area of the aortic trifurcation was free of pathology.

**WEIGHT** *Adrenal Glands*

72 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 2.8 cm length and 0.76 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length and 0.67 cm width in the caudal pole.

**INTERPRETED BY**

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

*Spleen*

The spleen exhibited overall normal size, primarily symmetrical contour and subtle generalized parenchyma heterogeneity. A solitary mildly expansive homogenous mildly hypoechoic macronodule/small mass was present in the medial spleen measuring 2.6 cm in diameter. No evidence of parenchymal escape. 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/Gallbladder*

The liver was subjectively enlarged with areas of capsule asymmetry and generalized moderate non-homogenous to nodular parenchyma. Normal vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Maple Hills VH

**REFERRING VET**

Banzhof

*Gastrointestinal*

The stomach presented intact mildly prominent wall layering with a prominent mucosa layer. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.63 cm in width.

**INVOICE**

14685ag 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**  
 08/21/2023

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



**PATIENT** *Pancreas*

Roxy Kutz The pancreas base and right pancreatic limb were normal in size and contour with hyperechoic to heterogeneous parenchyma compared to adjacent omentum. Probable small right limb benign pancreatic cyst was present.

**SPECIES**

Canine

**Free Abdomen**

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

**BREED**

Lab Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

FS

**AGE**

2010

**WEIGHT**

72

- Moderate chronic renal changes with cortical cysts.
- Mildly expansive homogenous medial splenic macronodule/small mass- hyperplasia, hematopoiesis, infectious/ splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria i.e., sarcoma possible.
- Enlarged non-homogenous/nodular liver- chronic vacuolar hepatopathy, non-specific hepatitis, hematopoiesis, hyperplasia, fibrosis, infiltrative neoplasia or other hepatopathy possible.
- Minor gallbladder sediment (non-mucocele)
- Intact mildly prominent stomach wall, sonographically unremarkable small bowel.
- Heterogenous variably echogenic pancreas base/right pancreatic limb with right limb benign cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and splenic macronodule/small mass FNA for screening cytology is warranted for further assessment. A hepatic core surgical biopsy is required for a definitive diagnosis and could be a consideration with concurrent diagnostic/prophylactic splenectomy pending recommended initial cytology.

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ARDMS/RVT

A full urinary workup including UA, C/S and baseline UPC level is suggested. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation or previous signs which may allude to low grade pancreatitis is recommended.

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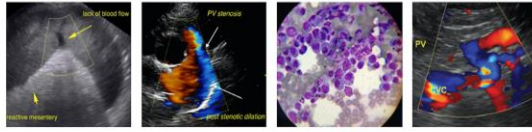


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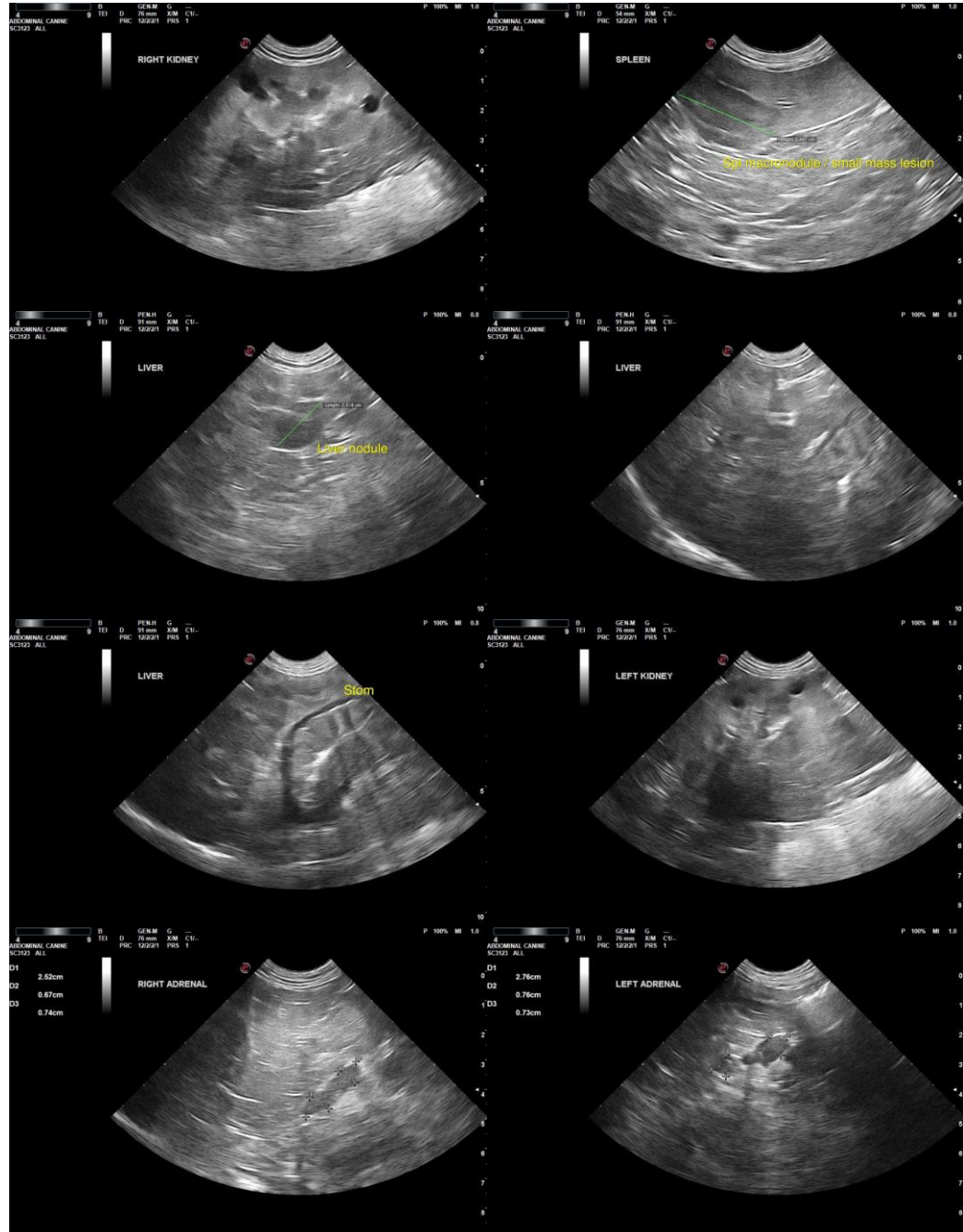
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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