

**PATIENT PRESENTING CLINICAL SIGNS**

Abigail Pike Excessive urination. Weight loss (10 lb in 5 months). ? bladder tumor \*Sedated with dexdomitor

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine *Urinary System***

The urinary bladder was nondistended with anechoic urine with no sediment or calculi. No evidence of inflammatory or neoplastic mural criteria extending into the urethra which exhibited normal subjective structure and tone to a depth of 2.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal.

**BREED**

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

**SEX**

FS

Normal size and margination was 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. Minor pyelectasia present in both kidneys. The left kidney measured 6.7 cm in length. The right kidney measured 6.1 cm in length.

**AGE**

10 Years

***Adrenal Glands***

The bilateral adrenal glands were mildly prominent in size yet not overtly hyperplastic given the breed. Subtle nonhomogeneous parenchyma with focal non-expansive cyst versus nodule noted in the left adrenal gland measuring 0.5 cm in diameter. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.93 cm width at the cranial pole. The right adrenal gland measured 0.82 cm width at the caudal pole and 0.73 cm width at the cranial pole.

**WEIGHT**

54.8 lbs

**INTERPRETED BY**

***Spleen***

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

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.

**IMAGING PERFORMED BY**

***Liver***

Pamela Harrigan, RDMS

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**HOSPITAL NAME**

Mashpee Veterinary  
Hospital

**REFERRING VET**

Mark Oldham, DVM

The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**INVOICE**

47181

***Gastrointestinal***

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate retained anechoic fluid and echogenic shadowing ingesta without overt evidence of obstruction to pyloric outflow. The gastric body wall measured 0.38 cm width.

**DATE**

8-29-21



**PATIENT**  
Abigail Pike  
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. The duodenum wall measured 0.54 cm width and the jejunum wall measured 0.46 cm width.

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

**Pancreas**  
Canine

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.

**BREED**  
Plott Hound  
**Free Abdomen**

**SEX**  
FS  
Focal, mildly prominent to enlarged intermittent mid abdominal mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.78 cm width.

**AGE**  
No overt peritoneal effusion was present.

10 Years  
**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Mild age related kidneys with minor pyelectasia.
- Partial noninflamed gallbladder mucocele.
- Retained gastric ingesta/fluid.
- Intermittent subjectively benign mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis probable.
- Nonspecific non-expansive left adrenal nodule versus cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia within the bilateral kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. A screening BRAF assay may be considered yet no overt evidence of lower urinary tract neoplasia.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was suggestive of food although the possibility of foreign material although unlikely, cannot be definitively excluded. Radiographic or sonographic monitoring for evidence of gastric emptying would be ideal. The possibility of underlying enteropathy, given the weight loss and concurrent mesenteric lymphadenopathy without evidence of mural changes, may be possible.

**INVOICE**  
47181  
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

**DATE**

8-29-21

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

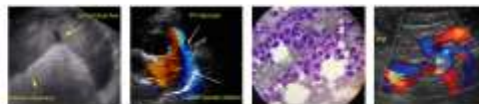
Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mashpee Veterinary  
Hospital

**REFERRING VET**

Mark Oldham, DVM



**PATIENT**

Correlation with full labwork and continued monitoring for evidence of cranial abdominal or subxiphoid pain as well as increase in cholestasis suggested.

Abigail Pike

**SPECIES**

Concurrently, sonographic monitoring of the nonspecific left adrenal nodule versus cyst with initial recheck in 4-6 weeks is recommended.

Canine

**BREED**

Plott Hound

**SEX**

FS

**AGE**

10 Years

**WEIGHT**

54.8 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mashpee Veterinary  
 Hospital

**REFERRING VET**

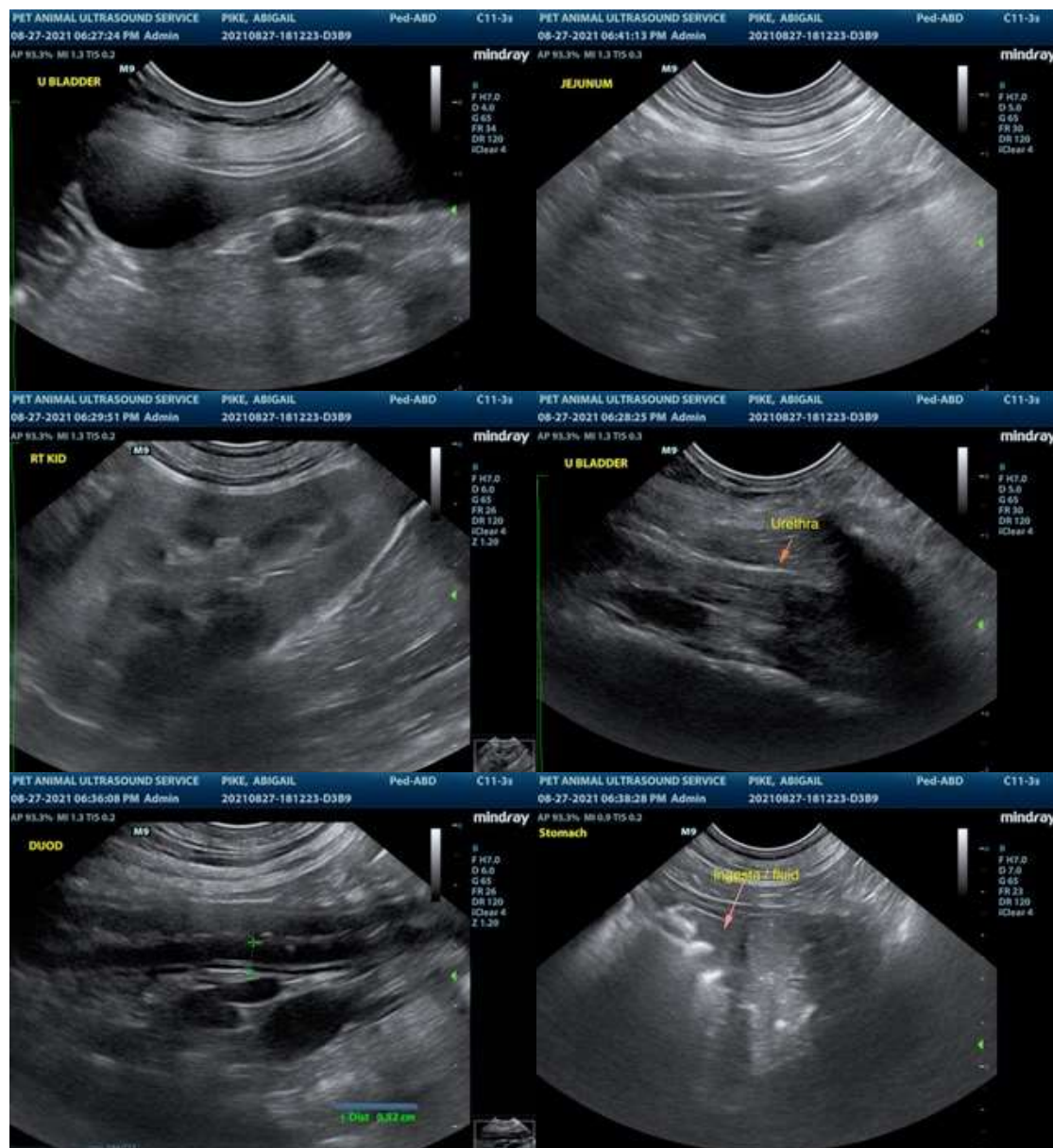
Mark Oldham, DVM

**INVOICE**

47181

**DATE**

8-29-21





**PATIENT**

Abigail Pike

**SPECIES**

Canine

**BREED**

Plott Hound

**SEX**

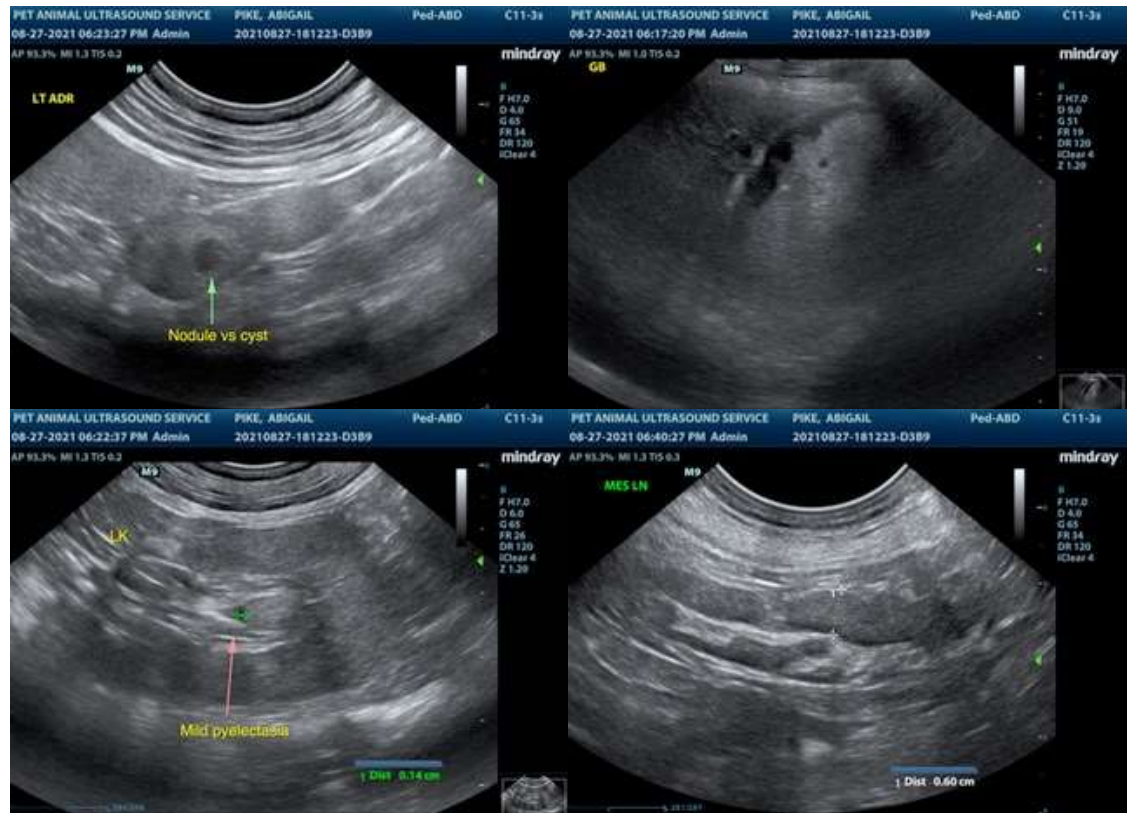
FS

**AGE**

10 Years

**WEIGHT**

54.8 lbs



**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mashpee Veterinary  
 Hospital

**REFERRING VET**

Mark Oldham, DVM

**INVOICE**

47181

**DATE**

8-29-21

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)  
 info@SonoPath.com