



PATIENT PRESENTING CLINICAL SIGNS

Lucy Metrick Elevated liver values, chronic diarrhea for ~ year Tylosin, RC HP, metronidazole, endosorb
 ALP 240, ALT 278, Cobalamin <150, TLI 50, PLI 91, Folate 12

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

Poodle Mix

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

FS Normal size and margination were present in the kidneys. Variably echogenic cortex was present with moderate loss of corticomedullary symmetry and definition and areas of minor nonobstructive medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length. Intermittent small cortical cysts were present in both kidneys.

AGE

2007

WEIGHT Adrenal Glands

13.6 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 0.49 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 0.50 cm width at the caudal pole and 0.80 cm width at the cranial pole. No overt evidence of adrenal neoplastic criteria was noted.

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

The liver presented generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Intermittent nondisruptive hypoechoic Intraparenchymal nodules were present with an example measuring 1.5 cm in diameter. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

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PATIENT ***Gastrointestinal***

Lucy Metrick 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. The gastric body wall width measured 0.30 cm.

SPECIES

Canine The small intestine exhibited generalized thickened to corrugated wall layering with intact wall layer detail. No evidence of loss of intestinal wall layering or distinct intestinal masses was noted. The duodenum wall measured 0.5 cm width. The jejunum wall measured 0.54 cm width.

BREED

Poodle Mix Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter.

SEX

FS

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

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Free Abdomen

No omental masses or evidence of overt or significant omental lymphadenopathy was present. A moderately sized, mildly symmetrical nonhomogeneous, focally cystic mass was present in the mid to cranial abdomen directly effacing the caudal liver. The mass measured approximately 6.0-7.0 cm in diameter but potentially mildly larger.

WEIGHT

13.6

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting parenchyma hyperechogenicity and intermittent hypoechoic intraparenchymal nodules
- Mid to cranial abdominal mass - probable hepatic origin
- Chronic enteropathy exhibiting generalized thickened to corrugated wall layering
- Pancreatic remodeling - age-related pancreatic changes, potential for low-grade to chronic pancreatitis
- Moderate chronic renal changes exhibiting nonobstructive medullary mineral, cortical cysts, and suspected cortical infarctions

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound-guided FNA of the mid to cranial mass, likely of hepatic origin, is warranted for screening cytology. Non-hepatic origin is possible yet considered less likely. Benign vs. malignant etiologies are possible for the mass. Concurrent hepatic parenchyma and intraparenchymal nodule FNA for cytology is advised if sampling is elected.

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The overall appearance of the small intestine was nonspecific yet suggestive of chronic inflammatory bowel disease. Infiltrative Intestinal neoplasia, given the chronicity of gastrointestinal signs in this patient, is considered a less likely yet potential differential diagnosis.



PATIENT

Lucy Metrick

Empirically, hydrolyzed diet trial, cobalamin supplementation, high colony count probiotic such as Provable, as well as broad spectrum prophylactic deworming and assessment of clinical response would be reasonable.

SPECIES

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BREED

Poodle Mix

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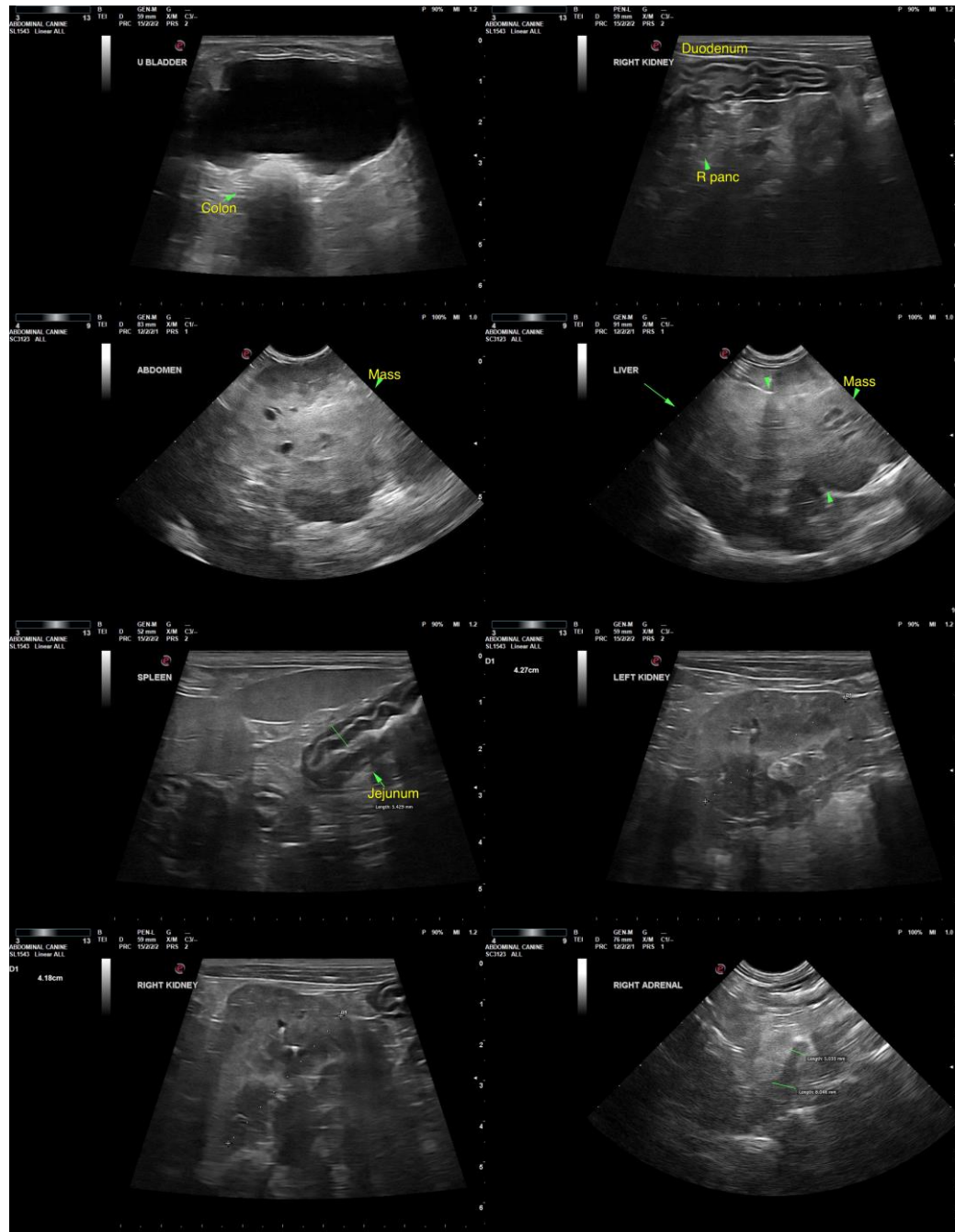
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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