



PATIENT PRESENTING CLINICAL SIGNS

Star Kozel Epileptic, SQ MCT, screen for metastasis Phenobarb 40.5 BID, Kepra

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Boston Terrier

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.

SEX

FS

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

AGE

2013

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

19.3

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.43 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was mildly prominent in size yet maintained symmetrical capsule contour with primarily homogenous parenchyma. No evidence of right adrenal mineralization was noted. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.79 cm width at the cranial pole. The mildly prominent adrenal gland is suspected to be a patient variant without overt evidence of adrenal pathology or neoplastic criteria.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Gallagher

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, non-dependent, mildly congealed yet nonorganized, mildly hyperechoic gallbladder debris was present. The gallbladder or peripheral gallbladder were sonographically

INVOICE

14539

DATE

8/9/22



PATIENT unremarkable with no evidence of inflammatory changes or criteria. The cystic and common bile ducts were normal.

Star Kozel

Gastrointestinal

SPECIES 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.

Canine

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.

BREED

Boston Terrier

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

Pancreas

SEX

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 were evident.

FS

AGE

Free Abdomen

2013

No omental masses, lymphadenopathy, or evidence peritoneal effusion were noted.

WEIGHT

19.3

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern - benign
- Moderate gallbladder debris (non-mucocele)
- Subjective mild prominent right adrenal gland - nonspecific yet likely incidental
- Sonographically unremarkable spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal metastasis from subcutaneous mast cell tumor.

The liver presentation is suspected to be secondary to phenobarbital or age-related / idiopathic vacuolar hepatopathy. Correlation with hepatic enzyme assessment is recommended if not recently done. Hepatosupportive medications including Denamarin and Ursodiol are suggested if evidence of cholestasis or increased hepatic enzyme levels.

Sonographic monitoring of the abdominal cavity based on oncology recommendations +/- baseline screening splenic FNA, assuming normal clotting status and using a 25-gauge needle, may be considered.

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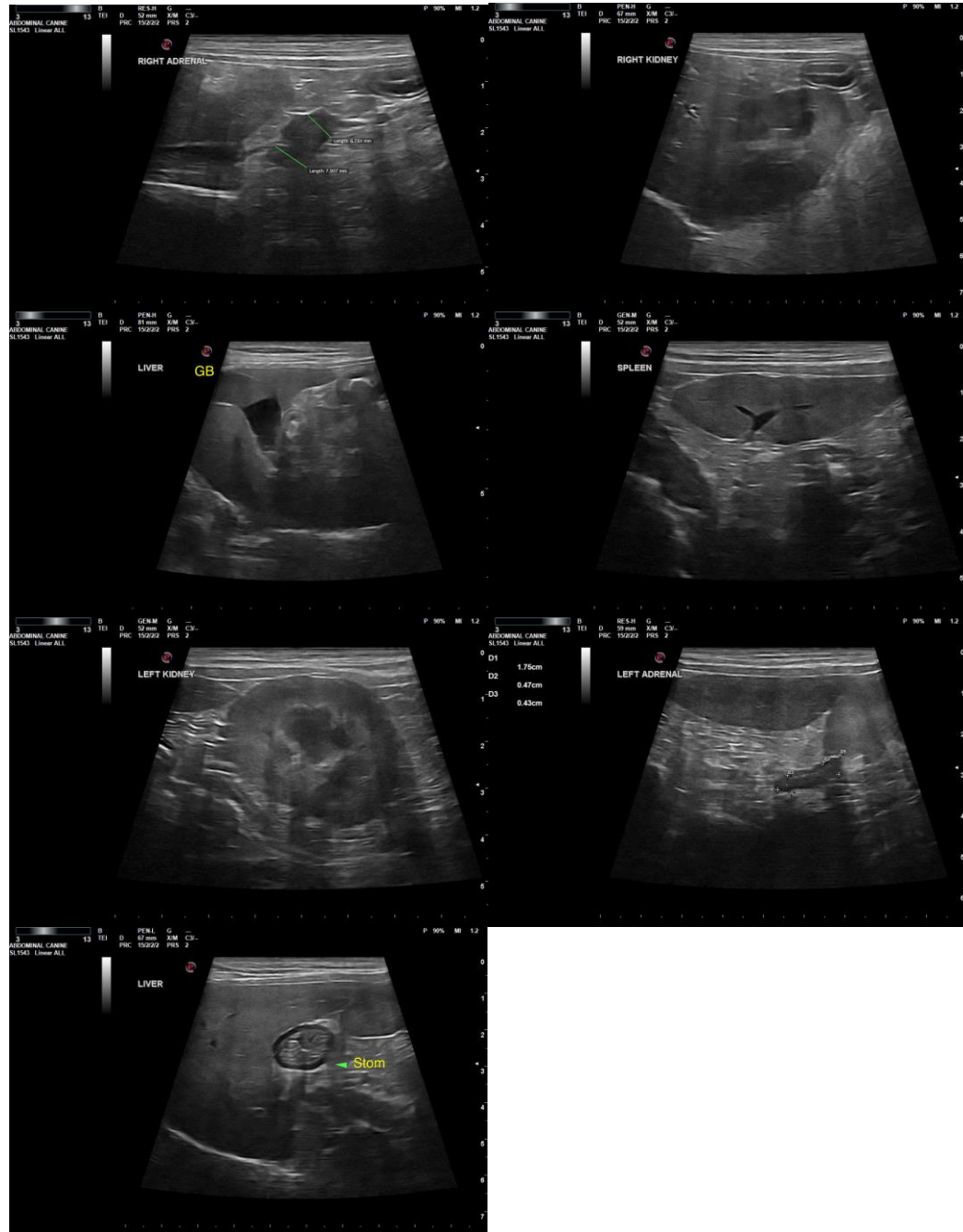
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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