



PATIENT PRESENTING CLINICAL SIGNS

Blue Leaderman 'left side' FNA consistent with apocrine gland adenocarcinoma, history of bloat, atopy. Medication: Apoquel, RC hydroprotein diet ALP 429

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. No overt evidence of mural pathology. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Mild 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 Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 6.5 cm in length.

AGE 2015 The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

WEIGHT 88.2 The area of the residual prostate appeared normal and free of pathology measuring 1.2 cm in diameter.

Adrenal Glands

INTERPRETED BY The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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

Spleen

The spleen exhibited normal size and contour with mild heterogenous parenchyma. No masses or nodules visualized. 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

HOSPITAL NAME 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. The gallbladder was indistinctly visualized with no overt pathology. The cystic and common bile ducts were normal.

New Britain VC

REFERRING VET

McGuire

Gastrointestinal

INVOICE

The stomach presented intact wall layering with subjective borderline prominent pylorus wall layering measuring 0.48 cm in width. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

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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
 08/09/2023

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



PATIENT *Pancreas*

Blue Leaderman 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*

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

BREED

Lab Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Normal splenic size with mild heterogenous parenchyma-likely benign.
- Mild vacuolar hepatopathy pattern.
- Intact mildly prominent pylorus wall.

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

No evidence of intra-abdominal neoplastic or metastatic criteria. Suspect incidental patient variant, incidental hyperplasia, hematopoiesis, or similar. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered for further assessment if progressive splenomegaly or evidence of weight loss.

WEIGHT

88.2

The borderline prominent pylorus wall is of unclear clinical significance yet sonographic reassessment may be considered if episodes of recurrent bloat. Gastroprotectant protocol may prove beneficial if clinical signs consistent with gastritis are present.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

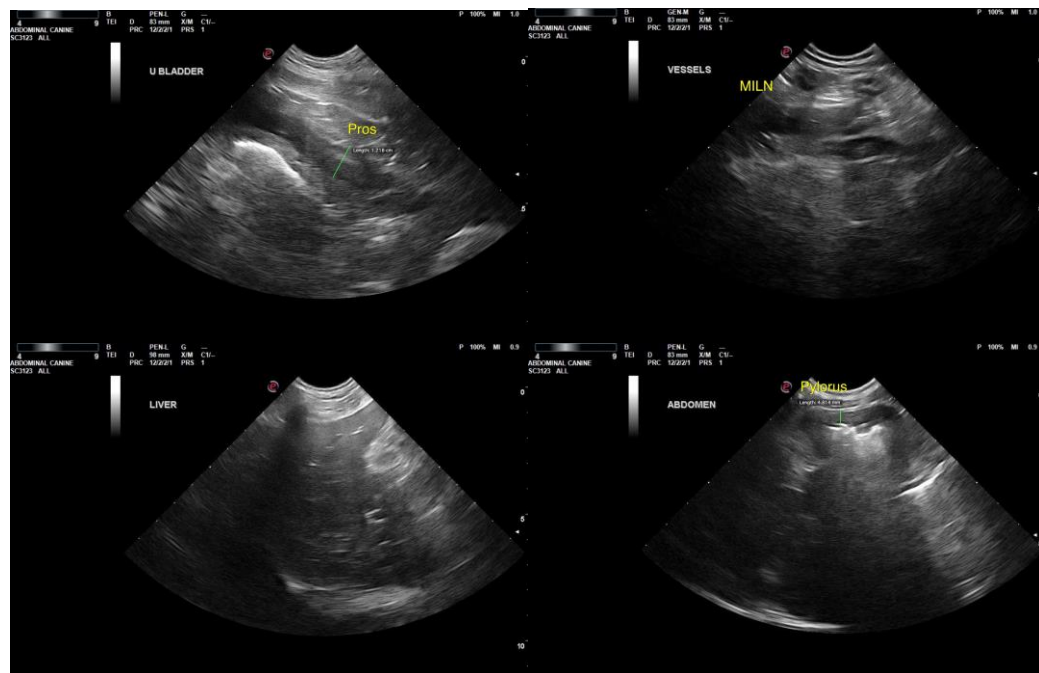
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INVOICE

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PATIENT

Blue Leaderman

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

2015

WEIGHT

88.2

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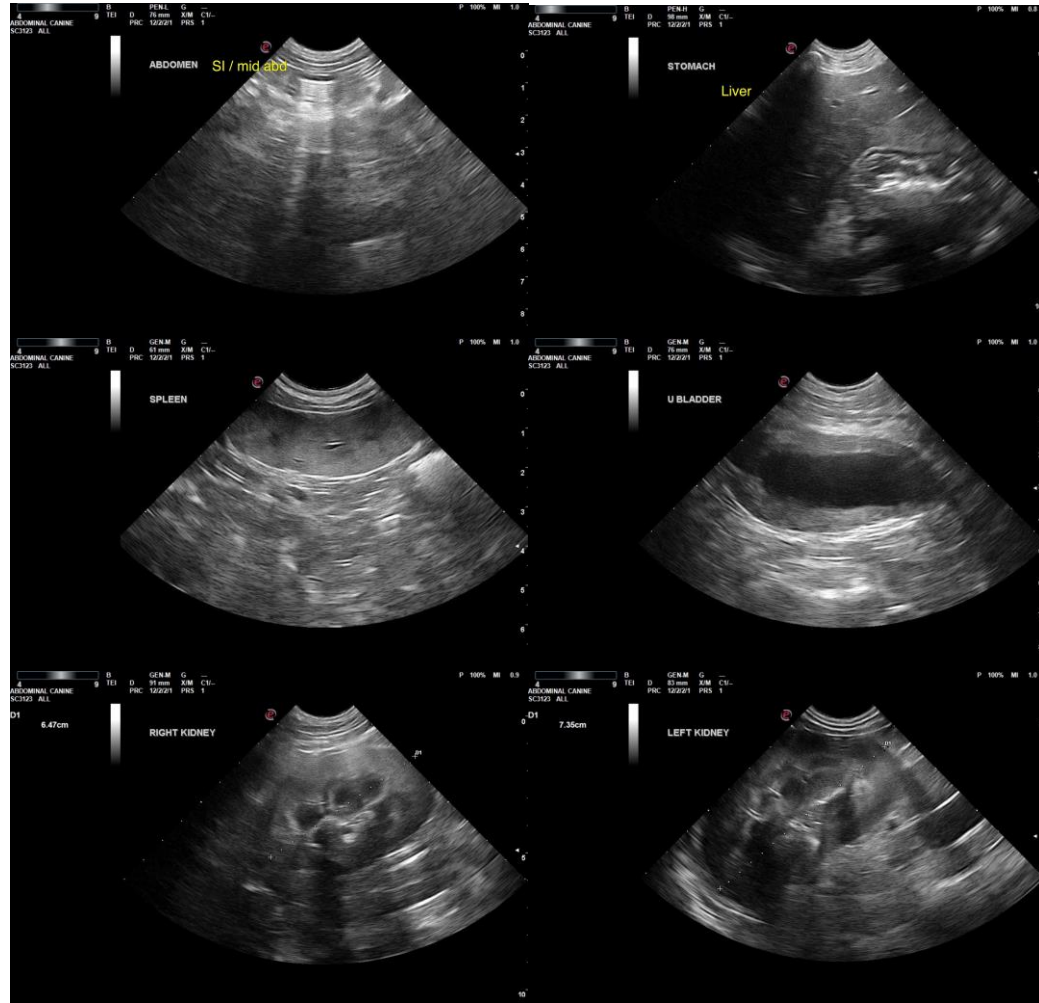
McGuire

INVOICE

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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com