



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Archie Saskin	Metastasis screening(found spindle cell tumor on left lateral thorax). No current meds.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: elevated retics 134, decreased Hg 23.2, increased platelets 516, increased calcium 2.9, increased K 5.7, decreased sodium potassium ratio, elevated ALP and 4+ lipemia
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Schnauzer	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild, dependent accumulated mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN	The residual prostate was free of pathology.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
11 yrs	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of nonobstructive medullary mineral were present. No evidence of pyelectasia was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.
<b>WEIGHT</b>	
10.8 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	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 0.54 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Chippawa AH	The liver exhibited generalized mild enlargement. 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. A moderately expansive, irregular, mildly nonhomogeneous mass appearing to involve or originate from the caudal aspect of the mid to right liver extending into the cranial to potential mid abdomen was present measuring approximately 6.7 cm x 5.0 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion.
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14787	
<b>DATE</b>	
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<b>PATIENT</b>	The gallbladder was non-distended in size with primarily anechoic content with mild primarily dependent to mobile mineral. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Archie Saskin	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	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.
Schnauzer	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
11 yrs	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10.8 kg	<ul style="list-style-type: none"> <li>• Moderately expansive liver mass appearing to involve the caudal aspect of the mid to right liver</li> <li>• Minor gallbladder mineral</li> <li>• Age-related renal changes with nonobstructive medullary mineral</li> <li>• Mild dependent urinary bladder mineral</li> <li>• Mild pancreatic remodeling - age-related pancreatic changes, remodeling owing to previous inflammatory episode, or low-grade to chronic pancreatitis possible</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Full urinary workup including urinalysis, C/S +/- baseline UPC for additional renal staging, could be considered.
<b>IMAGING PERFORMED BY</b>	The liver mass was nonspecific with considerations including hyperplasia, hematopoiesis, hepatoma, primary vs. metastatic neoplasia, or other. Ultrasound-guided FNA of the liver mass assuming normal clotting status is recommended for cytology.
Crystal Hill	
<b>HOSPITAL NAME</b>	
Chippawa AH	
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<b>INVOICE</b>	No other evidence of potential intraabdominal metastatic disease. Empirically, hepatosupportive medications such as Denamarin +/- Ursodiol may prove beneficial.
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**PATIENT**

Archie Saskin

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

MN

**AGE**

11 yrs

**WEIGHT**

10.8 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Chippawa AH

**REFERRING VET**

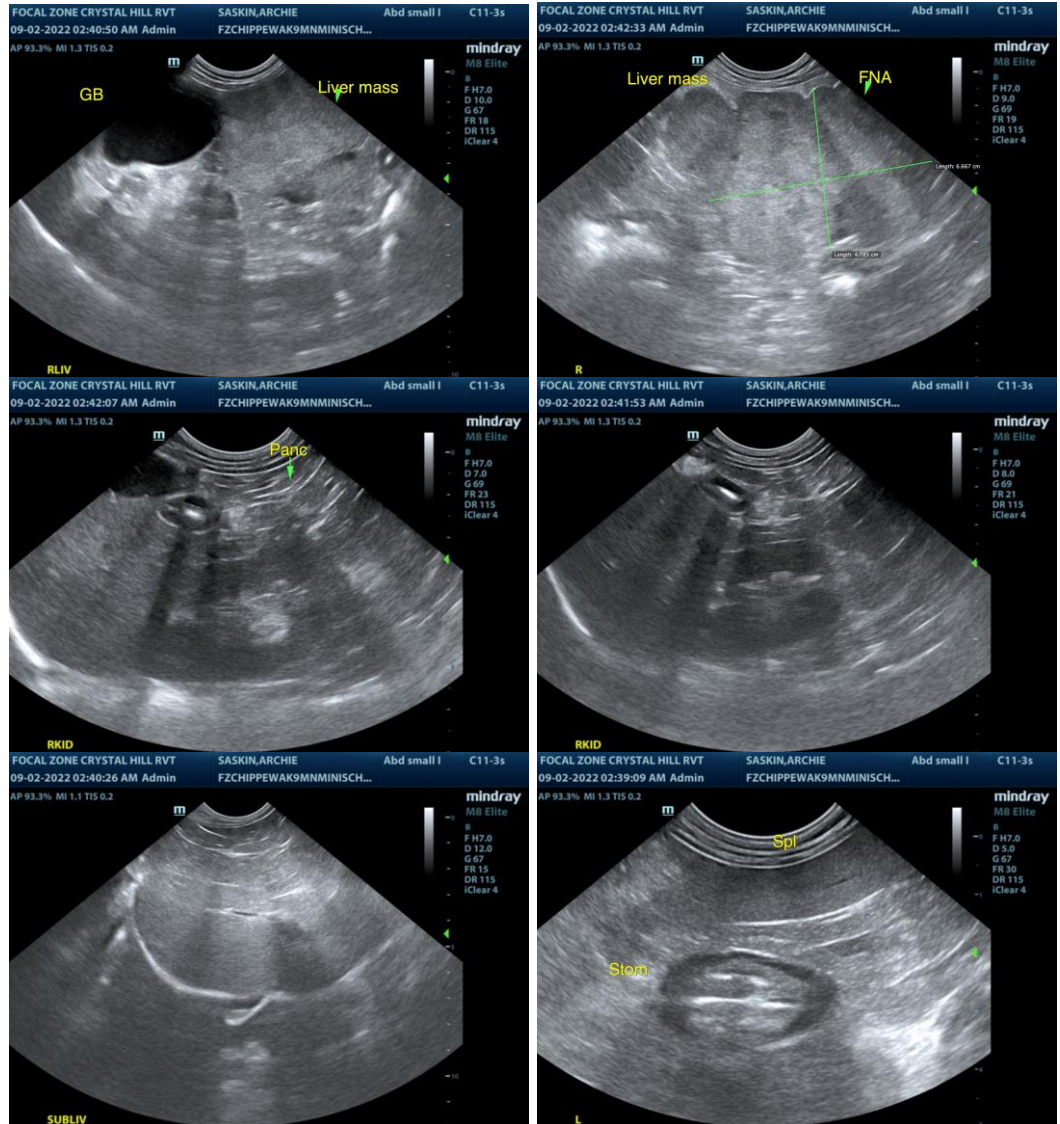
Van Leeuwen

**INVOICE**

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**PATIENT**

Archie Saskin

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

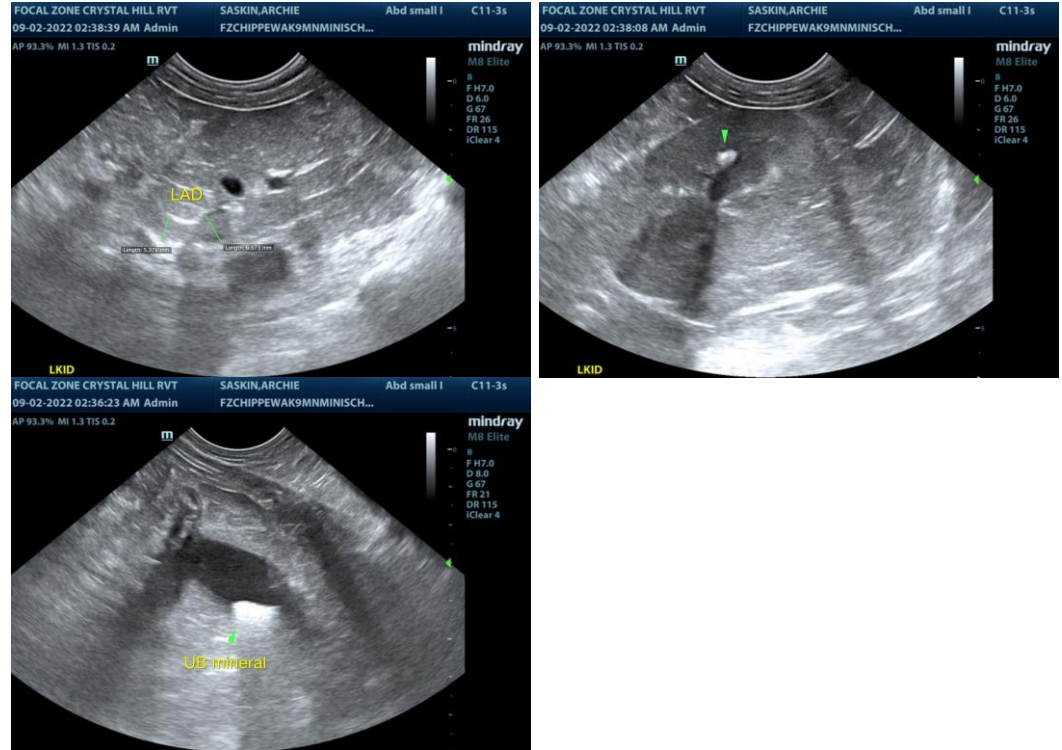
MN

**AGE**

11 yrs

**WEIGHT**

10.8 kg



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R. McKenzie Daniel,  
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**IMAGING  
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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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