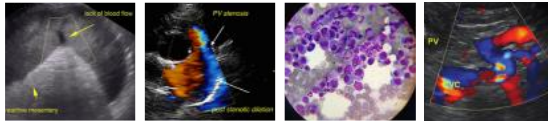




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Belladonna Nelson	increased respiratory effort, with clear lungs - firm distended abdomen with organomegaly - decreased proprioception in hind limbs, intermittent knuckling
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: (senior panel) - Mild anemia - elevated alkphos ~700 - Mild hyponatremia, mild hypochloremia Current Medications started cerenia Radiographic Findings enlarged spleen, suspicious of a mass in between liver and spleen -
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Staffordshire X	<b>Urinary System</b>
<b>SEX</b>	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.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
10 yrs	
<b>WEIGHT</b>	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. Small cortical cysts were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 7.7 cm in length.
58.2 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.89 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Indistinct focal areas of subtle hyperechoic splenic parenchyma adjacent to the hilus were noted, likely indicative of discrete to emerging myelolipomas. No evidence of splenic masses was noted. 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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Santa Clara AH	The liver exhibited potential for borderline to mild enlargement with normal 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. A solitary, nonhomogeneous, isoechoic small nodular mass lesion was present in the ventral caudal mid liver measuring
<b>REFERRING VET</b>	
Dr. Elsbree	
<b>INVOICE</b>	
14846	
<b>DATE</b>	
9/13/22	



<b>PATIENT</b>	approximately 5.4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, primarily dependent, focally shadowing, potentially mineralized debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Belladonna Nelson	
<b>SPECIES</b>	
Canine	<b>Gastrointestinal</b>
<b>BREED</b>	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.
Staffordshire X	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.
<b>SEX</b>	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>AGE</b>	<b>Pancreas</b>
10 yrs	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related or patient variant with minor parenchymal remodeling and considered incidental.
<b>WEIGHT</b>	<b>Free Abdomen</b>
58.2 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Hepatic parenchymal remodeling with solitary small nonhomogeneous, isoechoic, ventrocaudal nodular mass</li> <li>• Mild focally mineralized gallbladder debris</li> <li>• Mild age-related splenic changes - no evidence of neoplastic criteria</li> <li>• Bilateral chronic renal changes with small cortical cysts</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Sara Hansen	Potential etiologies for the small nodular ventrocaudal mass lesion may include hepatoma, nodular to regenerative hyperplasia, hematopoiesis, and granuloma, while the potential for emerging to low-grade neoplasia cannot be excluded. Assuming normal clotting status, ultrasound-guided FNA of the hepatic nodular mass lesion is warranted for screening cytology. If clinically indicated, the small hepatic nodular mass lesion appears to be amendable to surgical resection. No overt evidence of intrahepatic or intraabdominal neoplastic / metastatic criteria.
<b>HOSPITAL NAME</b>	
Santa Clara AH	
<b>REFERRING VET</b>	
Dr. Elsbree	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the hepatic nodular mass lesion with initial recheck in 4-6 weeks would be a more conservative approach.
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**PATIENT**

Belladonna Nelson

**SPECIES**

Canine

**BREED**

Staffordshire X

**SEX**

FS

**AGE**

10 yrs

**WEIGHT**

58.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

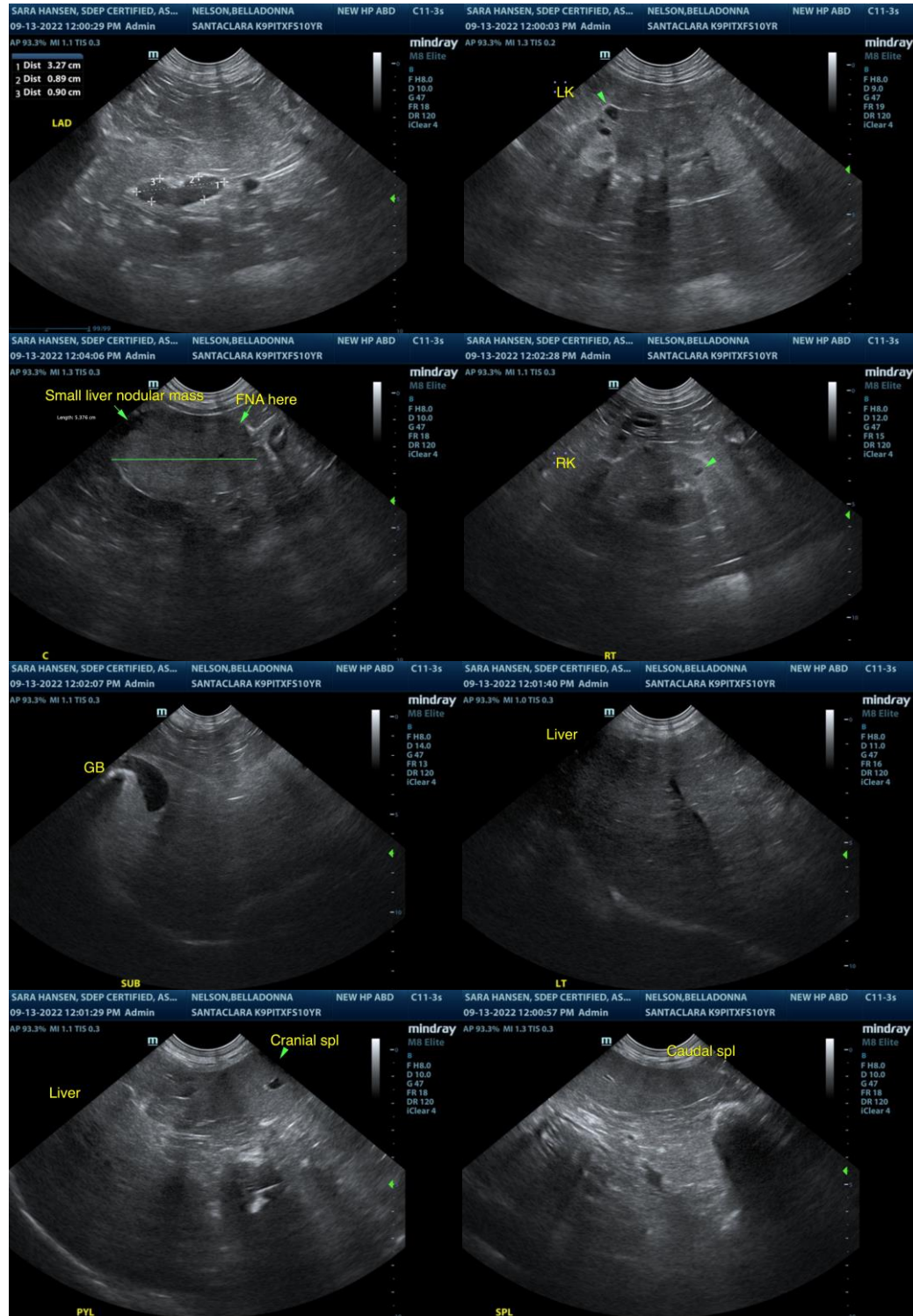
Dr. Elsbree

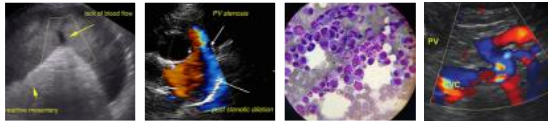
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**PATIENT**

Belladonna Nelson

**SPECIES**

Canine

**BREED**

Staffordshire X

**SEX**

FS

**AGE**

10 yrs

**WEIGHT**

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Sara Hansen

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

Dr. Elsbree

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**DATE**

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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**