



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kosmo Neilson	Lethargy for 1 week which has improved somewhat. Irregularly irregular heart rhythm noted just this morning. Some mild weight loss noted. Possible oral mass.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia. Liver enzyme elevations (ALT 250, ALP 1127, GGT 104).
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Labradoodle	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.
MN	Normal size and margination was 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. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 8.0 cm in length.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
12yr	No overt pathology in the area of the residual prostate.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
27.1kg	The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized. The right adrenal gland subjectively measured 0.45 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b>Liver</b>
Sarah Barthelemy	The liver was subjectively enlarged in size most notable in the mid to left liver with rounded to mildly swollen mid to left capsule contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. An indistinct spherical isoechoic mass was present in the left liver measuring ~ 9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Glamorgan Animal Clinic	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-organized hyperechoic debris in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
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**PATIENT**

Kosmo Neilson

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio and mild retained duodenal fluid. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**SPECIES**

Canine

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

**Pancreas**

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.

**BREED**

Labradoodle

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**AGE**

12yr

- Hepatopathy exhibiting mid to left hepatomegaly, indistinct isoechoic uniform left liver mass lesion
- Mild to moderate gallbladder debris (non-mucocele)

**Secondary**

**WEIGHT**

27.1kg

- Mild chronic renal changes
- Possible mild duodenitis

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the liver including the left liver mass lesion was non-specific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, nodular hyperplasia, hematopoiesis, granuloma or infiltrative neoplasia. Assuming normal clotting status and using a 25g needle a left liver parenchyma and liver mass lesion FNA is recommended for screening cytology.

**IMAGING PERFORMED BY**

Sarah Barthelemy

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

**HOSPITAL NAME**

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Continued as needed GI support is recommended.

**REFERRING VET**

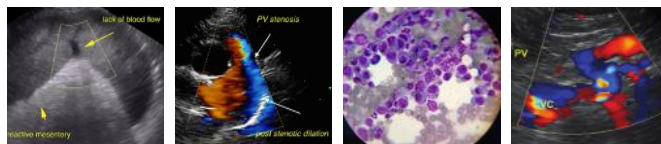
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Kosmo Neilson

**SPECIES**

Canine

**BREED**

Labradoodle

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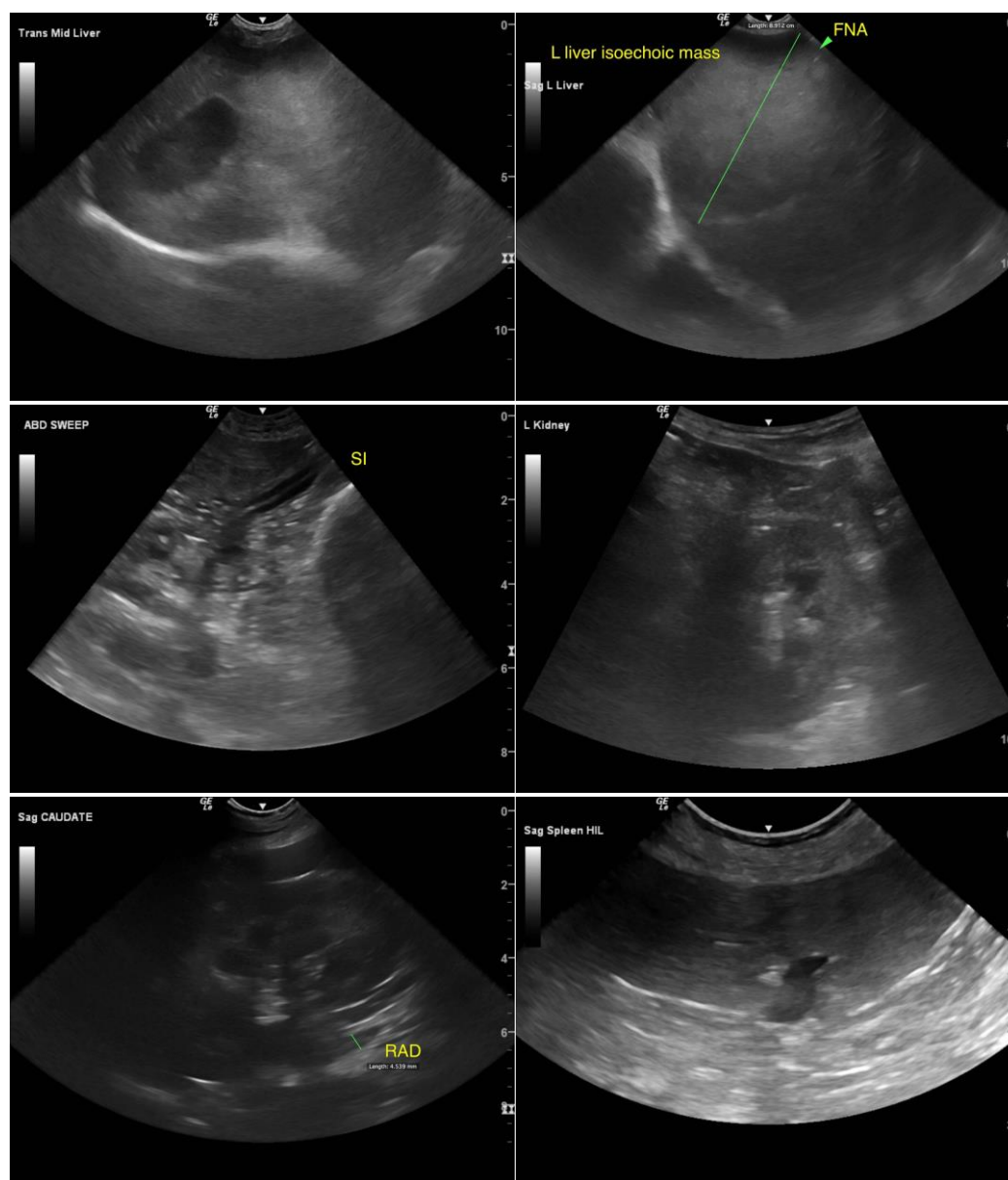
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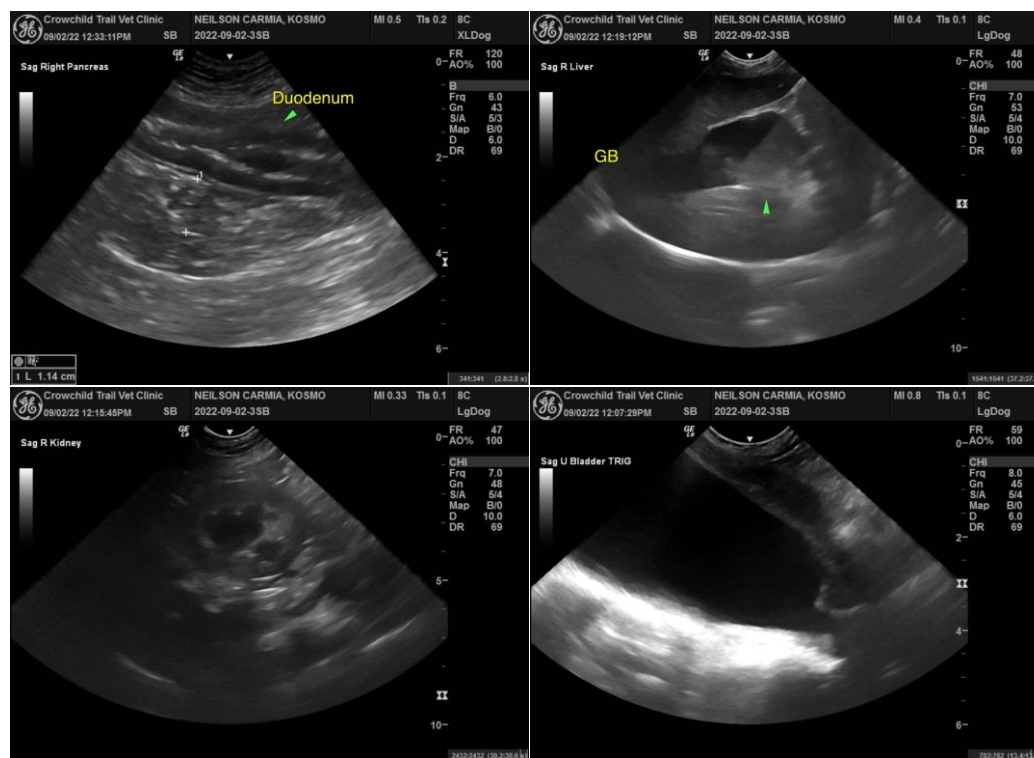
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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