



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cooper Angelini	-Was diagnosed with IMHA but abdominal ultrasound to detect any internal neoplasia for prednisone. No meds currently.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: decreased RBCs 4.9(5.4-8.7)
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Cockapoo	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Neutered Male	No evidence of pathology was noted in the area of the residual prostate.
<b>AGE</b>	A solitary, medial, iliac lymph node adjacent to the iliac trifurcation was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 2.1 cm x 0.57 cm. The lymph nodes were not consistent with neoplastic criteria.
8 years	
<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. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.
20 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width in the cranial pole and 0.64 cm width in the caudal pole.
<b>IMAGING PERFORMED BY</b>	The right adrenal gland was indistinctly visualized owing to overlaying colonic gas, yet without overt pathology. The right adrenal gland subjectively measured 0.60 cm width at the caudal pole.
Crystal Hill	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
St. Catharines AH	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild potential medial folding of the caudal spleen was present, which is not indicative of underlying pathology and likely a patient variant. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules are most consistent with probable areas of benign myelolipomas, hyperplasia, or mineralization.
<b>REFERRING VET</b>	
Dr. Boctor	
<b>INVOICE</b>	
12271	
<b>DATE</b>	
9/21/21	



<b>PATIENT</b>	<b><i>Liver/ Gallbladder</i></b>
Cooper Angelini	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Intermittent, non-expansive, well-demarcated, hypoechoic nodules were noted. An example measured 1.1 cm in diameter. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Cockapoo	
<b>SEX</b>	<b><i>Gastrointestinal</i></b>
Neutered Male	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>AGE</b>	
8 years	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>WEIGHT</b>	
20 lbs.	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>INTERPRETED BY</b>	<b><i>Pancreas</i></b>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Free Abdomen</i></b>
Crystal Hill	No omental masses, lymphadenopathy or peritoneal effusion was noted.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
St. Catharines AH	<b><i>Primary Findings</i></b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Hepatomegaly with generalized increased parenchyma echogenicity and intermittent hypoechoic nodules</li> <li>• Solitary mild medial iliac lymphadenopathy - not consistent with neoplastic criteria</li> <li>• Benign splenic nodules with potential minor folding</li> </ul>
Dr. Boctor	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>INVOICE</b>	The liver was nonspecific with considerations including vacuolar hepatopathies, nonspecific chronic hepatitis or cholangiohepatitis, lipidosi, or other hepatopathies. The hypoechoic nodules, although nonspecific, are suggestive of areas of hematopoiesis or nodular to regenerative hyperplasia. Potential for hepatic neoplasia is considered a less likely differential diagnosis. Assuming normal clotting status, hepatic parenchymal and nodule FNA if accessible is warranted to screening cytology.
12271	Otherwise, largely benign abdomen without evidence of overt neoplasia.
<b>DATE</b>	
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**PATIENT**

Cooper Angelini

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

20 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

St. Catharines AH

**REFERRING VET**

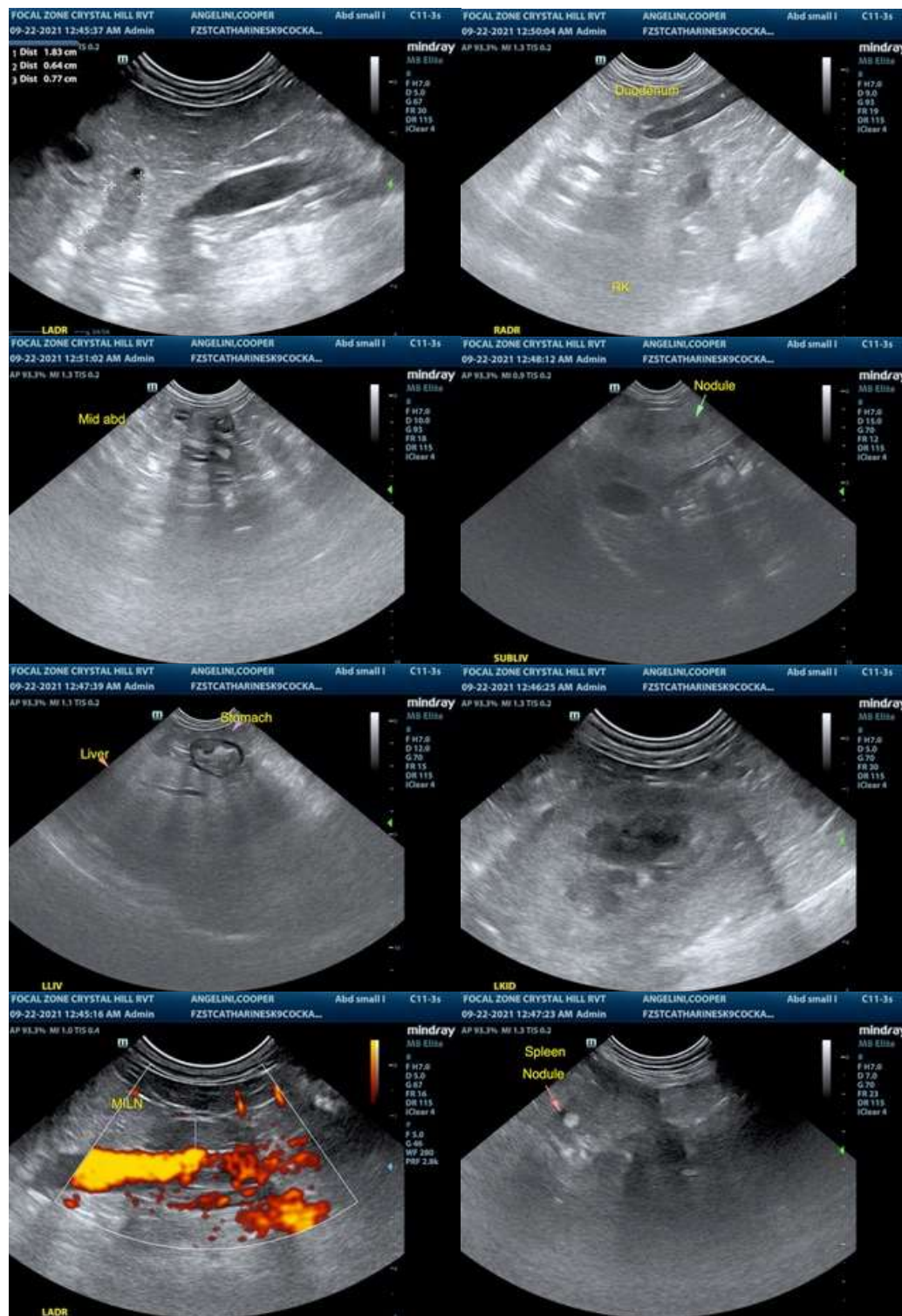
Dr. Boctor

**INVOICE**

12271

**DATE**

9/21/21





**PATIENT**

Cooper Angelini

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

**SPECIES**

Canine

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.

**BREED**

Cockapoo

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

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

20 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

St. Catharines AH

**REFERRING VET**

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