



PATIENT	PRESENTING CLINICAL SIGNS
Wilson McIntosh	–Buccal mucosa: Peripheral odontogenic fibroma, incompletely excised and Peripheral odontogenic fibroma Please see comments COMMENTS: 1. Peripheral odontogenic fibromas (fibromatous and ossifying epulides) are benign proliferations of gingival epithelium and stroma derived from remnants of the periodontal ligament. These lesions have been referred to as fibromatous epulis of periodontal ligament origin or fibromatous epulis. Benign oral epulides may contain variable amounts of bone or bone matrix. Epulides of this type are locally proliferative but do not invade underlying alveolar bone or loosen teeth. While complete surgical excision is usually curative, it is extremely difficult to obtain in many cases. In Wilson's case, surgical excision cannot be confirmed, histologically. 1/8/20 Heart murmur 1/6. Recently not eating well and fairly severe weight loss. Had oral lesion noted again recently which resolved with antibiotics.
SPECIES	
Canine	
BREED	
Lab X	
SEX	Abnormal PE/Chem/CBC/UA Results: High amylase, Low RBCs, hematocrit, hemoglobin, retics, WBCs, Lymphocytes and Platelets. Concern of anemia of chronic disease vs bone marrow pathology
Neutered Male	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
9 years	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.
WEIGHT	
26 kg	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP	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 to corticomedullary cysts were present. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.4 cm in length.
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	Adrenal Glands
Chippawa AH	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole and 0.78 cm width at the cranial pole.
REFERRING VET	
Dr. Dowell	
INVOICE	Spleen
12270	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The potential for minor splenic folding was noted, which is nonspecific and a possible patient variant, not indicative of overt underlying splenic pathology. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in
DATE	
9/21/21	



PATIENT	Wilson McIntosh	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.
SPECIES	Canine	<i>Liver/ Gallbladder</i> The liver presented 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 hepatoportal vascular volume appeared to be normal. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
BREED	Lab X	
SEX	Neutered Male	<i>Gastrointestinal</i> The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild distention with gas and minor retained anechoic fluid. No evidence of gastric foreign material or retained ingesta was noted.
AGE	9 years	The small intestine presented intact wall layering with minor segmental jejunal ileus and subjective propensity for mildly prominent Intestinal mucosa. The jejunum wall width measured 0.45 cm.
WEIGHT	26 kg	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY	R. McKenzie Daniel, DVM, DABVP	<i>Pancreas</i> The pancreas base exhibited mild prominent size with mild, swollen contour and uniform mildly hypoechoic parenchyma.
IMAGING PERFORMED BY	Crystal Hill	<i>Free Abdomen</i> No evidence of omental masses, lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	Chippawa AH	ULTRASONOGRAPHIC FINDINGS <i>Primary Findings</i>
REFERRING VET	Dr. Dowell	<ul style="list-style-type: none"> • Mild chronic renal changes with small cysts • Nonspecific hepatomegaly • Mild inflammatory gastroenteropathy pattern • Mildly prominent to hypoechoic pancreas base
INVOICE	12270	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The mild hepatomegaly is nonspecific. Considerations may include benign hepatomegaly as with vacuolar reactive hepatopathy, inflammatory hepatopathy, congestion, or other. The potential for occult hepatic neoplasia, although considered less likely, cannot be excluded. Assuming normal clotting status, hepatic FNA for screening cytology is warranted.
DATE	9/21/21	Low-grade pancreatic inflammation would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation, or if elevated Spec cPL.



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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.

SPECIES

Canine

Empirically, continued gastrointestinal support and conservative therapy for inflammatory gastroenteropathy and potential low-grade pancreatitis would be appropriate. If continued clinical signs and pending hepatic cytology if elected, recheck sonogram to assess for progressive evidence of inflammatory gastrointestinal or pancreatic changes may be considered.

BREED

Lab X

SEX

Neutered Male

AGE

9 years

WEIGHT

26 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

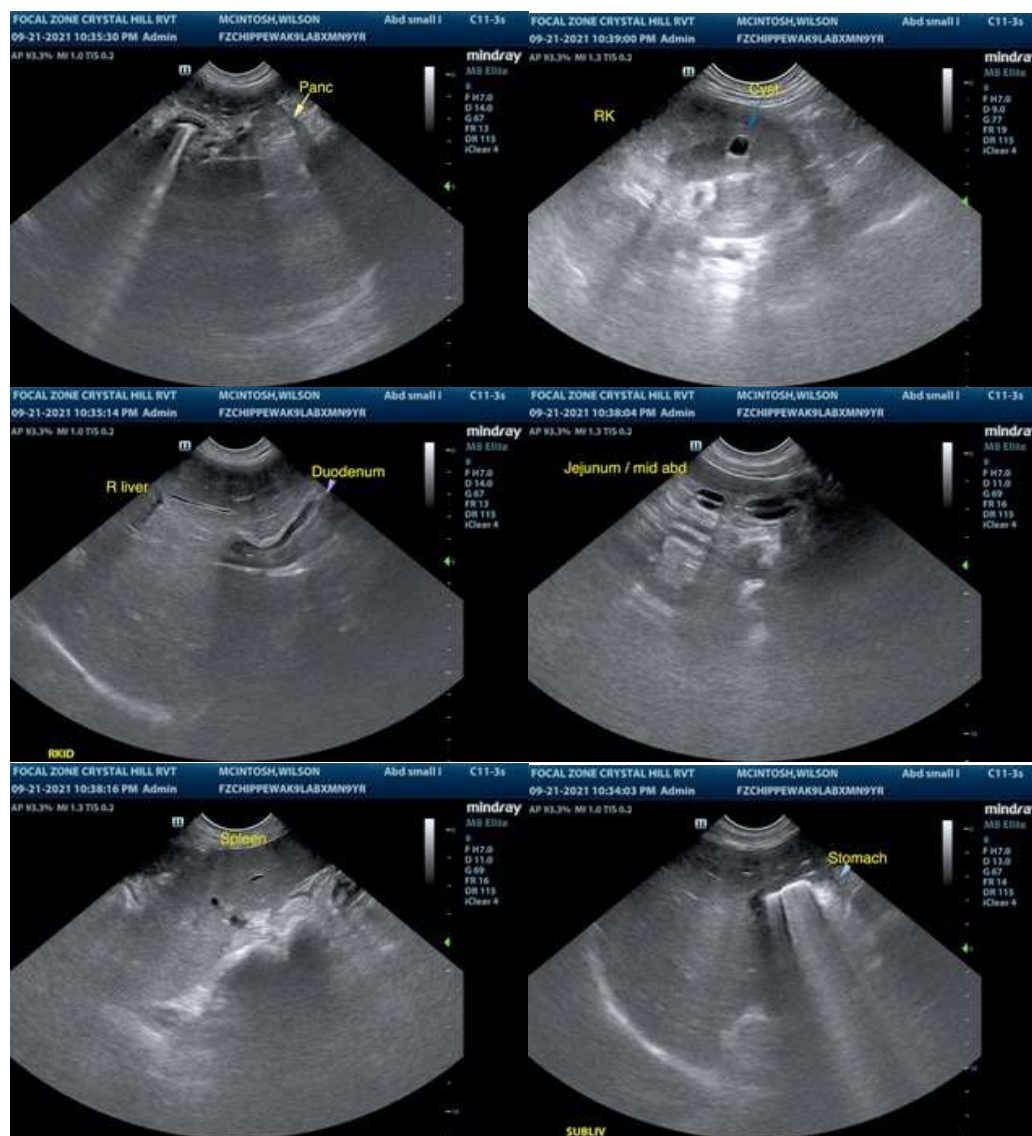
Dr. Dowell

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9/21/21





PATIENT

Wilson McIntosh

SPECIES

Canine

BREED

Lab X

SEX

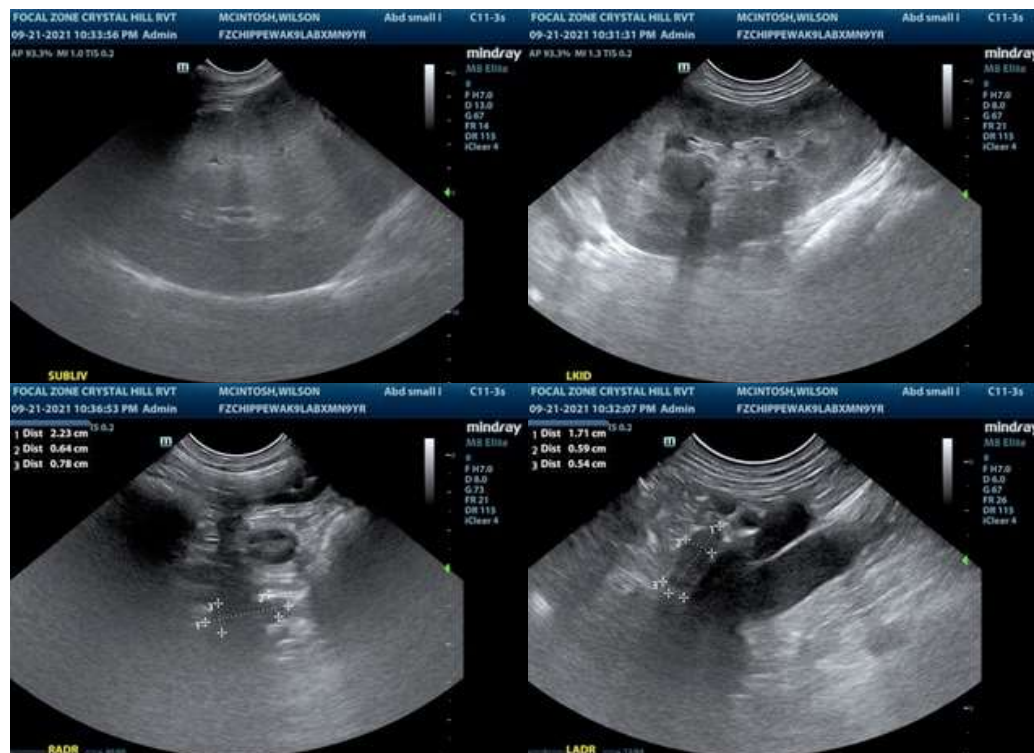
Neutered Male

AGE

9 years

WEIGHT

26 kg



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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.

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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