



PATIENT PRESENTING CLINICAL SIGNS

Ellie Kennedy Elevated liver values.
 Medication: Fluoxetine

SPECIES
 ALT 451, ALP 226
 FS

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Poodle Mix **Urinary System**

SEX 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 no calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE The area of the aortic trifurcation was free of pathology.

2015 Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT Adrenal Glands

78 The bilateral adrenal glands exhibited subjective borderline subnormal size with normal adrenal position, shape, and parenchyma echogenicity. The left adrenal gland measured 2.7 cm length x 0.59 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.33 cm width at the caudal pole.

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen was normal in size and contour exhibiting a primarily maintained a finely textured homogeneous parenchyma. A solitary, mildly expansive, nonhomogeneous intraparenchymal nodule was present in the mid to caudal spleen measuring 1.6 cm in diameter.

IMAGING PERFORMED BY Liver/ Gallbladder

Rebekah Jakum, CVT ARDMS/RVT The liver was subjectively normal in size and contour exhibiting generalized nonuniform mixed echogenic to discretely nodular parenchyma with no evidence of masses. The gallbladder was non-distended in size containing mild, congealed, mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

HOSPITAL NAME

Mill Pond VC 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.

REFERRING VET

Dr. Schnolis

INVOICE

14934

DATE

9-21-22



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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.

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

SPECIES

Pancreas

FS

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.

BREED

Poodle Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

AGE

2015

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous irregular to discretely nodular liver - nonspecific, considerations may include vacuolar hepatopathy, primary concern for chronic inflammatory / immune-mediated disease i.e., chronic active hepatitis, fibrosis, hematopoiesis, toxic hepatopathy i.e., copper, or other hepatopathy with infiltrative neoplasia considered unlikely
- Mild congealed gallbladder debris (non-mucocele)
- Subjective borderline bilateral adrenal size - nonspecific, probable patient variant
- Nonspecific mildly expansive splenic nodule - multiple etiologies including hyperplasia, hematopoiesis, small hematoma, infection / splenitis, emerging neoplastic nodule possible

WEIGHT

78

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided hepatic parenchyma and splenic nodule FNA for cytology and further assessment is warranted.

HOSPITAL NAME

Mill Pond VC

Hepatosupportive medications including Denamarin +/- Ursodiol and sonographic monitoring of the splenic nodule for evidence of progression, as well as hepatic response would be a more conservative approach. Hepatic core surgical biopsy +/- splenectomy pending further assessment of the splenic nodule is likely required for a definitive diagnosis.

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A screening resting cortisol level to rule may be considered if clinically indicated.

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IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

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REFERRING VET

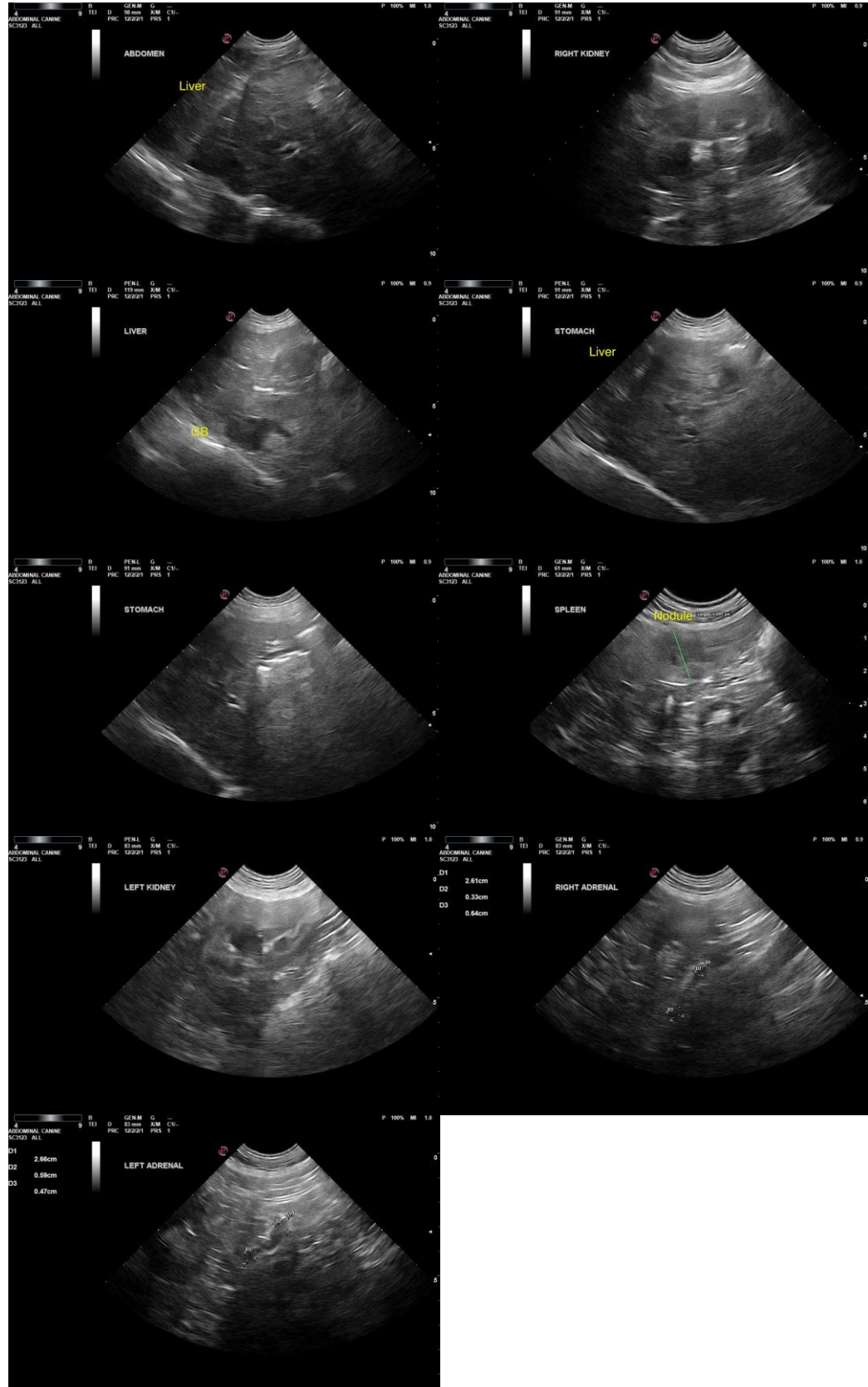
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Poodle Mix

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.

SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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