



**PATIENT PRESENTING CLINICAL SIGNS**

**Miley Pittman** History: Weight gain, arthritis on routine physical, history of pancreatitis, murmur, concern for abdominal mass

**SPECIES** Medication: Cobalequin

Canine Unremarkable CBC. Chem – ALT 154

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Beagle 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 were noted.

**SEX**

FS 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm. A focal small lateral cortical infarct was present in the right kidney. The right kidney measured 4.8 cm.

**AGE**

12 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

37 Pounds

*Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 0.61 cm at the cranial pole and 0.82 cm at the caudal pole.

**INTERPRETED BY**

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

*Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Focal to intermittent, non-expansive, mildly hypoechoic nodules were present. Example of nodule measured 0.69 cm in diameter. 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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Stanglein VC

*Liver*

The liver exhibited generalized mild enlargement, yet with symmetrical lobar swelling in the area of the right lateral to caudate liver lobe, exhibiting isoechoic parenchyma compared to adjacent mid liver parenchyma. A focal thinly walled cyst was noted in the right lateral to caudate lobar swelling, containing anechoic fluid measuring 1.9 cm in diameter. Overall, the area of lobar swelling measured approximately 8.0 cm 5.0 cm. Intermittent, mildly hypoechoic to non-homogeneous mid to left parenchymal nodules noted. Example of liver nodule measured 1.7 cm diameter. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Stanglein

**INVOICE**

25838

*Gastrointestinal*

**DATE**

9.29.2021

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.



**PATIENT**

Miley Pittman

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**

Canine

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**BREED**

**Free Abdomen**

Beagle

No overt lymphadenopathy or peritoneal effusion was present. An intraabdominal lipoma measuring approximately 4.5 cm in diameter was noted in the subjective mid to left lateral abdomen adjacent to the spleen.

**SEX**

FS

**PRIMARY FINDINGS**

- Non-specific, intermittent splenic nodules, no splenic mass – areas of hyperplasia, hematopoiesis, focal splenitis, acute infarct, or neoplasia possible.
- Mild generalized hepatomegaly with right lateral to caudate focally cystic lobar swelling to hepatoma-like mass effect
- Concurrent mid to left non-specific hepatic parenchymal nodules – nodular to regenerative hyperplasia, hematopoiesis, lipogranuloma, or neoplasia possible.
- Intraabdominal lipoma in subjective mid to left lateral liver

**AGE**

12 years

**WEIGHT**

37 Pounds

**SECONDARY FINDINGS**

- Bilateral chronic renal changes with right kidney cortical infarcts
- Mild gallbladder debris (non-mucocele)

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass effect noted on the radiographs may either be associated with generalized to specific right lateral to caudate hepatomegaly or the intraabdominal lipoma, subjectively in the area of the spleen. The right lateral to caudate hepatoma-like mass effect was not overtly consistent with neoplastic criteria. However, potential for neoplasia or nondular neoplasia in either the mid to left liver or spleen cannot be definitively excluded. Assuming normal clotting status, screening FNA of the right lateral to caudate liver hepatic nodule and splenic nodule would be warranted for screening cytology. Sonographic monitoring with initial recheck in 4-6 weeks would be a more conservative approach.

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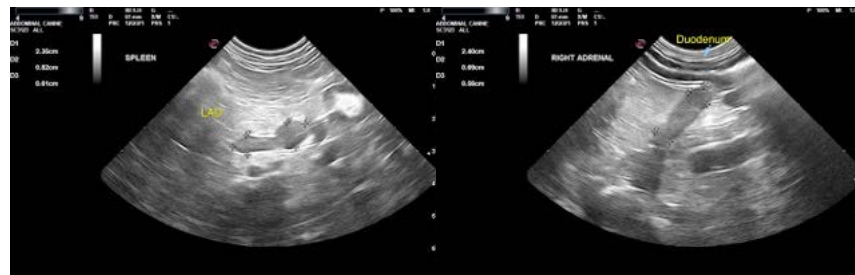
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**PATIENT**

Miley Pittman

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

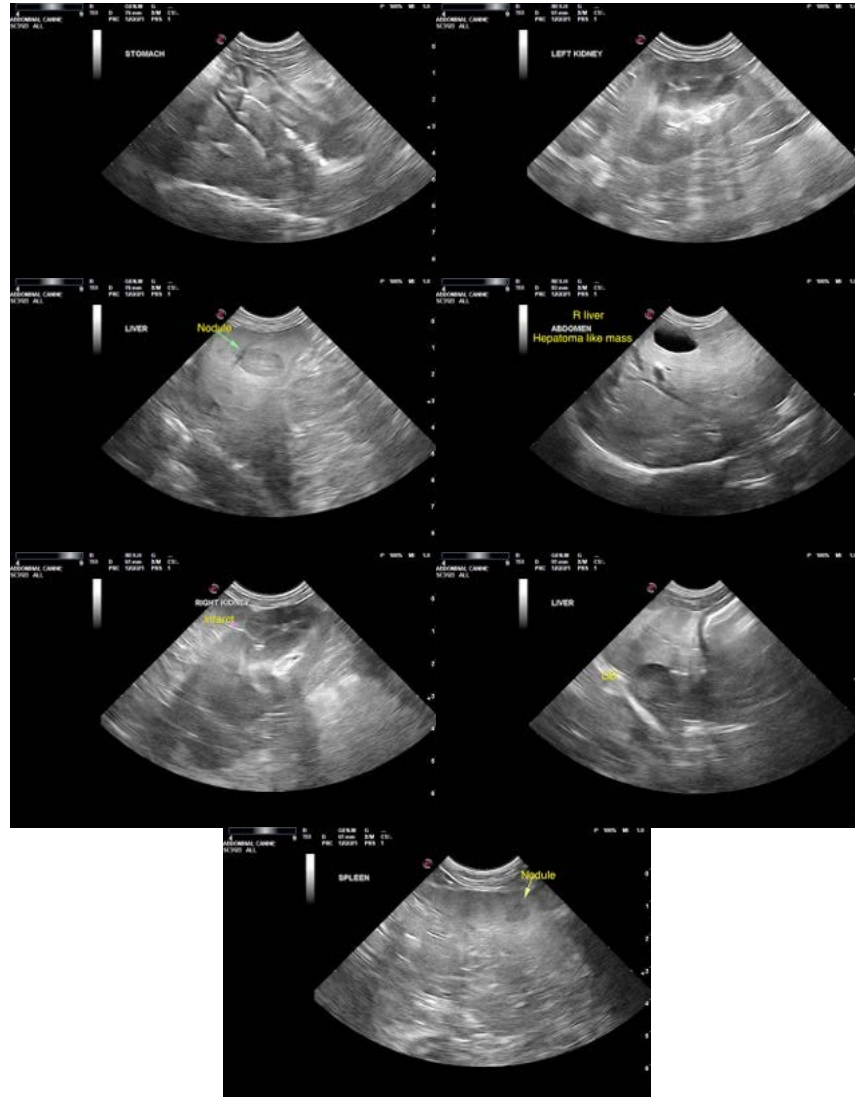
FS

**AGE**

12 years

**WEIGHT**

37 Pounds



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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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