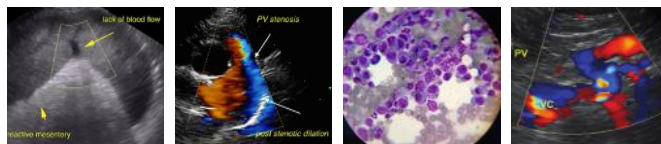




PATIENT	PRESENTING CLINICAL SIGNS
Mabel Aekersburg	Presented for lethargy, hyporexia and weakness. Dx with Addisons disease in June and was started on pred 2.5 mg. Weight loss noted.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Mild non-regen anemia. Leukocytosis with neutrophilia. Mild thrombocytopenia. Marked liver enzyme elevations (ALP, GGT, ALT) and elevated bilirubin. Marked SDMA elevation. Elevated lipase. U/A minimally concentrated urine, NSF otherwise. Lytes within normal limits. Infectious disease pa el negative.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Husky	Urinary System
SEX	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.
FS	
AGE	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the left kidney. Bilateral pinpoint medullary mineral was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.0 cm in length.
13yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
21kg	Adrenal Glands
INTERPRETED BY	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.52 cm width in the cranial pole and 0.55 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the cranial pole and 0.85 cm width in the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited borderline to mild enlargement with areas of minor medial capsule asymmetry and generalized heterogeneous parenchyma. 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.
Dr. Barthelmy	Liver
HOSPITAL NAME	The liver was subjectively enlarged with variable lobar swelling and areas of asymmetric contour. Generalized non-homogeneous to irregular parenchyma was present. A large expansive asymmetrical mass in the area of the mid to right liver and porta hepatis measuring ~ 12 cm x 10 cm was present.
Alpine 24 Hour Pet Hospital	REFERRING VET
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Alpine 24 Hour Pet Hospital	INVOICE
INVOICE	Gastrointestinal
11545ag	The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
DATE	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse
09/06/2022	



PATIENT	ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Mabel Aekersburg	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Canine	The left limb, right limb, and base of the pancreas presented mild enlargement, areas of asymmetrical contour with hypoechoic to non-homogeneous parenchyma compared to adjacent omental fat. Mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation was present. No overt evidence of neoplasia.
BREED	
Husky	Free Abdomen
	No overt lymphadenopathy was present.
SEX	
FS	Regional perihepatic to peripancreatic hyperechoic mesentery with mild volume free fluid noted between liver lobes as well as in the caudal abdomen around the outer urinary bladder.
AGE	
13yr	ULTRASONOGRAPHIC FINDINGS
	Primary
WEIGHT	<ul style="list-style-type: none">• Heterogeneous irregular liver with lobar swelling and large mass• Hypoechoic to swollen asymmetric pancreas• Perihepatic/peripancreatic hyperechoic mesentery with mild volume peritoneal free fluid• Gastroenteritis pattern• Borderline splenomegaly exhibiting heterogeneous parenchyma• Chronic renal changes with pinpoint medullary mineral
21kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presentation is most suggestive of neoplastic criteria specifically in the mid to right liver and within the area of the porto hepatis. Other hepatopathy possible yet considered less likely. Potential for concurrent early infiltrative splenomegaly may be possible although the spleen may indicate benign hyperplasia, hematopoiesis, incidental splenitis or similar.
IMAGING PERFORMED BY	Assuming normal clotting status and using a 25g needle a hepatosplenic FNA is recommended for screening cytology.
Dr. Barthelmy	Potential for concurrent pancreatitis is possible and may be suspected if evidence of cranial abdominal discomfort on palpation. Correlation with a spec cPL could be considered.
HOSPITAL NAME	A very guarded to likely unfavorable prognosis is warranted pending sampling if elected.
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Alpine 24 Hour Pet Hospital	
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11545ag	
DATE	
09/06/2022	



PATIENT

Mabel Aekersburg

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

13yr

WEIGHT

21kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelmy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

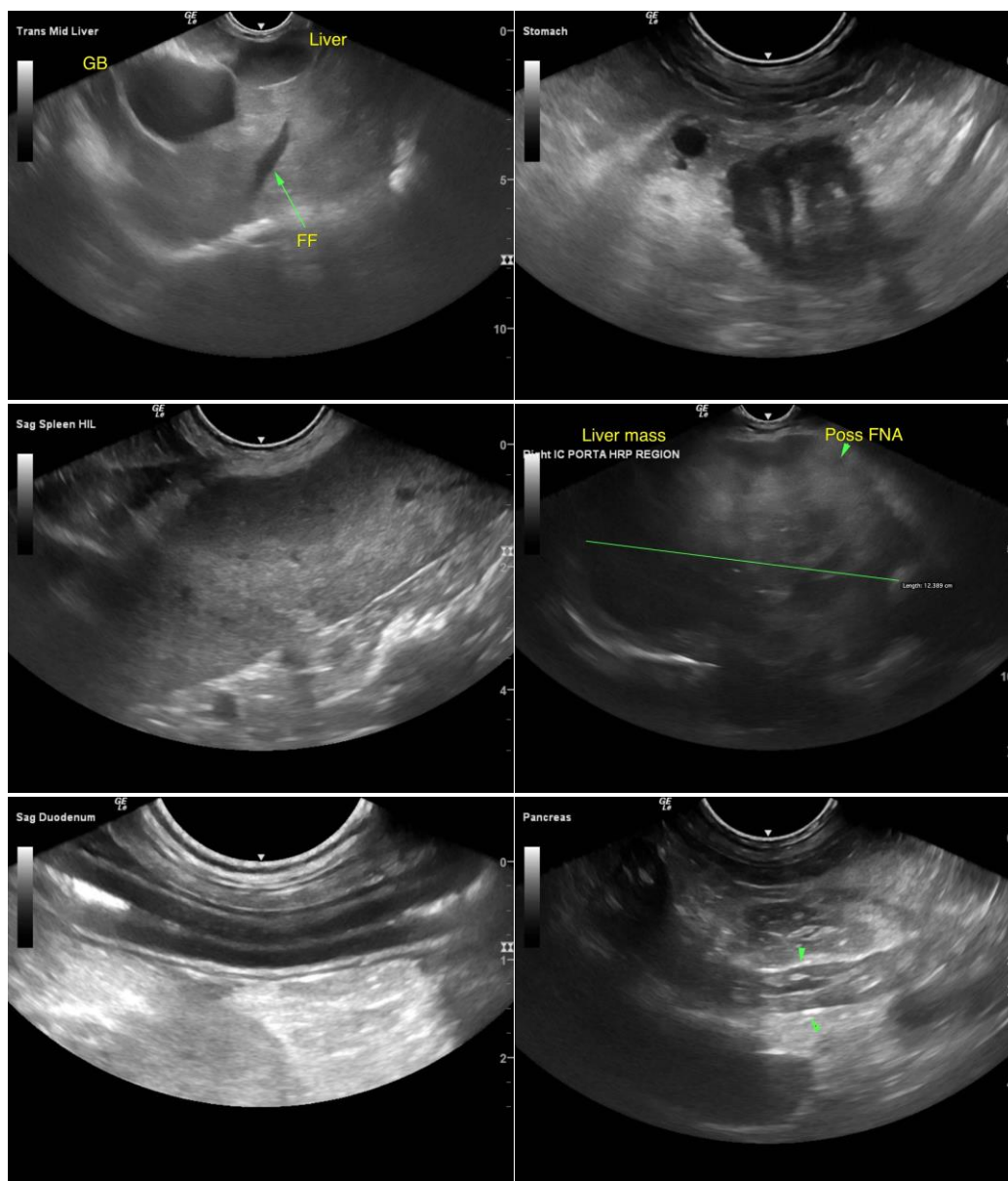
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PATIENT

Mabel Aekersburg

SPECIES

Canine

BREED

Husky

SEX

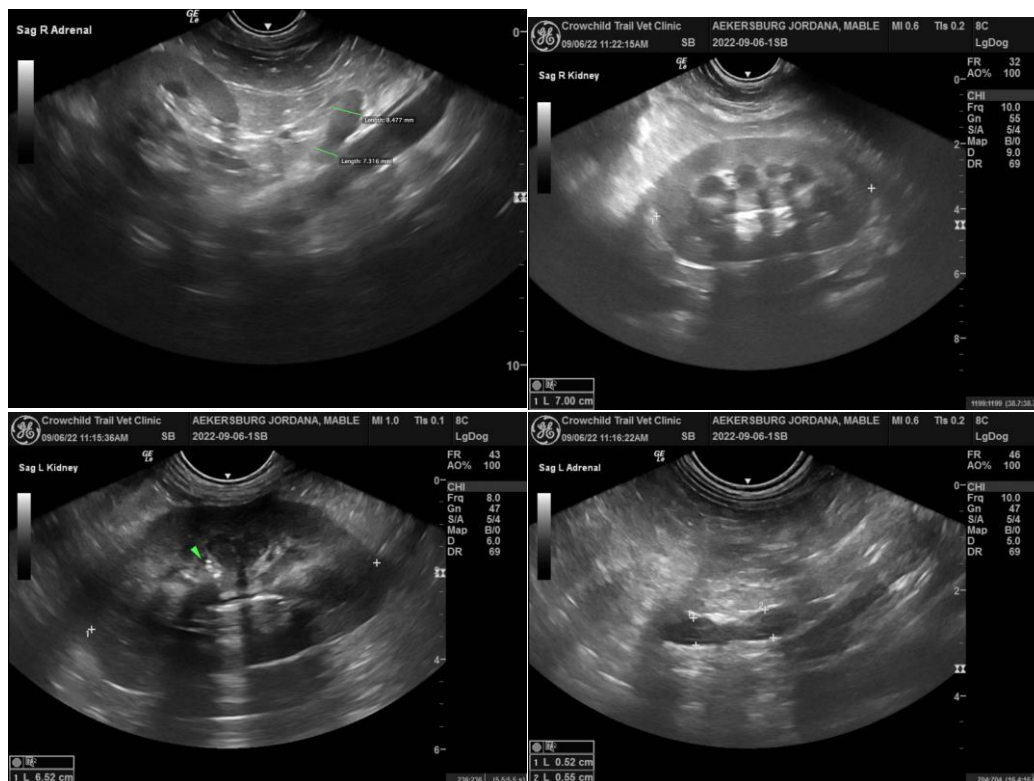
FS

AGE

13yr

WEIGHT

21kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barthelmy

HOSPITAL NAME

Alpine 24 Hour Pet
Hospital

REFERRING VET

Alpine 24 Hour Pet
Hospital

INVOICE

11545ag

DATE

09/06/2022

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)

info@SonoPath.com