

PATIENT

SPECIES

Canine

BREED

Schnauzer

SEX

Female Spayed

AGE

10

WEIGHT

23.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

REFERRING VET

Dr. Michael
Wasserman

INVOICE

DATE

PRESENTING CLINICAL SIGNS

History: Inappetence for 1 week, Drinking Water, Intermittent Hindlimb Lameness/collapse. Point of care abd ultrasound 4 quadrant scan revealed enlarged iliac LN's, Converted to Full SDEP Abdomen. Sedated with 0.05ml dexdomitor 0.5mg/ml IV once. Concerned for Neoplasia. Consult request to see if FNA is recommended or referral to Oncologist. Funds to be allocated on potential cytology of LN or Sonopath Recommendations. No coughing or wheezing or abnormal lung sounds. Thoracic radiographs show no overt neoplastic criteria or enlarged LN's.

Abnormal PE/Chem/CBC/UA Results: Relevant Diagnostics, HWT negative, CBC PLT's low 38×10^9 Total Calcium 14.6, ALP 292, NA 133, Urine 1.020 UR S.G., +3 Protein, CYSTOcentesis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Asymmetrical non-homogeneous cystic potentially mineralized medial iliac lymphadenopathy to potentially ill-defined mass noted measured ~4.8 cm x 2.3 cm. Normal distal aortic and iliac blood flow visualized on doppler.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited mild pyelectasia. The left kidney measured 5.4 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

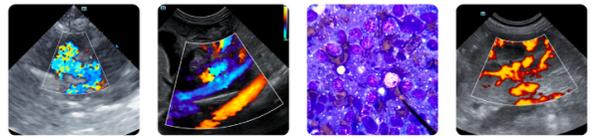
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

Liver

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 hepatic and portal vasculature were normal in appearance without signs of



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congestion. Solitary mid liver, mixed echogenic intraparenchymal nodule was present measuring 2.4 cm in diameter. The gallbladder was non distended in size with mild, gravity dependent, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

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.

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.

Pancreas

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 was evident.

Free Abdomen

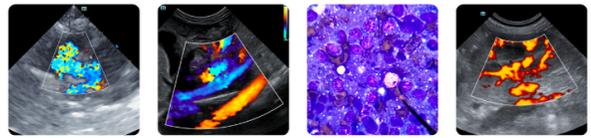
No visualized mid abdomen mesenteric lymphadenopathy and no evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Irregular non-homogeneous cystic to potentially mineralized medial iliac lymphadenopathy vs ill-defined mass
- Hepatopathy with intraparenchymal nodule
- Non-organized gallbladder debris
- Normal gastrointestinal tract/pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology of the medial iliac lymphadenopathy/ill-defined mass as well as correlation with rectal palpation, if not done, is recommended. The overall liver suggests vacuolar hepatopathy criteria or potential non-obstructive cholestasis in conjunction with ALP elevation. The liver nodule is nonspecific and may indicate nodular hyperplasia, granuloma or similar with potential for emerging primary or metastatic hepatic nodule possible. Pending recommended cytology, sonographic monitoring of the liver nodule for evidence of progression and consideration for concurrent hepatic parenchyma and if accessible, nodule FNA cytology is recommended.



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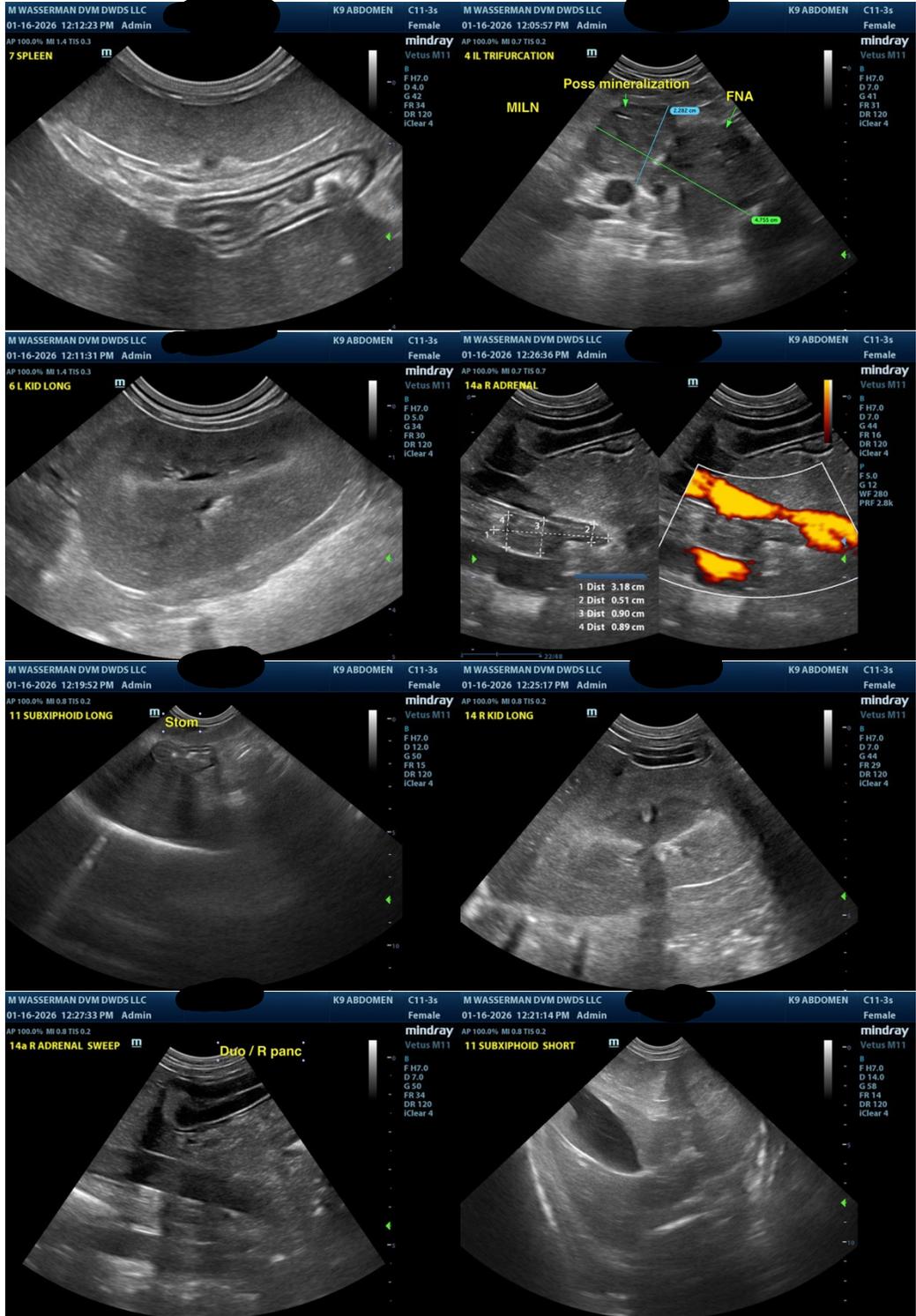
Dr. Michael Wasserman

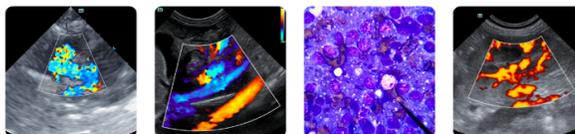
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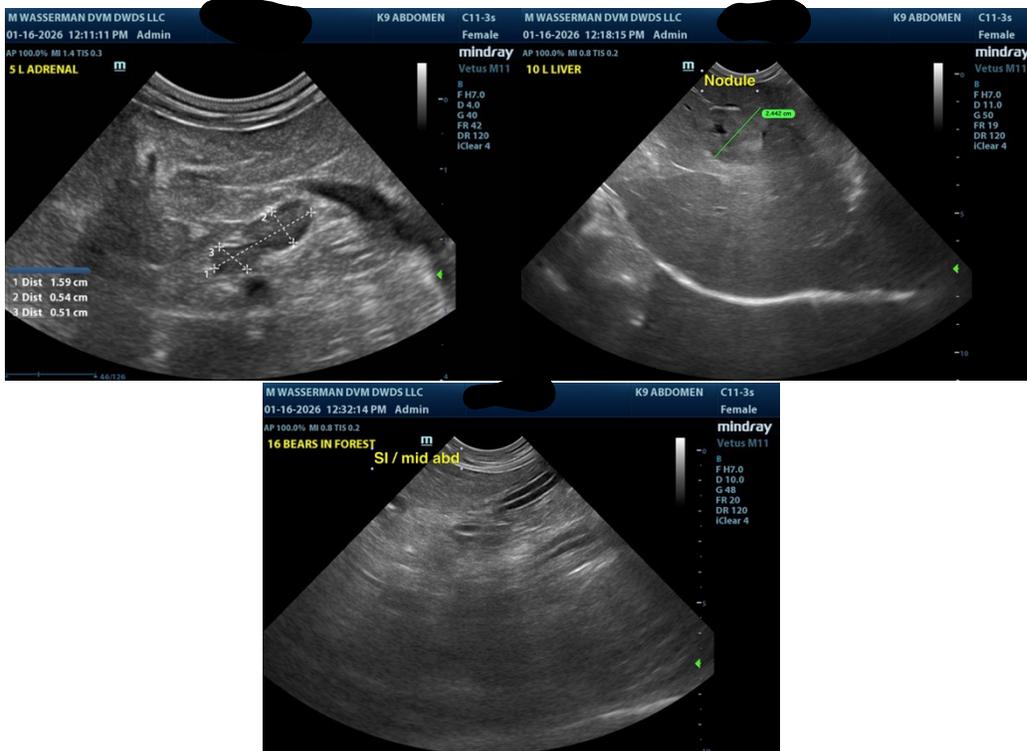
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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