

**PATIENT**

Dylan Thomas

SPECIES

Canine

BREED

Yorkie

SEX

MN

AGE

8 years

WEIGHT

16 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Whitmon

INVOICE

13116

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Presented from another clinic - the patient was seen for a growth removal and pre-surgical bloodwork revealed a markedly elevated PrecisionPSL 3000 U/L and an elevated ALP, GGT, Amylase, and WBC - the patient was placed on antibiotics and blood was re-drawn 2 months later and the PSL had decreased to 297 U/L, ALP still elevated mildly. The vet then placed the patient on a different antibiotic and blood was drawn a month later and PSL is at 252 U/L. Vet told the owner that the patient needed an abdominal ultrasound to check for a possible pancreatic mass.

Abnormal PE/Chem/CBC/UA Results: 10/13/2021 - ALP 234 (5-131), GGT 14 (1-12), Amylase 1656 (290-1125), PrecisionPSL 3000 (24-140), WBC 16.1 (4-15.5) 12/07/2021 - ALP 274 (5-131), PrecisionPSL 297 (24-140), Neutrophils 10752 (2060-10600) 1/10/2022 - ALP 307 (5-131), GGT 20 (1-12), PrecisionPSL 252 (24-140)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 4.9 cm in length. The right kidney measured 5.2 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 0.76 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was normal in size and contour, measuring 0.66 cm width at the caudal pole and 0.80 cm width at the cranial pole. Subtle mildly nonhomogeneous to hyperechoic, non-expansive nodule was present in the cranial right adrenal gland, measuring 0.5 cm in diameter. The nodule did not distort the adrenal capsule without evidence of vascular invasion.

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.

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Liver/ Gallbladder

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. Subtle subjective dilation the hepatic vasculature most notable at the hepatic vein caudal vena cava junction. Overt evidence of significant caudal vena cava dilation or evidence of thrombosis was not noted. Moderate, nondependent, nonorganized, and nonmineralized gallbladder debris was present. The cystic and common bile ducts were normal.

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 pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Subtle to indistinct cranial right adrenal nodule - suspect emerging adenoma
- Vacuolar hepatopathy pattern with subjective mild hepatic vasculature congestion
- Moderate gallbladder debris (non-mucocele)
- Chronic pancreatitis pattern with potential for fibrosis - no overt pancreatic neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall presentation of the liver is suggestive of benign hepatomegaly / hepatopathy. Ultrasound-guided FNA of the liver could be considered assuming normal clotting status and using a 25-gauge needle for screening cytology.

Potentially, the mild subjective congestive hepatic vasculature may be owing to sedation. Three view chest radiographs are suggested to assess cardiopulmonary status. Full echocardiogram would be appropriate if clinical signs suggestive of cardiac disease are present. Hepatosupportive medications including Denamarin and Ursodiol are recommended and may prove beneficial.



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Recheck sonogram is recommended primarily for reassessment of the gallbladder if persistent / progressive hepatic enzyme elevations or signs of cholestasis. Likewise, ideally, sonographic monitoring of the subtle right adrenal nodule is suggested.

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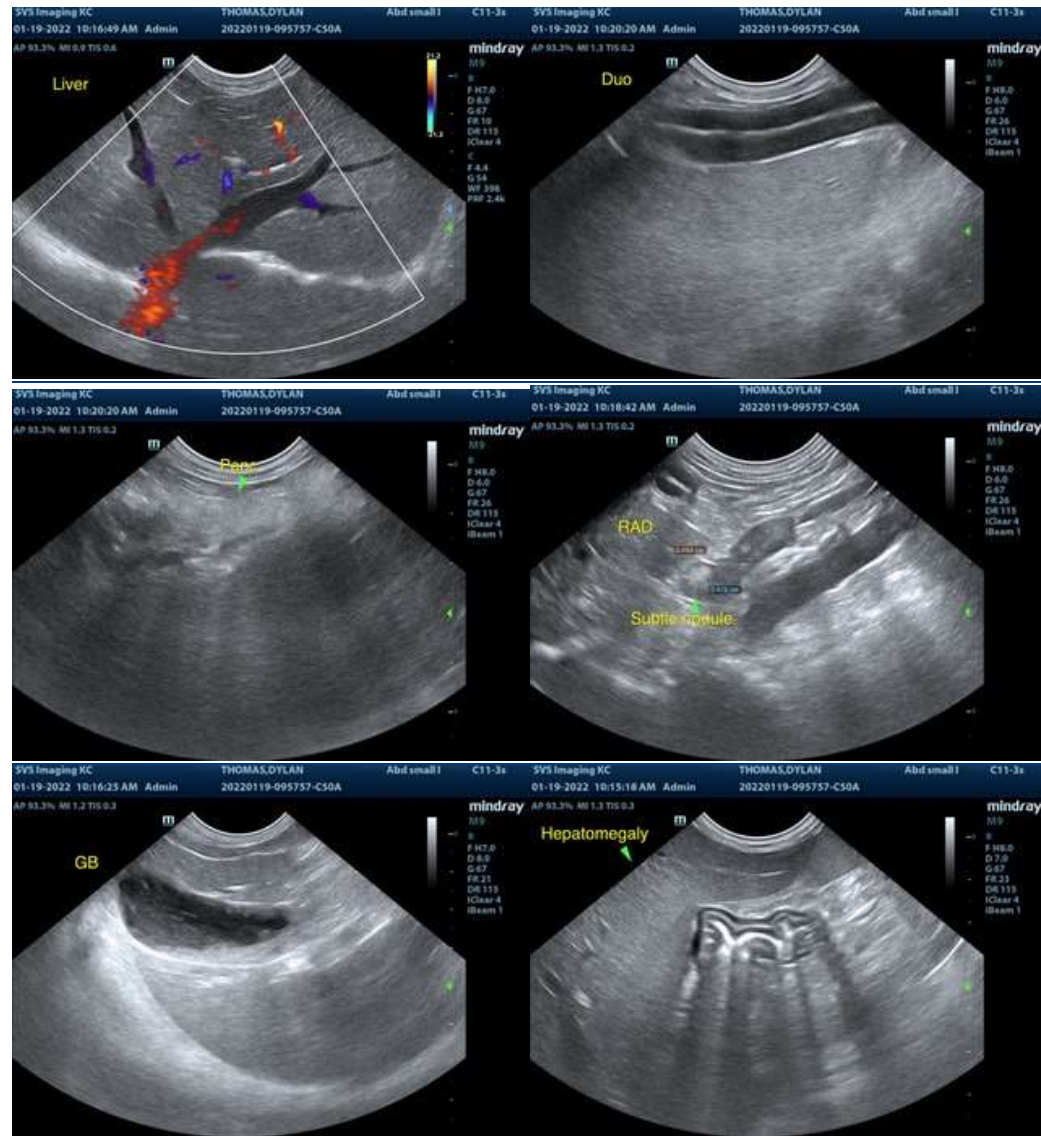
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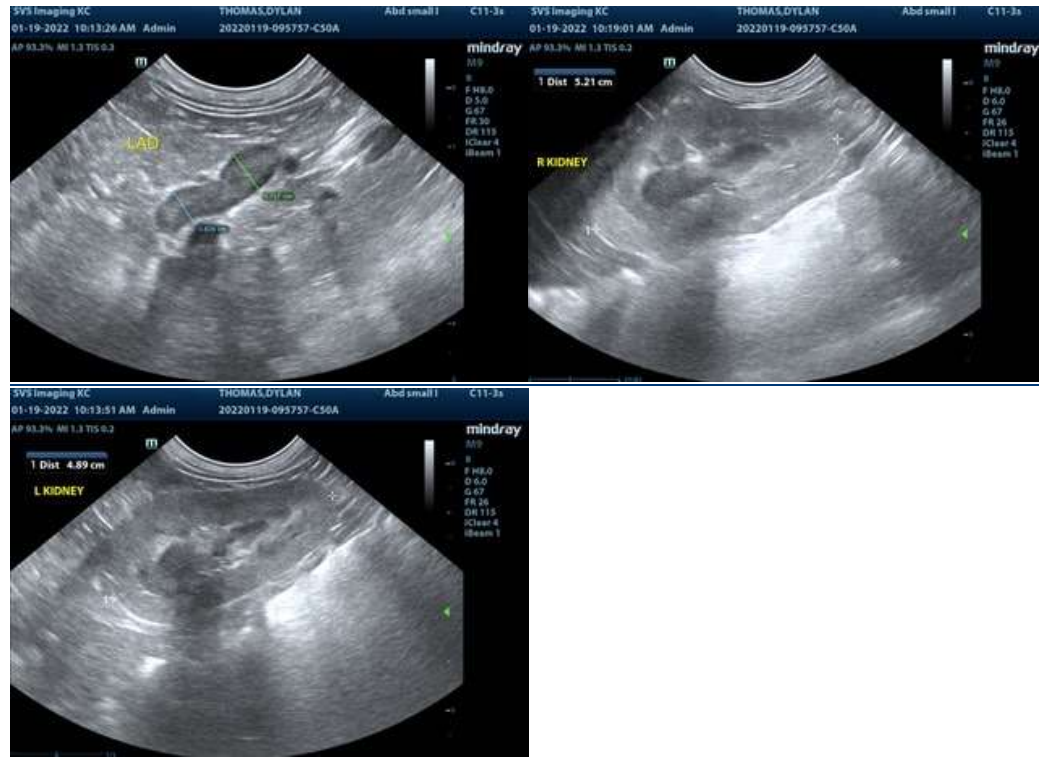
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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