



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sophie Draddy	History: Having more difficulty getting up from a lying/seated position. Makes sighing noises as if she is in pain the last couple of weeks. Had a liver biopsy in July 2022- vacuolar hepatopathy. palpable liver mass
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: liver values are elevated ALT 661 ALP 331 AST 35 GGT 19 liver biopsy performed
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Lab Mix	<b>Urinary System</b>
<b>SEX</b>	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. Aortic trifurcation was normal.
Spayed Female	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 loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.0 cm in length.
<b>AGE</b>	
10 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
60 Pounds	The bilateral adrenal glands were overtly normal in size and position. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.72 cm. The right adrenal gland measured 0.75 cm. No adrenal tumors were noted.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Brita Kiffney	The liver was irregularly enlarged, primarily owing to caudally extending nonhomogenous mildly expansive irregular liver mass. The liver, including the liver mass extended past the level of the gastric axis, potentially into the level of the mid abdomen. Generalized nonhomogenous hepatic parenchyma was noted, exhibiting variably echogenic to cystic intraparenchymal nodules. An example of nodule measured 1.5 cm in diameter.
<b>HOSPITAL NAME</b>	
Northshore VH	
<b>REFERRING VET</b>	
Dr. Brita Kiffney	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<b>Gastrointestinal</b>
20639	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.
<b>DATE</b>	
1/19/23	



**PATIENT**

Sophie Draddy

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**

Canine

***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.

**BREED**

Lab Mix

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, nonhomogenous irregular liver, exhibiting variably echogenic to cystic intraparenchymal nodules and caudally extending nonhomogenous mass
- Sonographically normal gallbladder
- Mild chronic renal changes

**AGE**

10 Years

**WEIGHT**

60 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

General considerations for the liver may include chronic hepatopathy criteria, such as inflammatory/immune mediated disease, vacuolar hepatopathy, areas of nodular hyperplasia, hematopoiesis, biliary adenomas, lipogranulomas, nonobstructive hepatic cholestasis or low grade neoplastic criteria. Sonographically, however, the liver may suggest previous biopsy diagnosis of vacuolar hepatopathy. Correlation with additional pending sampling is suggested. Empirically, hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. Otherwise, geriatric abdomen without additional visceral pathology.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

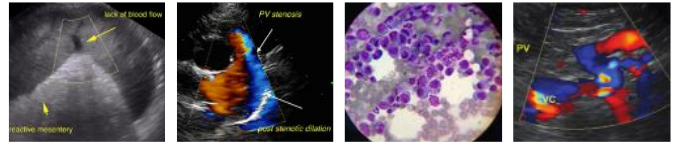
Dr. Brita Kiffney

**INVOICE**

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**DATE**

1/19/23



**PATIENT**

Sophie Draddy

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

60 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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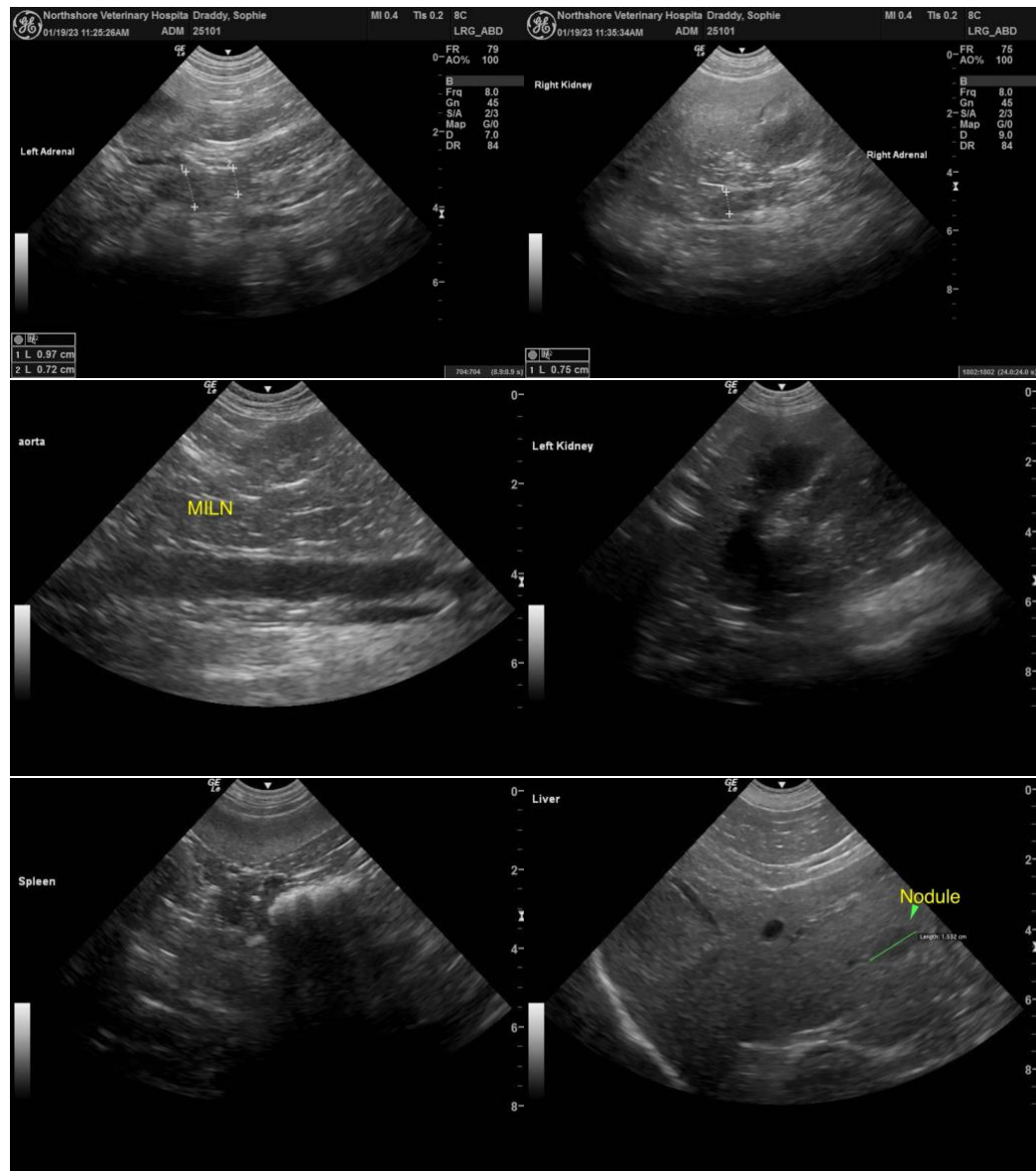
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**PATIENT**

Sophie Draddy

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

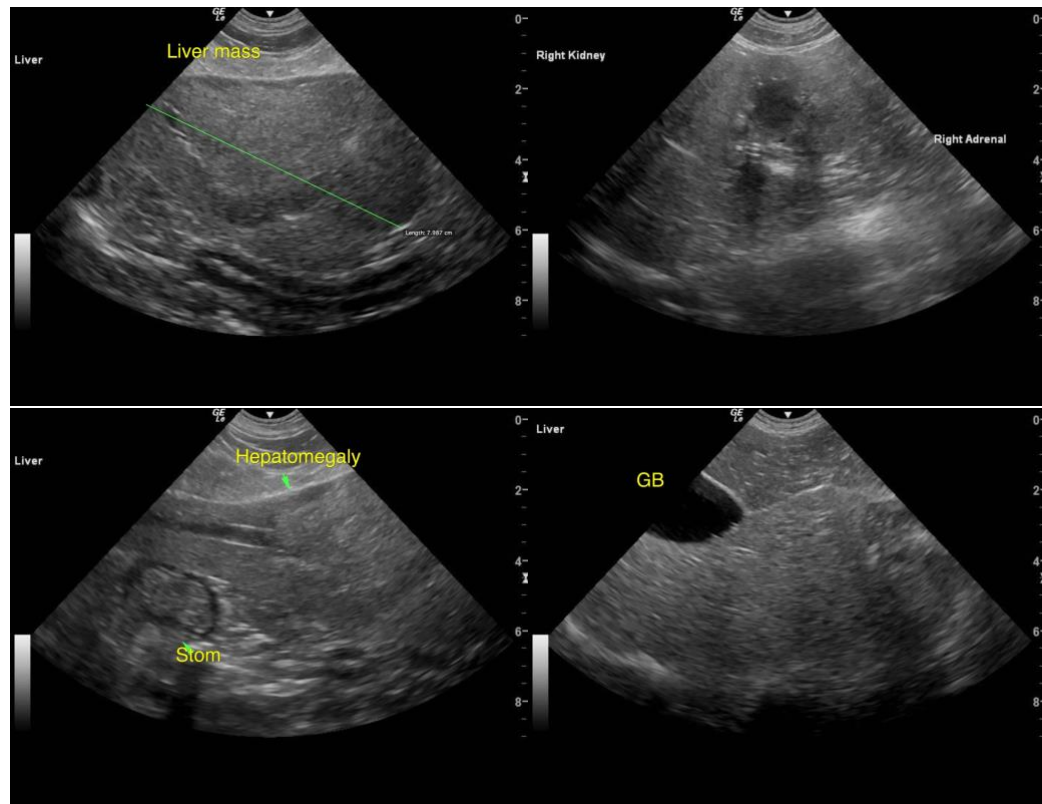
Spayed Female

**AGE**

10 Years

**WEIGHT**

60 Pounds



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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Dr. Brita Kiffney

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**DATE**

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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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