



PATIENT

Hildie Lowe

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

10 years

WEIGHT

77 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

INVOICE

15950

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Elevated ALP and ALT, historical elevation of GGT as well. Reduced appetite and abdominal pain with palpation. No weight loss, but owners need to coax to eat now, normally a great eater. FNA done of L liver and rounded R caudal liver lobe/mass.

Abnormal PE/Chem/CBC/UA Results: BW (1/19/2023): ALP 2,607, ALT 153, GGT 13. BW (7/2022): ALP 750, ALT 148, GGT, 28. RADS: possible mass effect in mid-abdomen, significant spondylosis L1 to L3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 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. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

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 3.0 cm length x 0.75 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.87 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity and normal splenic vascularity. No masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited subjective variable lobar enlargement and swelling most notable in the right to possible caudate liver lobes with mild ventrocaudal liver lobe expansive and asymmetrical hepatic capsule contour. Generalized nonhomogeneous to mixed echogenic parenchyma exhibiting moderate to marked parenchymal remodeling was present. Well-demarcated homogeneous isoechoic to mildly hypoechoic macronodule / small mass lesion was present in the cranioventral right liver measuring approximately 7.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, non-organized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach was indistinctly visualized owing to hepatomegaly, possible mild gastric displacement, and omental artifact, yet without evidence of gastric distention with retained significant ingesta, fluid, or foreign material.

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The visualized segments of the intestine were sonographically normal with no evidence of mechanical / metabolic ileus.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 were evident.

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Chronic hepatopathy exhibiting marked generalized parenchyma remodeling, subjective variable right to caudate lobar swelling, and well-demarcated homogeneous isoechoic to mild hypoechoic cranioventral intraparenchymal nodule - nonspecific, chronic vacuolar hepatopathy, nonobstructive cholestasis, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, possible cranioventral hepatoma, fibrosis, and infiltrative neoplasia are all potentials
- Mild gallbladder debris (non-mucocele)
- Heterogeneous spleen - subjectively benign
- Overtly normal gastrointestinal tract with possible mild gastric displacement owing to hepatomegaly
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the liver with pending hepatic cytology is recommended. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Bile acid testing may be considered to assess hepatic functionality, although adequate hepatic function may be assumed if normal albumin, glucose, BUN, and cholesterol levels. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. As-needed gastrointestinal support is recommended. Spec cPL could be considered to assess for low-grade / chronic pancreatitis, which may present as sonographically normal as a potential contributing factor to the reduced appetite and reported abdominal discomfort.



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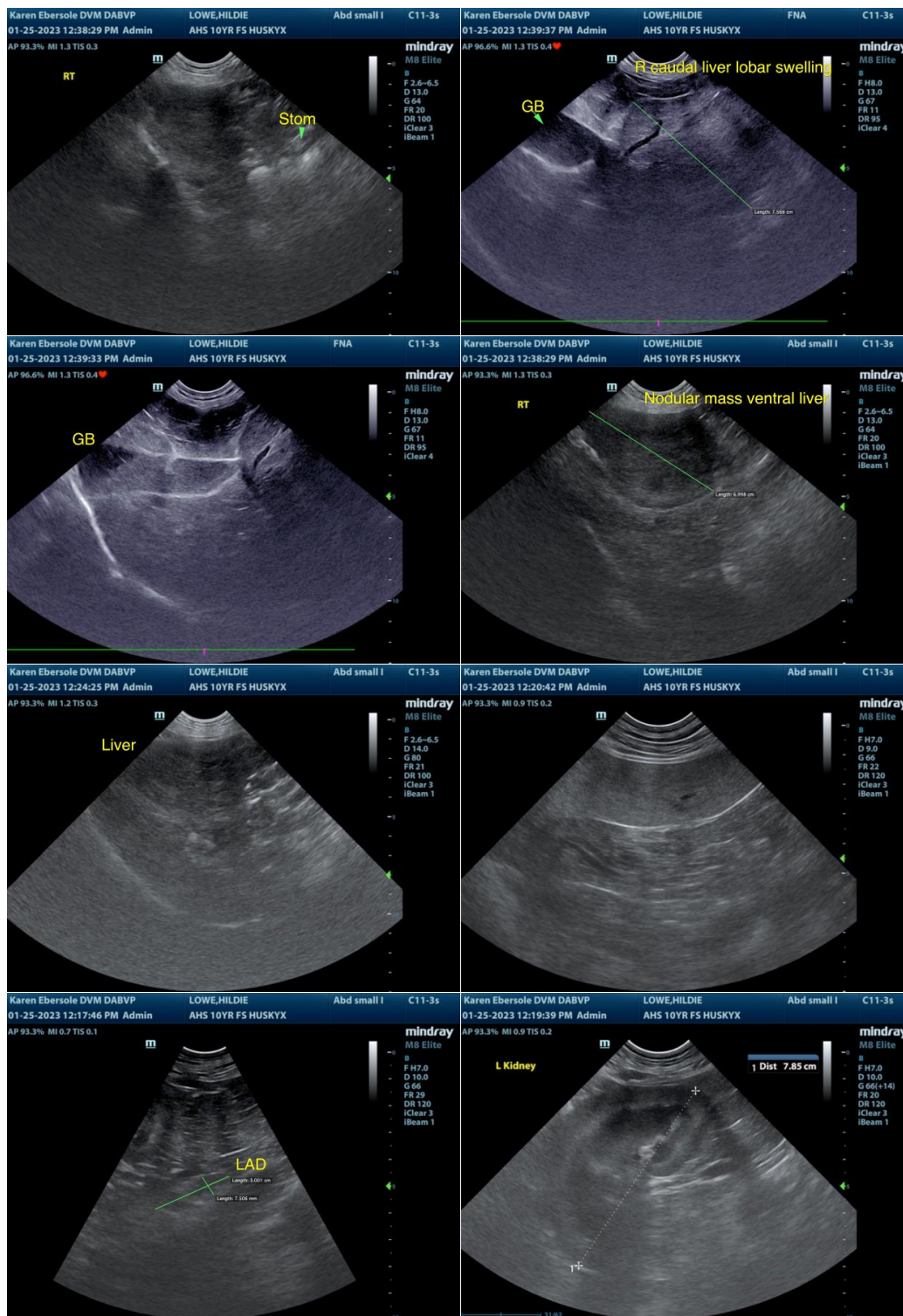
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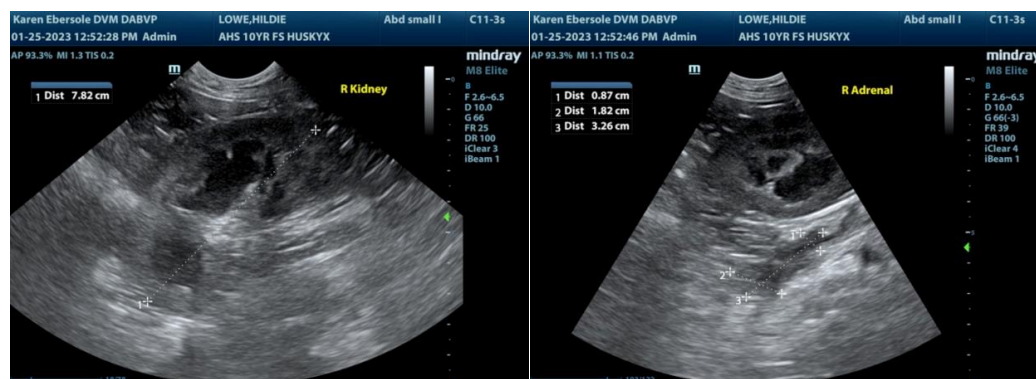
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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