

PATIENT PRESENTING CLINICAL SIGNS

Winter James History: Presented for inappetence for 2 weeks duration. Belching occasionally but no known vomit or diarrhea.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdomen tense. Xrays showed enlarged liver/ spleen. ALP >2000, ATL 495 GGT 14 (all these values were normal July 21) Lipase 4353 Positive Murphy sign
Canine cranial abdomen Liver aspirates pending

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab Mix **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.

Canine The residual prostate was free of pathology.

AGE Aortic trifurcation was normal.

8 Years 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 5.9 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT
52 Lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.66 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole and 0.62 cm width at the cranial pole.

IMAGING PERFORMED BY

Ray Caughman

Spleen

HOSPITAL NAME

Dogwood AH

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.

REFERRING VET

Ray Caughman

Liver

The liver exhibited marked generalized enlargement, diffuse nonuniform to mixed echogenic parenchyma exhibiting multifocal variably sized discrete hypoechoic intraparenchymal nodules. The liver exhibited areas of asymmetrical contour.

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The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder was otherwise normal without evidence of inflammatory gallbladder mural changes or evidence of peripheral inflammation.

DATE

1/7/22

Gastrointestinal



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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 stomach appeared to be potentially displaced somewhat caudodorsally, owing to hepatomegaly. The gastric body wall measured 0.47 cm.

SPECIES

Canine

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.

BREED

Pancreas

Lab Mix

The pancreas was sonographically unremarkable without overt evidence of active inflammation.

SEX

Canine

Free Abdomen

Mild volume perihepatic free fluid was present along with mild perihepatic reactive mesentery. No overt lymphadenopathy, although potential for hepatic lymphadenopathy adjacent to the portal vein obscured by hepatomegaly possible.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

- Marked hepatomegaly, exhibiting nonuniform to nodular parenchyma. Associated small volume perihepatic free fluid and regional perihepatic reactive mesentery.
- Sonographically unremarkable spleen

WEIGHT

52 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver was nonspecific with potential considerations, including vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis, cirrhosis or other hepatopathy. Hepatic neoplasia is considered a top differential diagnosis and favored in this case given the hepatic enlargement and parenchymal changes. Further assessment may include pending hepatic cytology as well as potential oncology consult if neoplasia is confirmed. Suspect mild gastric displacement, owing to hepatomegaly, which may be a contributing factor to the patient's mild gastrointestinal signs. Empirically, hepatic and gastrointestinal support recommended, pending cytology.

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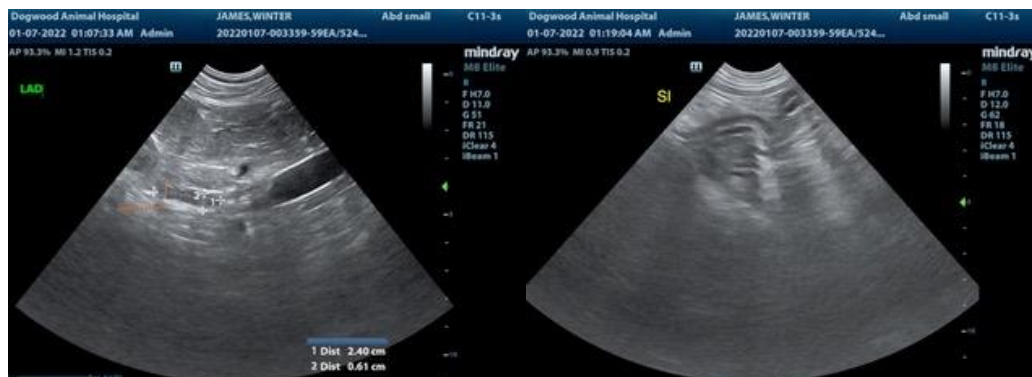
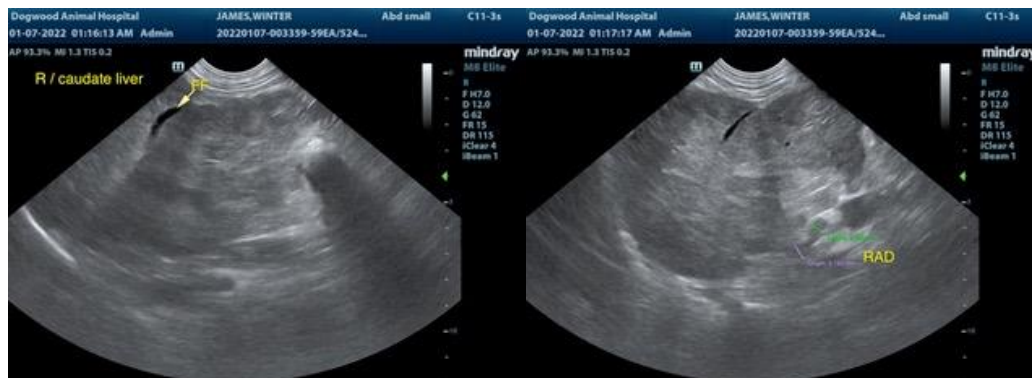
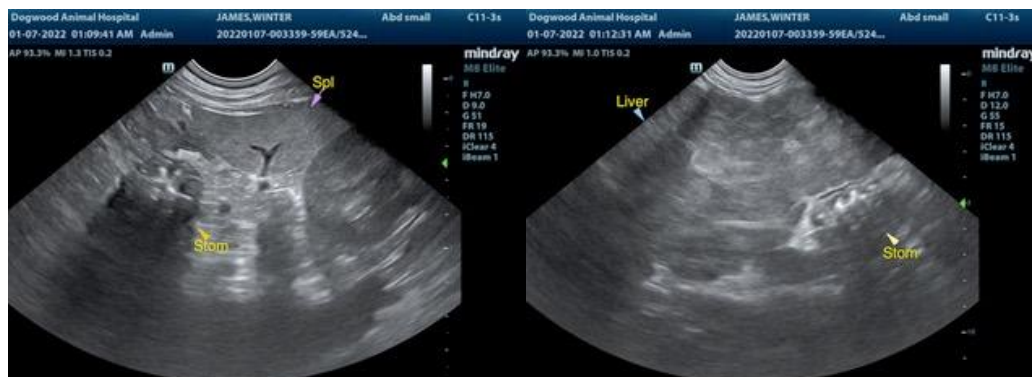
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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info@SonoPath.com

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