



PATIENT PRESENTING CLINICAL SIGNS

Jacoda Anacki History of progressive liver value elevations on lab work for past 12 months. Treated with Denamarin and no improvement of values. Extremely obese; otherwise, physical exam findings unremarkable. Not currently on any meds. Abnormal lab values - ALT 485, ALP 639, AST 93, Glob 4.3. CBC unremarkable.

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8yr

WEIGHT

116lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Lipinski

INVOICE

12641ag

DATE

01/09/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 8.5 cm in length. The right kidney measured 7.1 cm in length

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.8 cm width at the cranial pole.

A well-defined, non-disruptive non-mineralized hyperechoic nodule was present in the cranial left adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.94 cm x 0.8 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.56 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and contour with mild heterogenous parenchyma. No masses or nodules noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver was mildly enlarged with symmetrical contour and generalized uniform increased parenchyma echogenicity exhibiting mild to moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation 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.



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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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An encapsulated fluid filled structure noted in the left abdomen caudal to the stomach containing anechoic fluid with non-specific hyperechoic debris or tissue. Subtle evidence of peripheral hyperechoic mesentery. The structure measured ~ 6.0 cm x 5.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting parenchyma hyperechogenicity-suggestive of chronic hepatopathy, vacuolar hepatopathy, inflammatory/immune mediated disease i.e. nonspecific hepatitis/cholangiohepatitis, fibrosis, lipidosis, toxin i.e. copper or other hepatopathy possible with infiltrative neoplasia thought less likely
- Gallbladder debris-not consistent with mucocele criteria
- Non-disruptive left adrenal nodule-suspect adenoma
- Encapsulated fluid filled structure caudal to stomach-abscess or consolidated abscess, necrosis or necrotic granuloma, less likely neoplasia-suspect pancreatic origin, potential of lymphatic or omental origin

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment, as well as ultrasound guided centesis/cytology of the encapsulated fluid filled structure +/- C/S. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area.

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Technically the possibility of emerging neoplastic criteria associated with the left adrenal nodule i.e. pheochromocytoma cannot be excluded. Sonographic monitoring with assessment of systemic BP is warranted.

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Laparotomy with surgical hepatic biopsies as well as gross inspection of the fluid filled structure with potential for resection could be considered.

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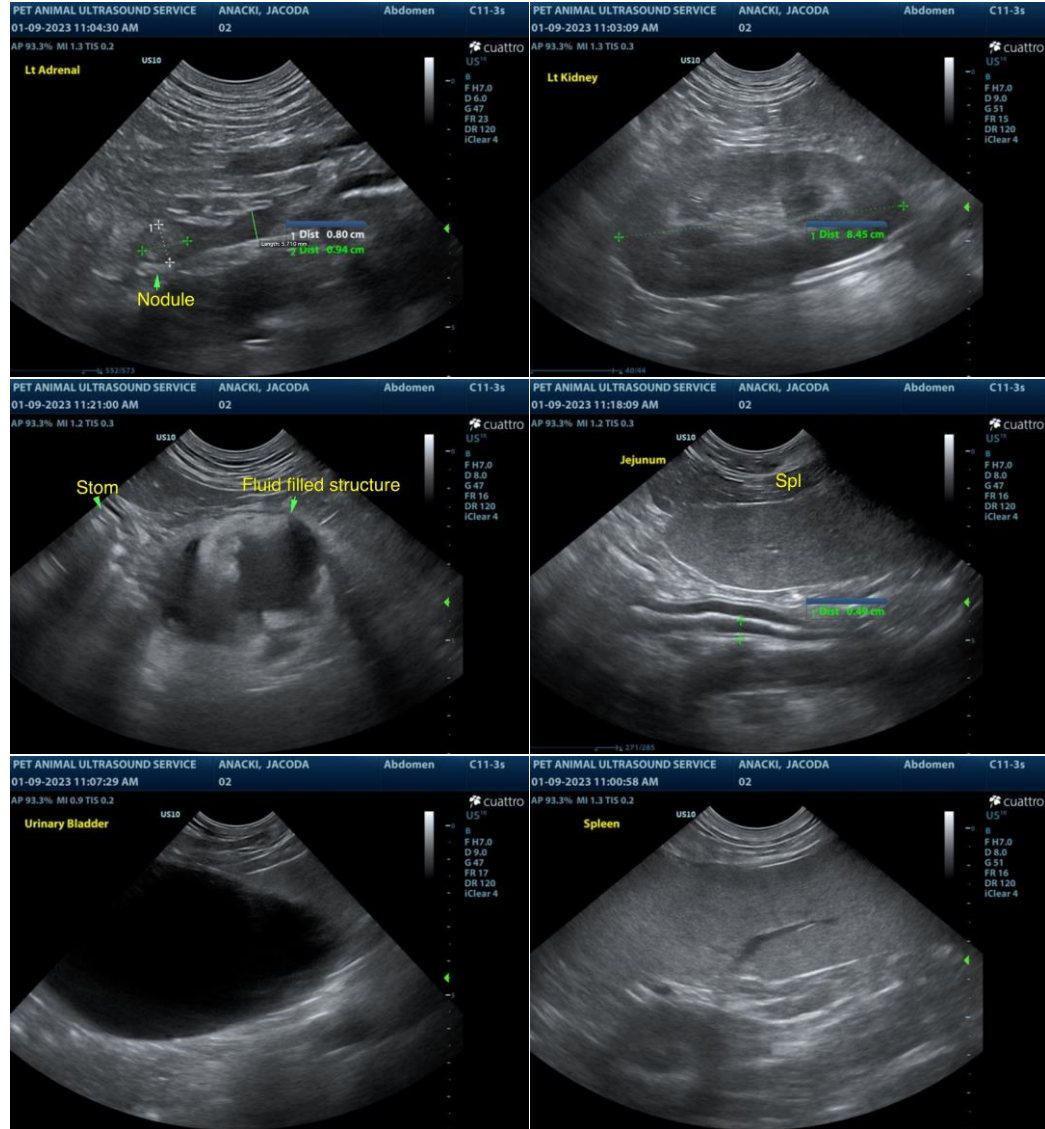
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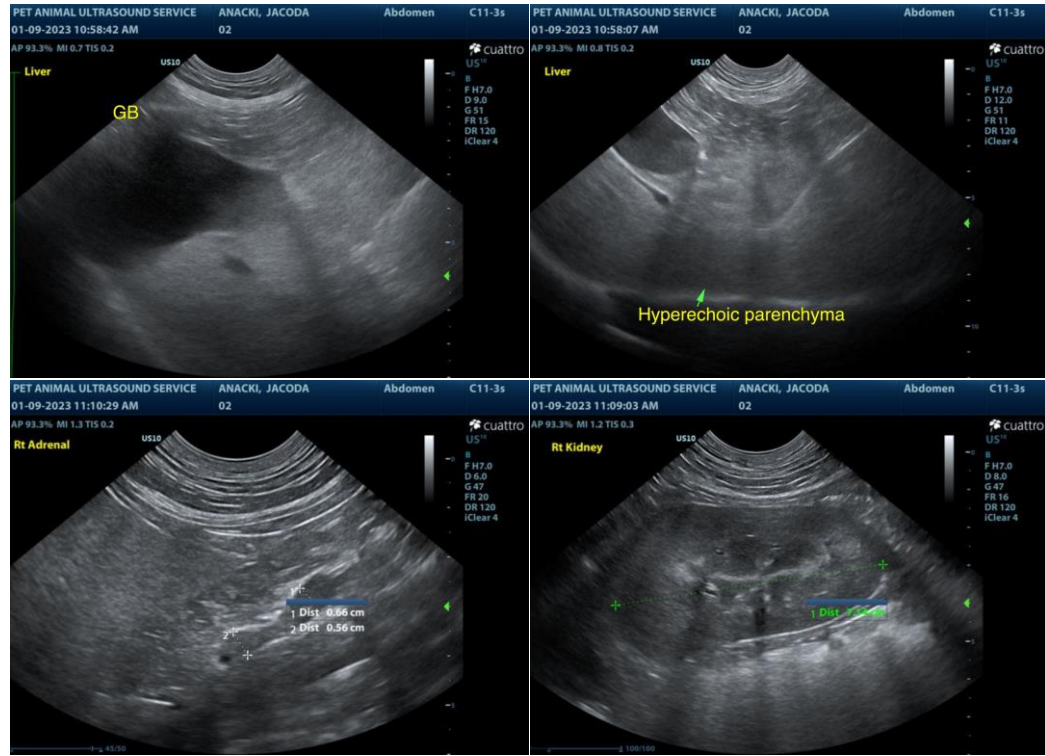
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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