



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maggie Carrier
SPECIES Preop bloodwork for large lipoma removal showed marked elevation in liver values. No clinical signs.
 Current medications: 1) Denamarin 225 mg. 1PO SID 2) Metronidazole 250 mg. 1/2 PO BID 3) Cefpodoxime 100 mg 1PO SID

BREED Canine
SEX Abnormal PE/Chem/CBC/UA Results: ALT: 1,330 / ALP: 655 / T.bili: 0.7/ cholesterol:468.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Beagle
Urinary System

SEX FS
 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 were noted.

AGE 10yr
 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. Possible discrete left kidney cortical cyst along with bilateral mild medullary mineralization was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.3 cm in length.

WEIGHT 27.5lb
 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 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 0.43 cm width in the cranial pole and 0.43 cm width in the caudal pole. The right adrenal gland measured 0.50 cm width in the cranial pole and 0.61 cm width in the caudal pole.

IMAGING PERFORMED BY Pamela Harrigan, RDCS
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A discrete non-disruptive hyperechoic nodule was present adjacent to the hilus consistent with benign myelolipoma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET Dr. Caffarella
Liver/Gallbladder

The liver exhibited generalized enlargement with ventral and caudal asymmetrical capsule contour. Severely heterogenous irregular to nodular parenchyma was present diffusely with evidence of moderate coarse echotexture and parenchymal remodeling. No distinct hepatic mass was present. Normal overall hepatic vascular volume. The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content with moderate dependent to non-dependent non-organized hyperechoic debris exhibiting evidence of emerging mineralization. The debris was primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

INVOICE 12634ag
DATE 01/09/2023
Gastrointestinal



PATIENT

Maggie Carrier

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.

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.

Pancreas

BREED

Beagle

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

SEX

FS

No omental masses or peritoneal effusion was present.

AGE

10yr

Focal, mildly prominent to enlarged mid to ventral abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.5 cm x 0.36 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

WEIGHT

27.5lb

ULTRASONOGRAPHIC FINDINGS

- Severely heterogenous irregular to nodular liver-suspect chronic non-specific inflammatory hepatobiliary process i.e. chronic active hepatitis, cholangiohepatitis or similar given primary ALT elevation and presence of gallbladder debris. Infiltrative hepatic neoplasia cannot be excluded
- Moderate emerging mineralized gallbladder debris-possible very early mucocele
- Age related spleen
- Mild age related kidney changes exhibiting minor medullary mineral
- Heterogenous pancreas-suspect benign parenchymal remodeling associated with age or previous inflammatory episode, potential for low-grade chronic pancreatitis possible

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Caffarella

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A hepatic core surgical biopsy is likely required for definitive diagnosis.

Hepatic functionality would be assumed to be normal if normal BUN/ALB and GLU levels in conjunction with reported normal CHOL. Anesthetic risk would be considered mild if no evidence of hepatic dysfunction. Continued hepatosupportive medications such as Denamarin and Ursodiol with suggested reduction in metronidazole dose to 7.5 mg/kg PO BID especially if evidence of hepatic dysfunction is recommended.

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Sonographic reassessment of the gallbladder is recommended if evidence of increasing cholestasis or cranial abdominal discomfort on palpation.

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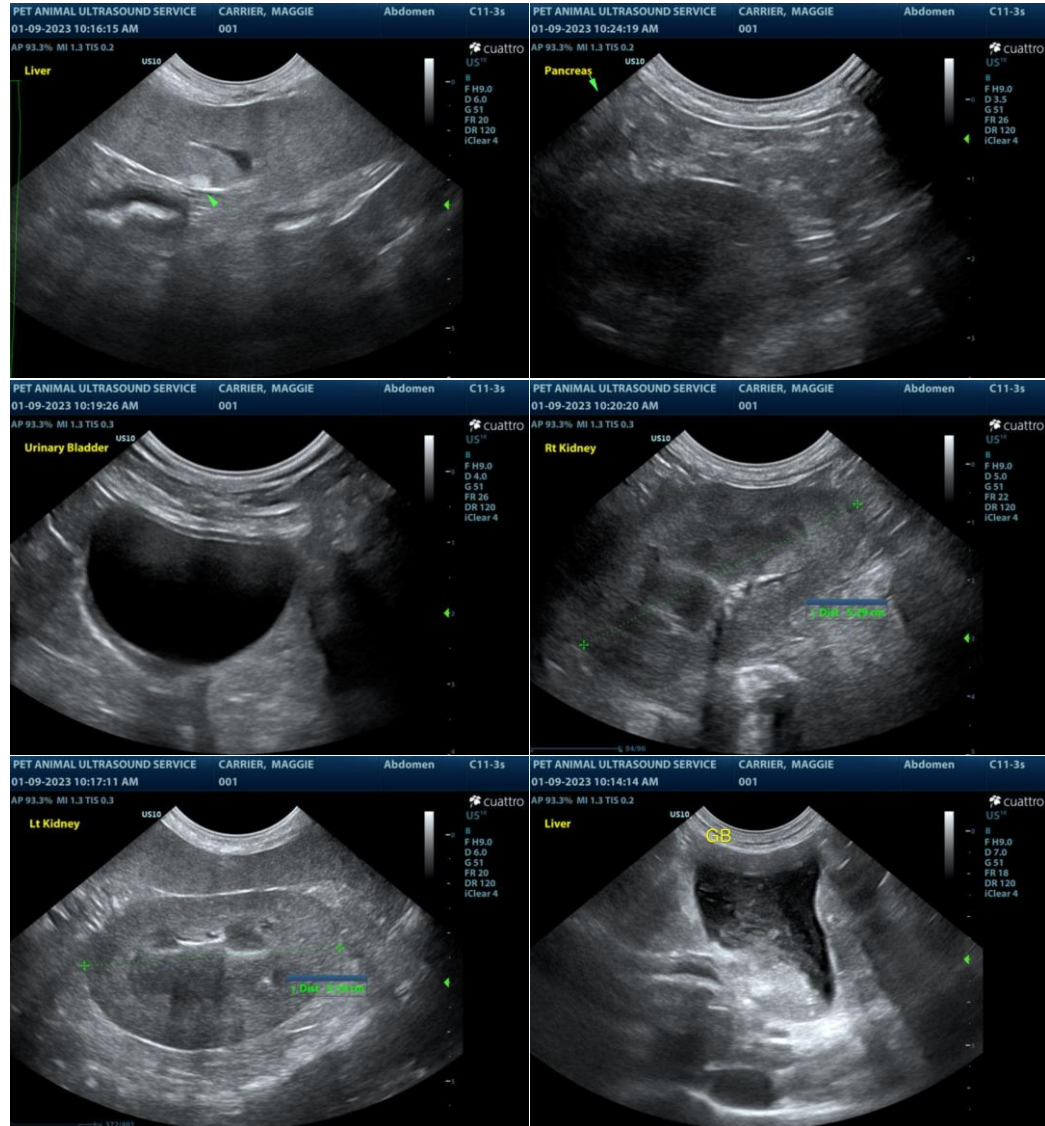
Dr. Caffarella

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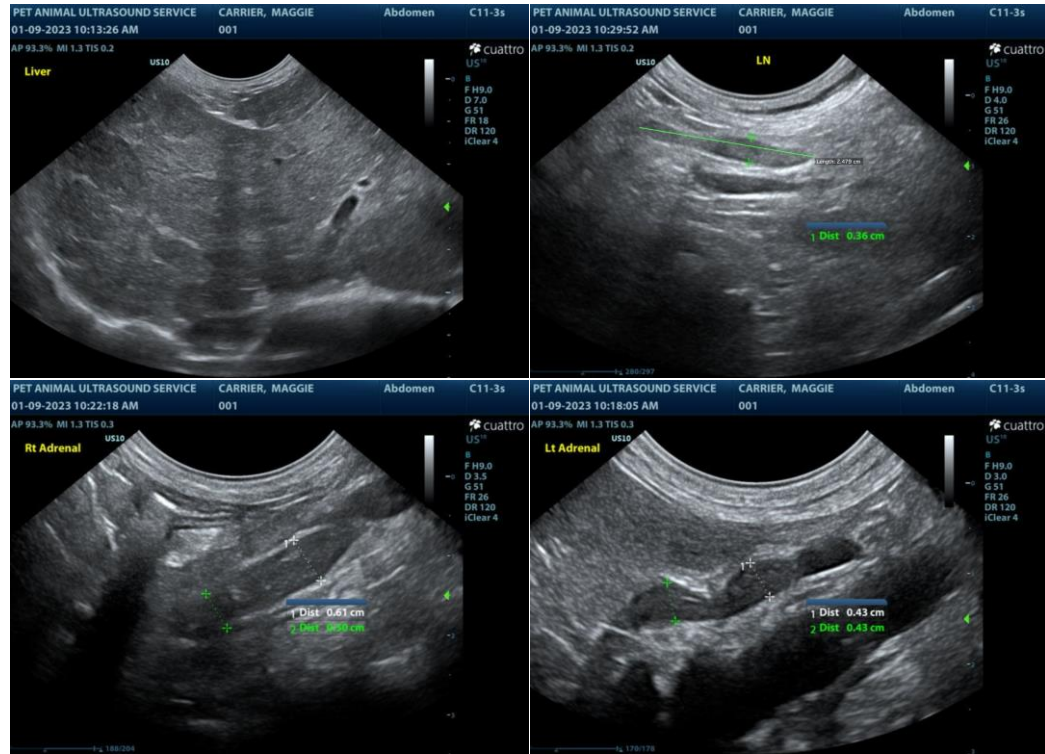
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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