



PATIENT

PRESENTING CLINICAL SIGNS

Chase Lee-Sprott

Primary Problem(s): -- Beginning to spit up small amounts of bile -- Increasingly elevated ALT values while on Denamarin Current Medication: Denamarin 90mg Small Dog & Cat, 1 tablet SID No sedation required for this AUS

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 4-1-22 ALT 209 9-14-22 ALT 445 (discontinued Vetprofen and began Denamarin); 10-12-22 ALT 597 (started Hills L/D diet)

BREED

Yorkshire Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

MN

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 3.9 cm in length. The right kidney measured 4.5 cm in length.

AGE

10yr

WEIGHT

3.8kg

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate 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 0.59 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 1.9 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined echogenic nodule in the medial parenchyma adjacent to the hilus was present measuring 0.8 cm in diameter. A concurrent discrete hypoechoic nodule was present in the caudal spleen measuring 0.5 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Patti Mayfield

REFERRING VET

Dr. Voyles

Liver

The liver was mild enlarged with primarily symmetrical capsule contour and uniform parenchyma. A solitary mildly disruptive irregular hyperechoic mass was present in the caudoventral liver measuring 5-6 cm in diameter. The mass appeared to mildly distort the hepatic capsule without evidence of parenchymal escape. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

11921ag

DATE

10/19/2022

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Chase Lee-Sprott

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme 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.

BREED

Pancreas

Yorkshire Terrier

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. Scant peripancreatic to left peritoneal free fluid was noted. No overt evidence of neoplasia.

SEX

MN

Free Abdomen

AGE

10yr

No omental masses or overt lymphadenopathy was present. Scant peripancreatic to left peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.8kg

- Generalized hepatomegaly with caudoventral liver mass
- Mild pancreatitis pattern left limb with regional peripancreatic hyperechoic mesentery and scant free fluid
- Sonographically unremarkable GI tract with mild gastric ingesta/chyme
- Mild chronic renal changes
- Benign splenic nodules-consistent with myelolipoma, discrete hyperplasia or hematopoiesis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL is recommended. Minor potential for emerging left pancreatic limb neoplasia considered unlikely.

IMAGING PERFORMED BY

Patti Mayfield DVM

The hepatic mass is non-specific with considerations including hyperplasia, lipogranuloma, neoplasia or other. Assuming normal clotting status and using a 25g needle, a hepatic mass FNA for screening cytology is warranted. Subjectively the hepatic mass appears to be amendable to surgical resection. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

HOSPITAL NAME

Patti Mayfield

Empirical therapy for low-grade pancreatitis with as needed GI support and potential sonographic reassessment of the pancreas if persistent/progressive GI signs would be reasonable.

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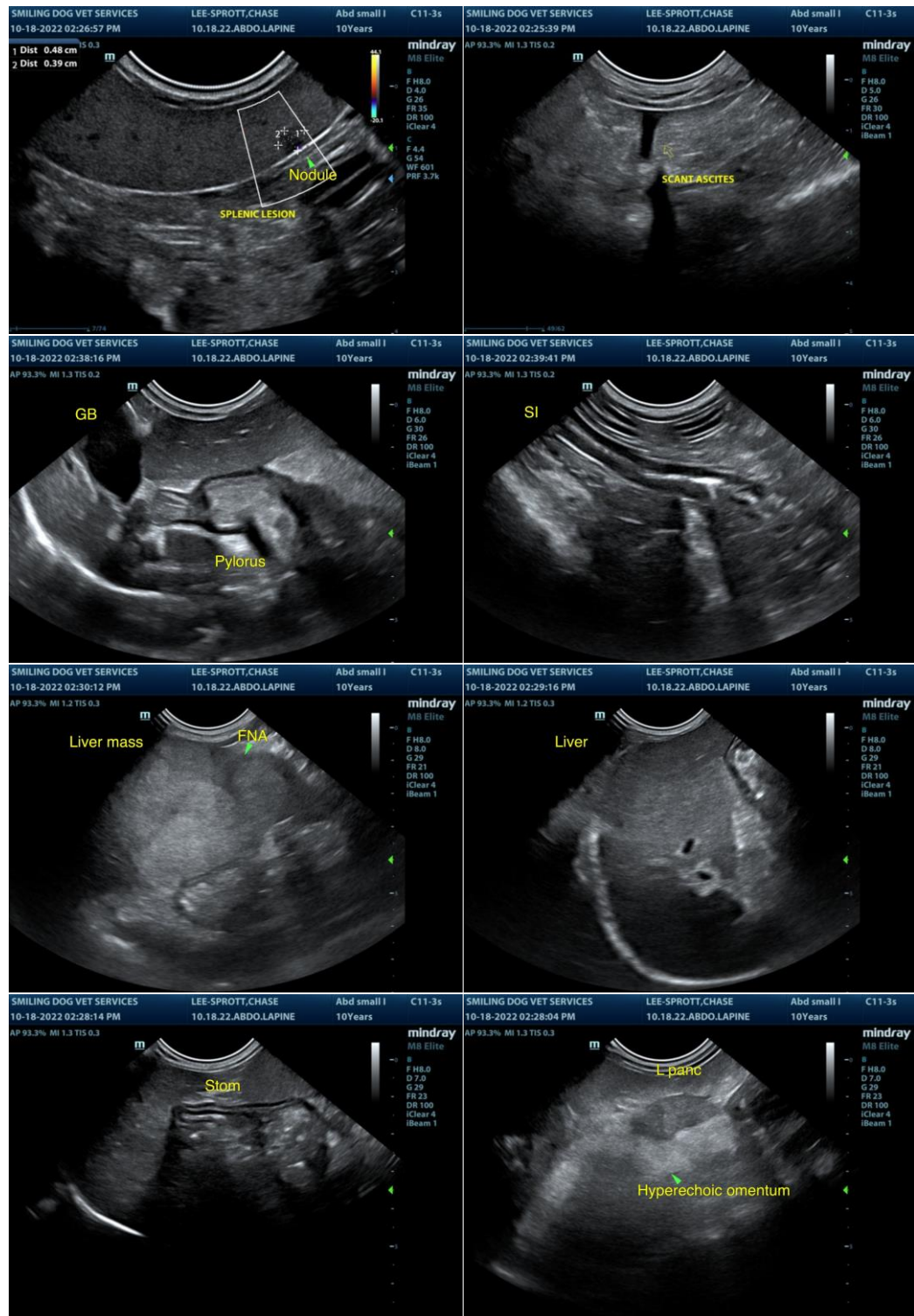
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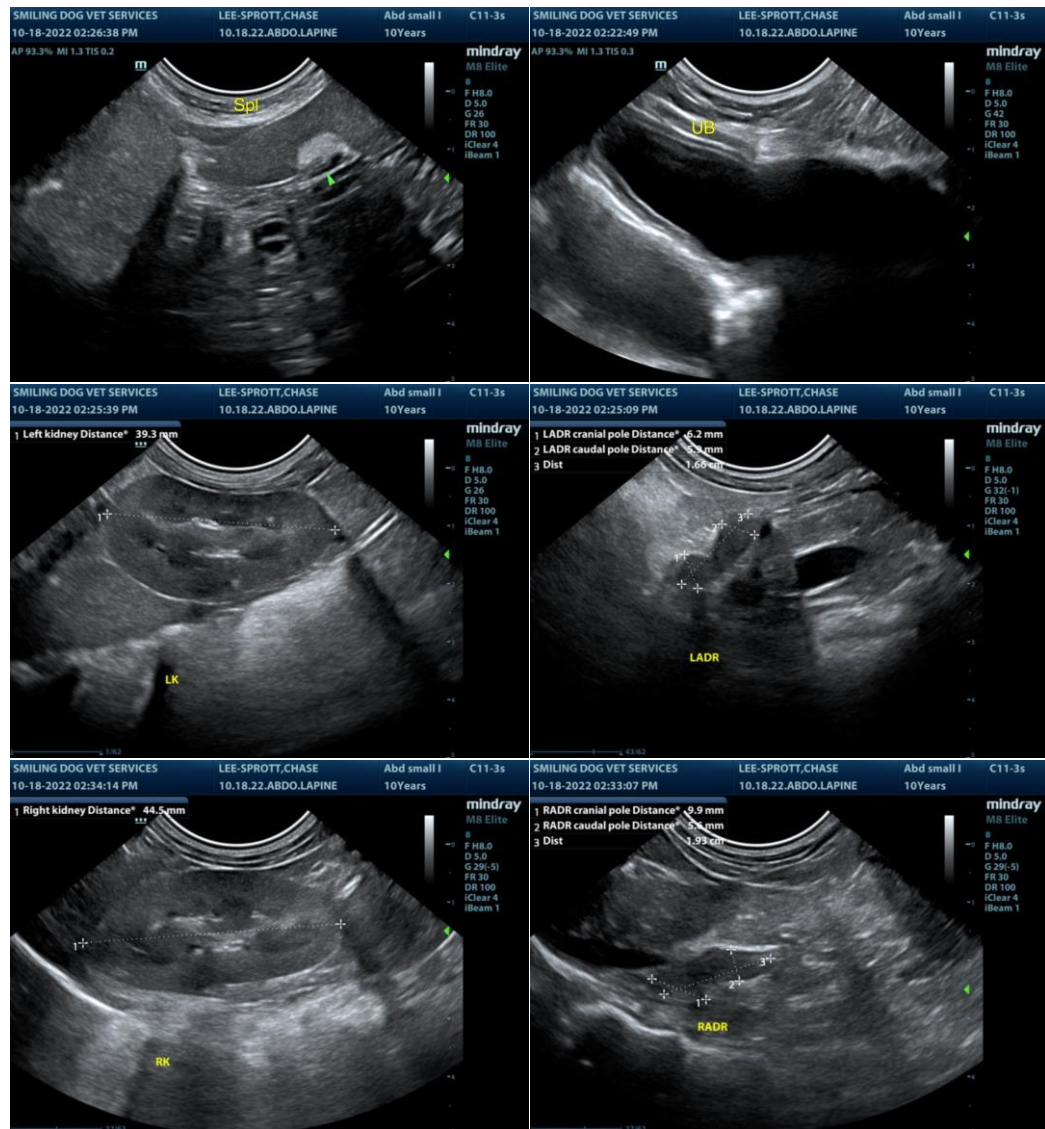
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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