



**PATIENT**

Tucker Delamater

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

MN

**AGE**

14 years

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

VCA Westmoreland  
^ L I

**REFERRING VET**

Dr. Sullivan

**INVOICE**

12441

**DATE**

10/25/21

**PRESENTING CLINICAL SIGNS**

Abd palpation non diagnostic tense patient. - After blood work liver disease is suspected

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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. Pinpoint areas of medullary mineral were present in both kidneys. A solitary, lateral cortical cyst was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm length x 0.48 cm width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.38 cm width in the caudal pole.

**Spleen**

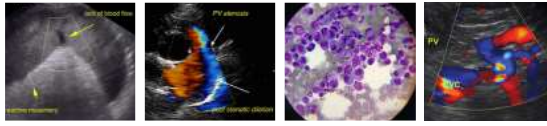
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Subtle areas of increased parenchyma echogenicity to emerging nodular changes were noted in the medial parenchyma adjacent to the hilus, likely consistent with myelolipomas. 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.

**Liver/ Gallbladder**

The liver exhibited mild generalized enlargement with evidence of parenchymal remodeling. Subtle to indistinct mixed echogenic nodular mass lesions were noted in the labeled left and right liver. Example of a nodular mass lesion measured 6.0 cm x 4.0 cm. The gallbladder was non-distended in



<b>PATIENT</b>	size with mild, nondependent yet nonorganized, echogenic luminal debris. The cystic and common bile ducts were normal.
Tucker Delamater	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>BREED</b>	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.
Maltese Mix	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	<b>Pancreas</b>
<b>AGE</b>	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.
14 years	
<b>WEIGHT</b>	<b>Free Abdomen</b>
10 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Mild hepatomegaly with left and right variably echogenic parenchymal remodeling to nodular mass lesions</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Minor age-related spleen</li> <li>• Bilateral mild chronic renal changes</li> </ul>
Jenna Walsh, CVT	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
VCA Westmoreland	Reactive to inflammatory hepatopathy with areas of parenchymal remodeling, mixed echogenic nodular hyperplasia, lipogranulomas, neoplasia or other hepatopathies are possible. Assuming normal clotting status, ultrasound-guided FNA of the hepatic parenchyma, specifically in the area of the nodular mass lesion is warranted for screening cytology. Overall hepatic functionality is likely normal, assuming normal albumin, glucose, BUN, and cholesterol levels.
<b>REFERRING VET</b>	
Dr. Sullivan	
<b>INVOICE</b>	Empirically, hepatosupportive medications including Denamarin and Ursodiol due to its antioxidant and Immunomodulatory effects within the liver, with continued monitoring of liver enzymes as well as sonographic monitoring of the hepatic parenchymal changes may be considered.
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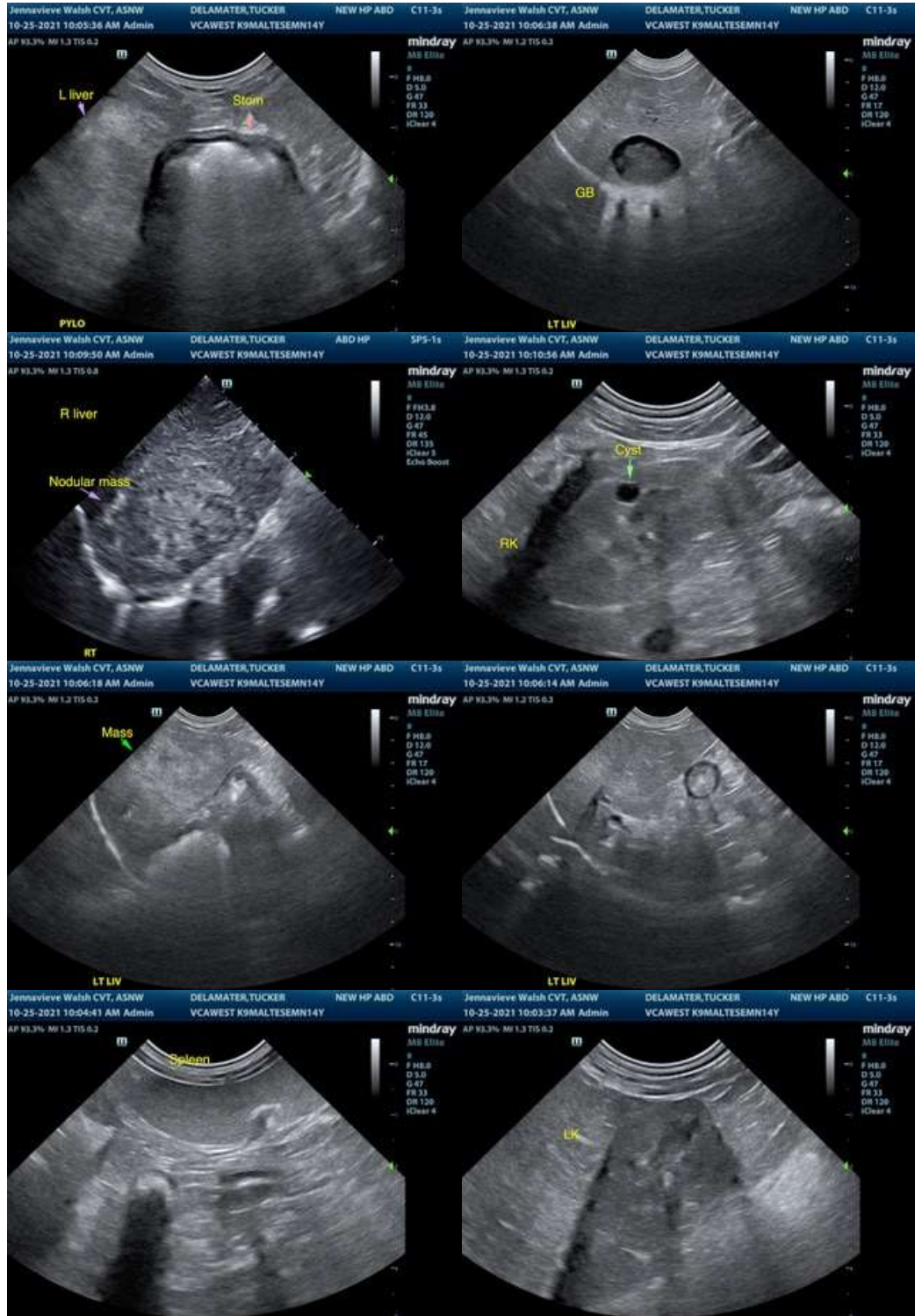
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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