



PATIENT

Skye Vecchinoe

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9y

WEIGHT

52

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Wood River AH

REFERRING VET

Leah Fischer, DVM

INVOICE

15534

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Unknown hepatopathy over the summer, resolved on Ursodiol. Mast cell tumor found upon physical exam last week. Presenting for mass removal today but elevated liver values. Flash ultrasound showed hypoechoic area of spleen, diffusely thickened liver.

ALT 194, ALP 162. Current meds: Ursodiol 250 mg, Previous AUS: 7/22/22 (R. McKenzie Daniel, DVM, DABVP)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.44 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 0.74 cm width at the caudal pole and 0.55 cm width at the cranial pole. No evidence of adrenal tumors.

Spleen

The spleen was overall normal in size with areas of lateral and medial capsule asymmetry and generalized mild heterogeneous splenic parenchyma. Previously noted, splenic infarct exhibiting regional hypoechoic to nonhomogeneous splenic parenchyma with associated contracted regional splenic size and capsule asymmetry was present. The infarct measured approximately 5.0-6.0 cm in length.

Liver/ Gallbladder

The liver exhibited generalized enlargement with symmetrical to mildly swollen hepatic contour and nonhomogeneous hepatic parenchyma exhibiting subtle variable parenchyma echogenicity. No masses or nodules were noted. The gallbladder was non-distended in size with evidence of subtle to mild gallbladder wall edema. Moderate, nondependent, mild congealed yet nonorganized echogenic



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luminal debris was present. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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 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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 were evident.

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Free Abdomen

Intermittent, scant pocket of perihepatic to peri intestinal free fluid was noted. No evidence of omental lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting mild nonhomogeneous parenchyma - nonspecific, vacuolar hepatopathy, nonobstructive cholestasis, inflammatory / immune-mediated disease i.e., cholangiohepatitis, hyperplasia, hematopoiesis, infiltrative neoplasia (less likely), all potentials
- Moderate nondependent to mildly congealed gallbladder debris with subtle gallbladder wall edema - cholecystitis, potential for early to emerging gallbladder mucocele
- Previously noted static splenic infarct
- Scant perihepatic/peri intestinal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the recent diagnosis of a cutaneous mast cell tumor, screening hepatosplenic FNA cytology using a 25-gauge needle and assuming normal clotting status is recommended primarily to ensure only benign changes are present and potential identification of hepatic inflammatory cell type if present. No overt evidence of intraabdominal primary or metastatic neoplastic criteria. Continued Hepatosupportive medications including Denamarin and Ursodiol are recommended.

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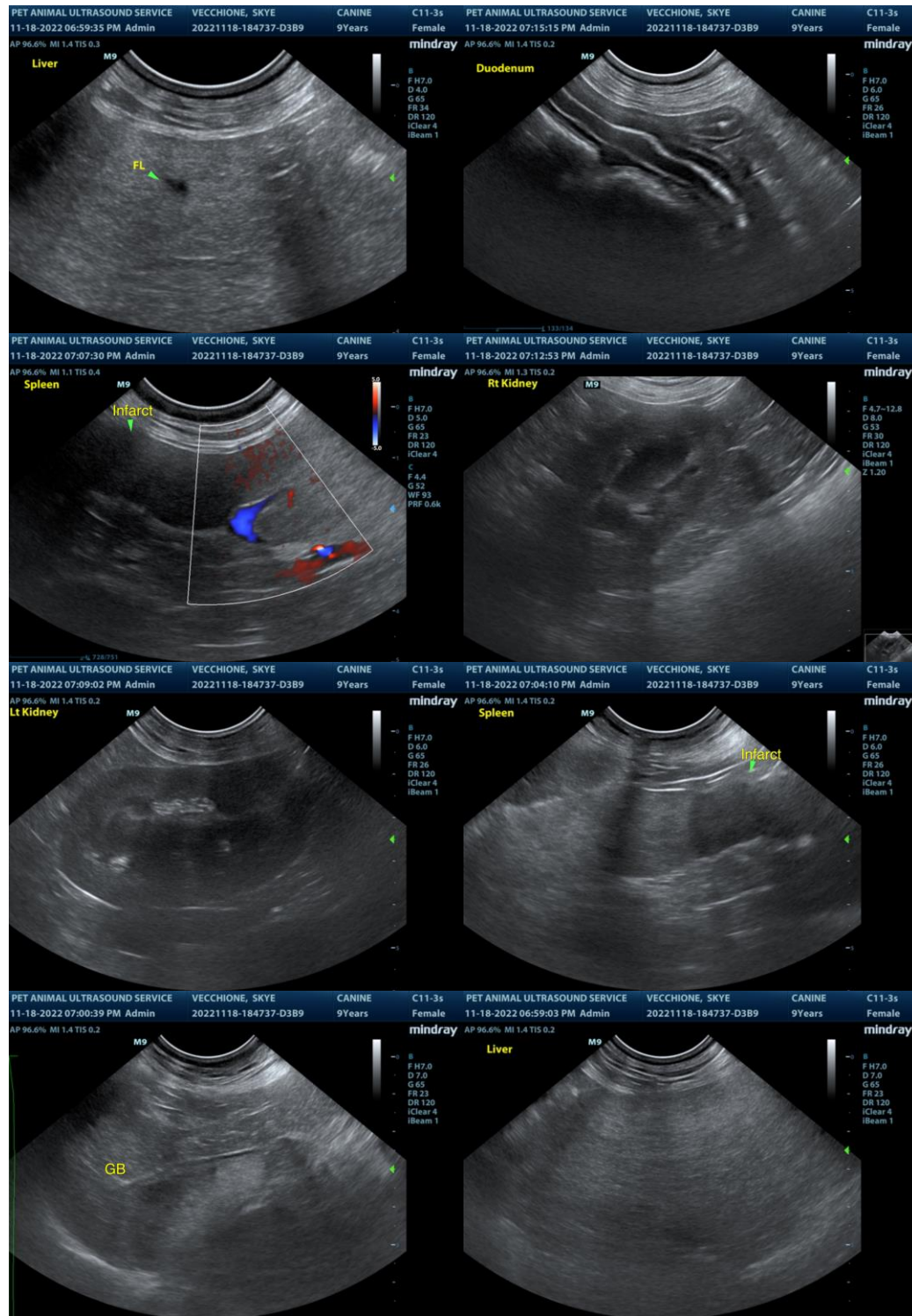
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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