



PATIENT

Reminton Hafner

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

11yr

WEIGHT

104

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Mack

INVOICE 23017

DATE 11-21-25

PRESENTING CLINICAL SIGNS

elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: ALT 194 ALKP 1864

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 7.4 cm in length. The right kidney measured 7.5 cm in length.

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 bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A non-homogenous hyperechoic left adrenal cranial pole nodule was present without evidence of mineralization measuring ~ 1 cm x 1 cm. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 0.85 cm width in the caudal pole.

Spleen

The spleen exhibited normal size and contour. Generalized mild heterogeneous parenchyma with focal to intermittent small well demarcated hyperechoic nodules were present.

Liver/Gallbladder

Hepatomegaly exhibiting areas of mild asymmetrical capsule contour. Generalized significant non-uniform heterogeneous parenchyma was present, exhibiting multifocal variably sized to irregular, mixed echogenic hepatic nodules. Some nodules exhibited central hyperechogenicity with hypoechoic periphery, an example measured 1.5 cm in diameter. The gallbladder was not definitely visualized.

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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-homogenous / nodular hepatomegaly exhibiting potential target lesions
- Non-visualized gallbladder
- Mild heterogeneous spleen with hyperechoic nodules - nodules suggestive of myelolipoma
- Age-related renal changes
- Bilateral mild non-homogenous adrenomegaly with left adrenal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver, given potential target lesions is concerning for neoplastic criteria although chronic vacuolar hepatopathy, hepatitis, nodular hyperplasia or fibrosis may present in this manner.

Bilateral adrenal hyperplasia, lipogranuloma /adenoma or emerging left adrenal tumor or metastasis possible. Adrenal workup indicated if clinical signs consistent with Cushing's syndrome with concurrent monitoring of systemic BP for evidence of hypertension in conjunction with left adrenal nodule recommended.

Assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology warranted for further assessment. Hepatic biopsies may be required for definitive diagnosis. Hepatosupportive medications and sonographic monitoring would be a more conservative approach.



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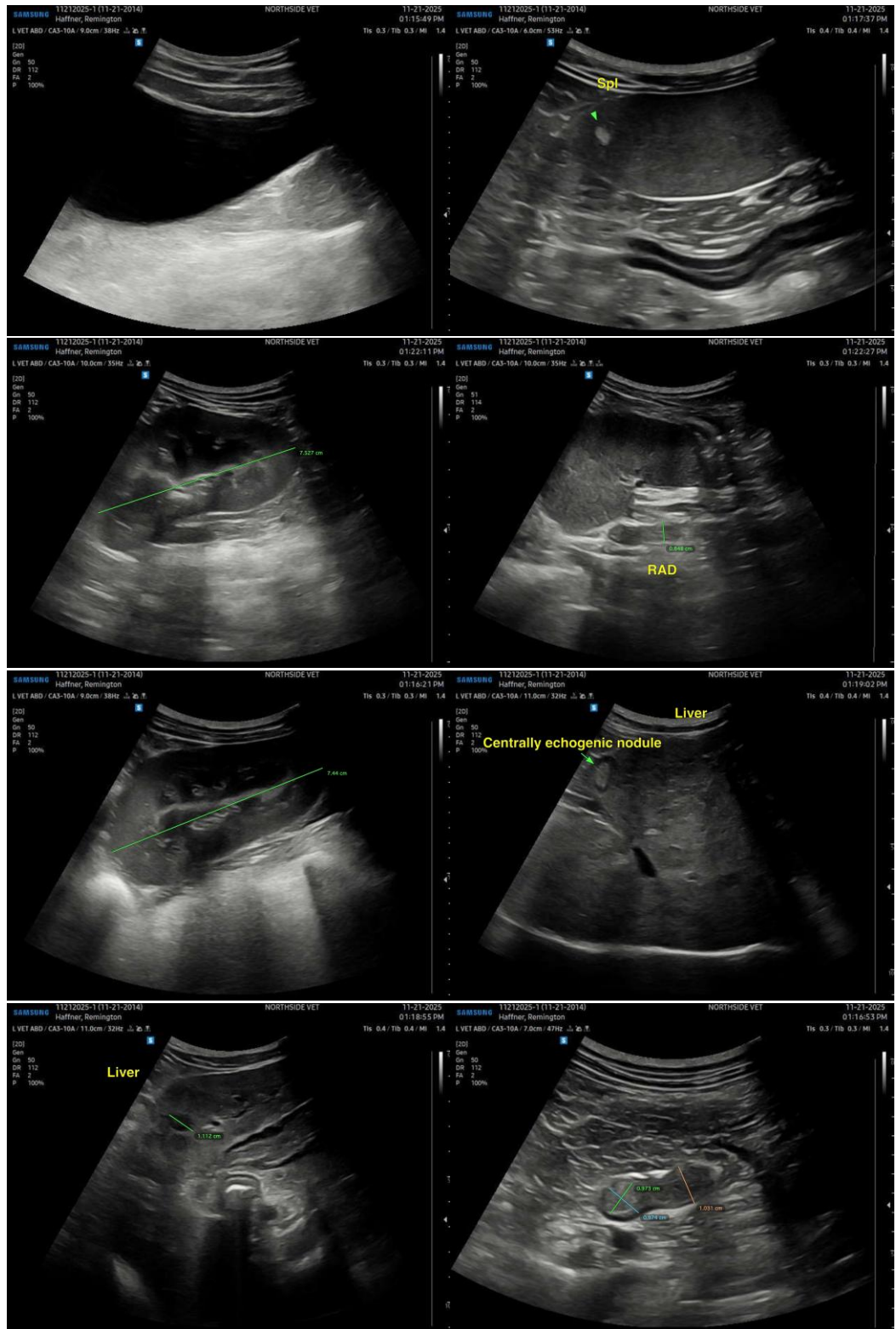
Northside VC

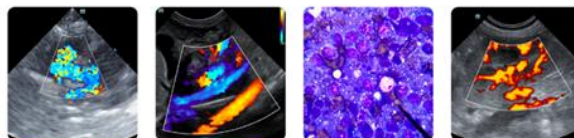
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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