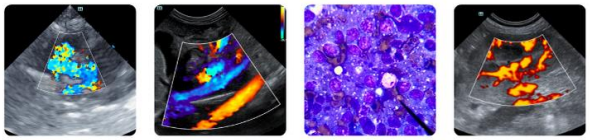


PATIENT

Bear Dressler

SPECIES

Canine

BREED

Great Dane / Weimaraner

SEX

MN

AGE

11y, 6m

WEIGHT

83.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joanne Goodman

HOSPITAL NAME

Evendale-Blue Ash Pet Hospital

REFERRING VET

Dr. Joanne Goodman

INVOICE

10281

DATE

11/04/25

PRESENTING CLINICAL SIGNS

checking hepatopathy and gall bladder debris

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 evidence of urine 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.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. Pinpoint hyperechoic corticomedullary foci, which may indicate pinpoint areas of corticomedullary microinfarction, mineralization, or fibrosis, were noted. The left kidney measured 7.0 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

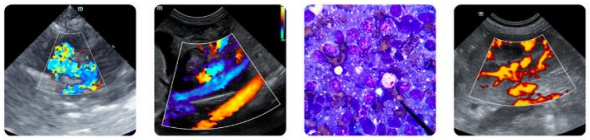
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.66 cm caudal pole width and the right adrenal gland measured 0.69 cm caudal pole width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, nondisruptive, well-demarcated, hyperechoic, perihilar nodules were present. A solitary, mildly expansive, nonhomogeneous mid-lateral splenic nodule was present, measuring 2.0 cm diameter. Mild associated symmetrical lateral splenic capsule distortion was noted without evidence of capsular escape. 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.

Liver/ Gallbladder

The liver presented generalized hepatomegaly with symmetrical capsule contour and mild to lobar various nonhomogeneous remodeled parenchyma. There were no distinct hepatic masses or nodules visualized. Normal hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with moderate, primarily gravity-dependent to nondependent, nonorganized, possibly adhered, peripheral lumen gallbladder debris.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, mild to variably nonhomogeneous liver
- Congealed nonorganized potentially adhered gallbladder debris - not consistent with mature mucocele criteria
- Age-related renal changes
- Mildly expansive lateral splenic nodule with probable benign perihilar myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic benign hepatopathy criteria is probable with considerations including vacuolar hepatopathy, inflammatory disease, hyperplasia, fibrosis, and nonobstructive cholestasis with hepatic neoplasia considered less likely.

The mildly expansive lateral splenic nodule may indicate hyperplasia, hematopoiesis, or granuloma, with potential emerging tumor not excluded.

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology is warranted for further clarification. Hepatosupportive medications with serial sonographic monitoring of the splenic nodule with initial recheck in 3-4 weeks would be reasonable. Diagnostic and prophylactic splenectomy with hepatic biopsies, assuming normal clotting status, may be considered.

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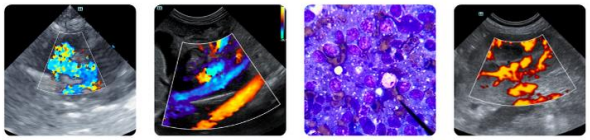

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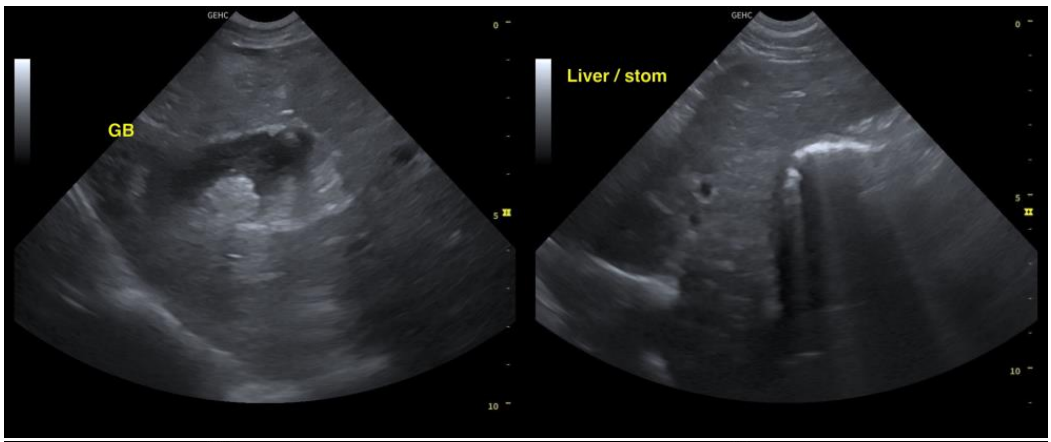

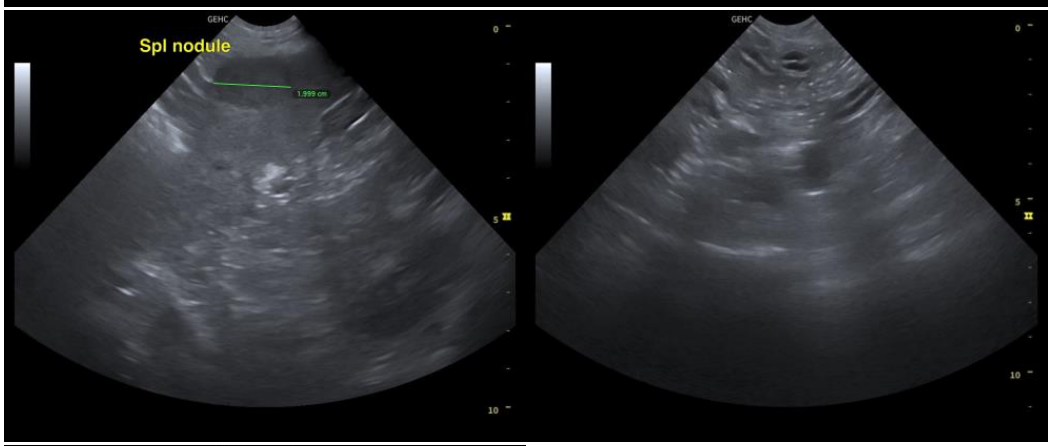

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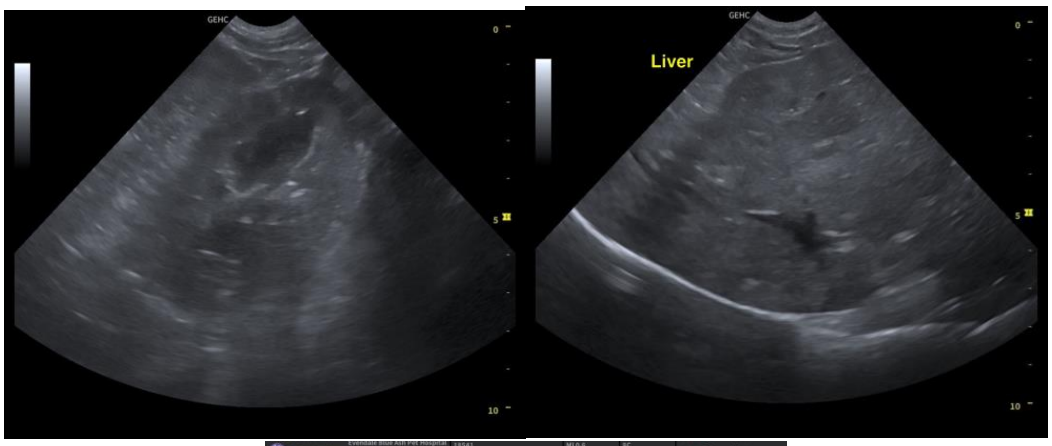

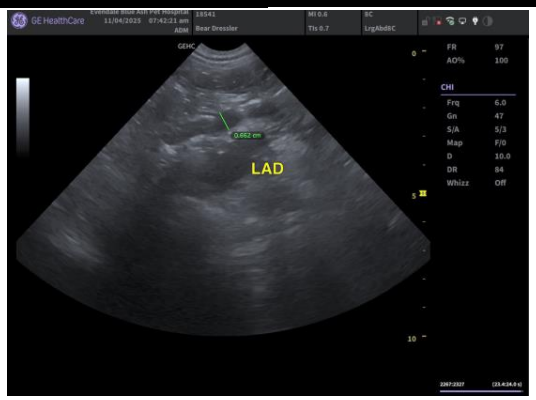

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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