


PATIENT PRESENTING CLINICAL SIGNS

Tessa Laffoley Recheck Liver, has been on Ursodial and Hepato support, Thyrotabs and Meloxadin. Last scan done Feb 2022

SPECIES Abnormal PE/Chem/CBC/UA Results: N/A

Canine

BREED

Cairn Terrier

SEX

FS

AGE

13 years

WEIGHT

18.9 lbs.

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 sediment 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 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. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry was present in the bilateral adrenal glands without suspicion for overt neoplasia. The left adrenal gland exhibited mild prominent size measuring 3.0 cm length x 1.0 cm width in the cranial pole. No evidence of left adrenal neoplastic criteria. The right adrenal gland was normal in size measuring 0.58 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited moderate to marked heterogeneous irregular parenchyma with intermittent indistinct, variably echogenic intraparenchymal nodules. An example of a liver nodule measured 1.4 cm in diameter. Asymmetrical hepatic contour was present. Mild enlargement of the right lateral to caudate liver lobe extending caudally to the approximate level of the pylorus was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

15428

DATE

11/9/22



PATIENT

Gastrointestinal

Tessa Laffoley

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.

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

Cairn Terrier

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

- Static heterogeneous irregular to nodular liver with mild right hepatomegaly
- Static mild chronic renal changes exhibiting pinpoint medullary mineral
- Prominent left adrenal gland - nonspecific
- Pancreatic remodeling

WEIGHT

18.9 lbs.

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DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of overt progressive hepatomegaly or parenchyma changes compared to the previous study. Etiologies may continue to indicate chronic inflammatory / immune-mediated disease, fibrosis, cirrhosis, vascular hepatic changes, hyperplasia, hematopoiesis, or other hepatopathies with neoplasia considered less likely at this stage, given the lack of hepatic parenchymal disease progression. Continued hepatosupportive medications are recommended with as-needed sonographic monitoring depending upon the patient's clinical presentation and monitoring of liver enzymes.

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The prominent left adrenal gland is likely incidental, given the lack of reported clinical signs suggestive of adrenal hyperfunction. Likewise, sonographic monitoring of the left adrenal gland for evidence of progressive enlargement is likely ideal. Screening BP could be considered to assess for evidence of hypertension.

REFERRING VET

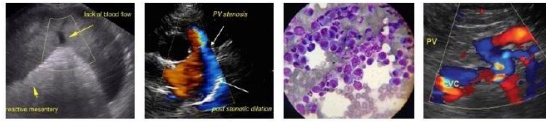
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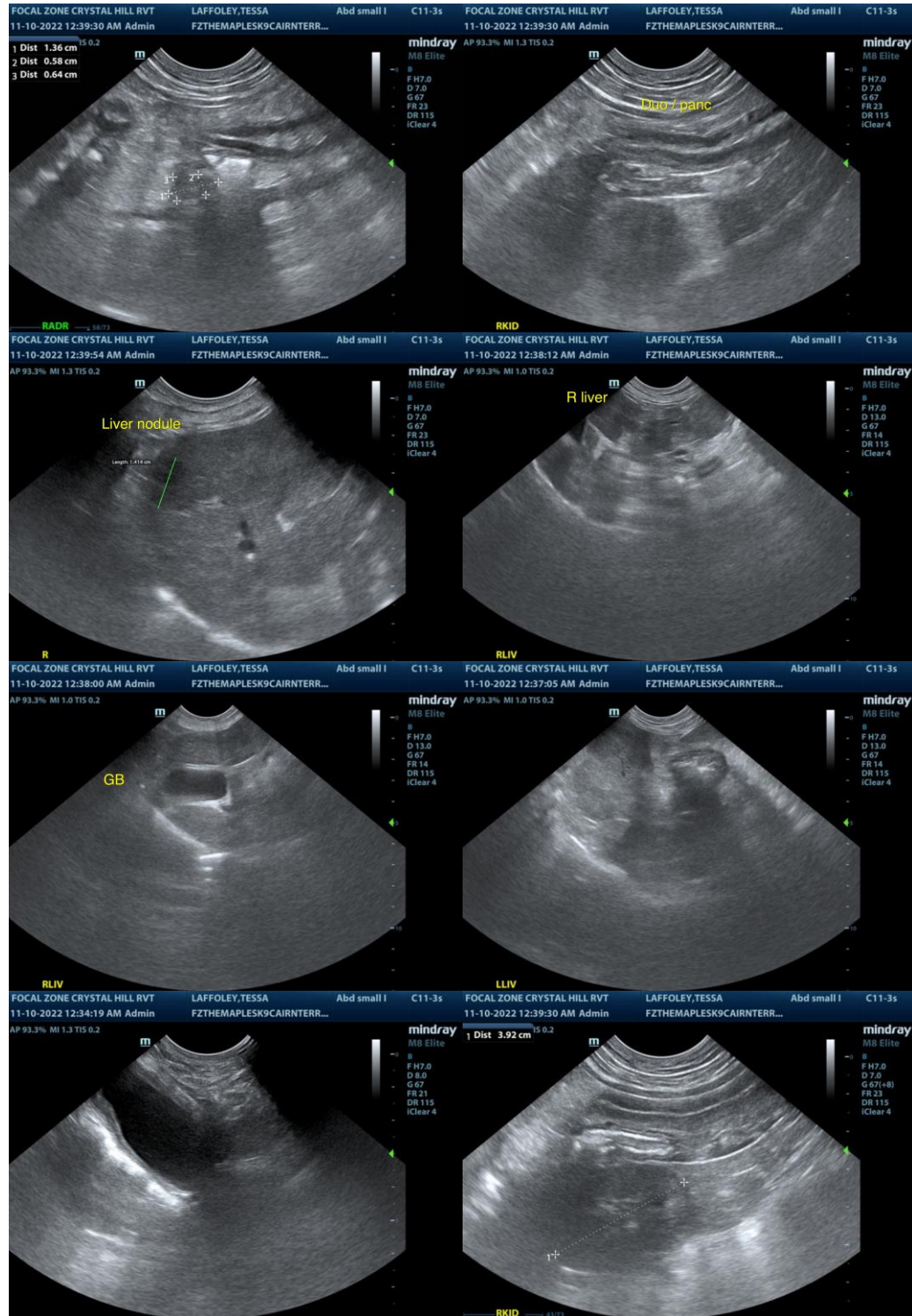
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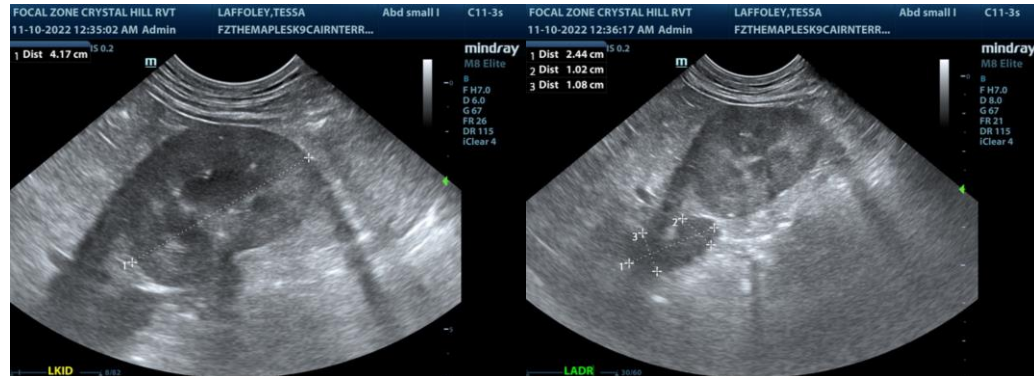
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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