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Clinical Sonography & Telecytology
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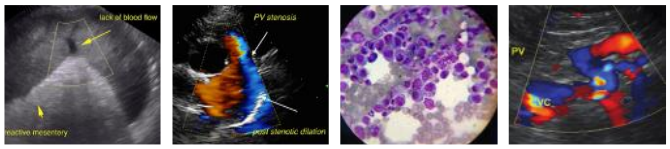

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mya Leung

SPECIES
Canine

BREED
Akita Mix

SEX
FS

AGE
13yr

WEIGHT
66lb

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

IMAGING PERFORMED BY
Karen Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Peyser

INVOICE
12460ag

DATE
12/16/2022

PRESENTING CLINICAL SIGNS

Hypercalcemia and increased LE. Right AGACA removed in January of this year. R/O metastatic neoplasia vs severe liver disease. FNA of liver done, cytology pending.

Abnormal PE/Chem/CBC/UA Results: PE: rectal exam, area of R anal gland small firm nodular area (apx 5mm-1cm), suspect scar tissue. Rest of rectal exam WNL (done while sedated for US). BW (11/29/22): Ca 12.9, AST 61, ALP 2,980, CK 856. UA SG 1.023.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were 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 moderate 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 6.5 cm in length

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac, hypogastric, or sublumbar lymphadenopathy.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length and 0.70 cm width in the caudal pole. The right adrenal gland measured 3.1 cm length and 0.94 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent well demarcated non-disruptive hyperechoic splenic nodules were present consistent with benign myelolipomas. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A mid abdominal well demarcated hyperechoic nodule was present measuring 3.0 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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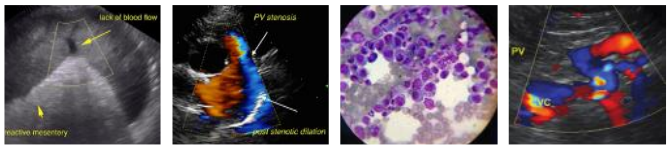

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta 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.

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 was evident.

Free Abdomen

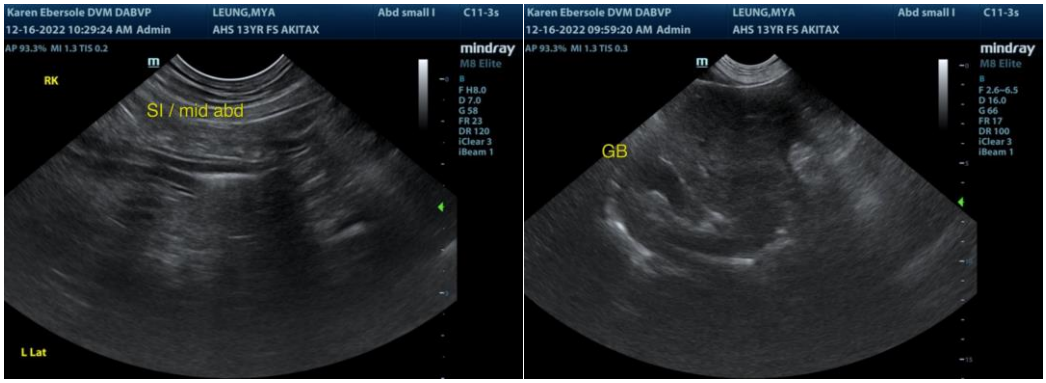
No omental masses, omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting remodeled to focally nodular parenchyma-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or primary or infiltrative neoplasia or other hepatopathy possible
- Sonographically normal gallbladder
- Moderate chronic renal changes
- Benign splenic nodule-benign myelolipoma
- Sonographically unremarkable medial, iliac, hypogastric and sublumbar lymph nodes-no evidence of peri iliac or sublumbar primary or metastatic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatic cytology is recommended. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Hepatic core surgical biopsy may be required for a definitive diagnosis. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A hypercalcemia panel could be considered.



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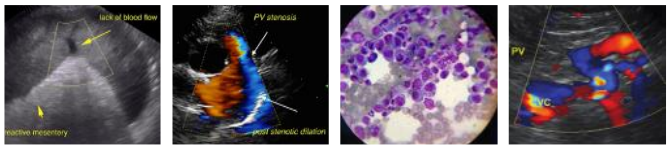

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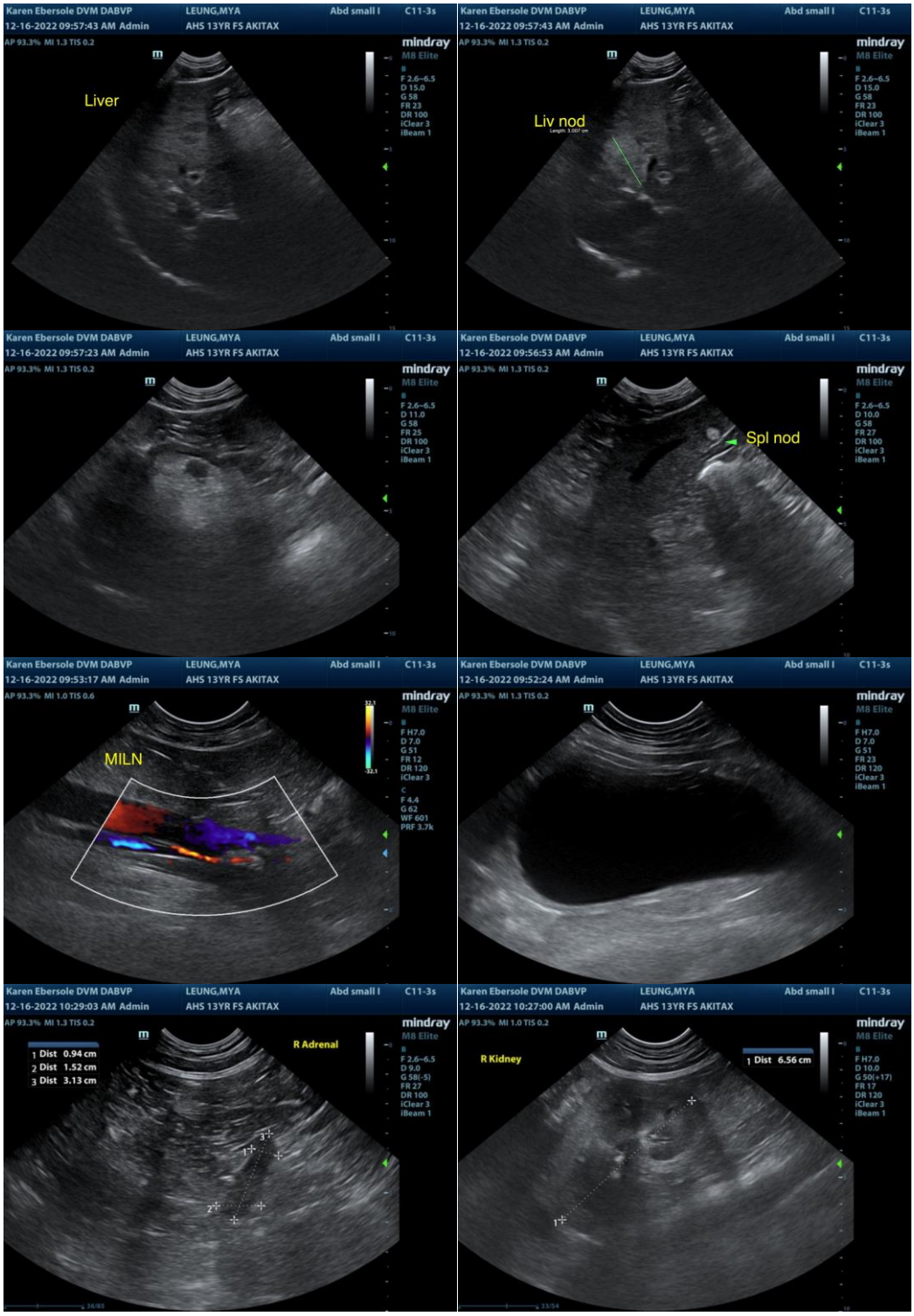

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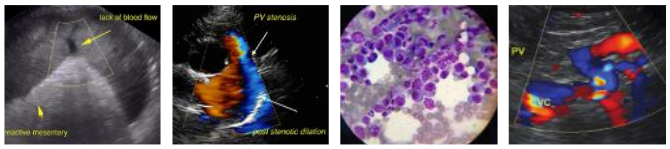

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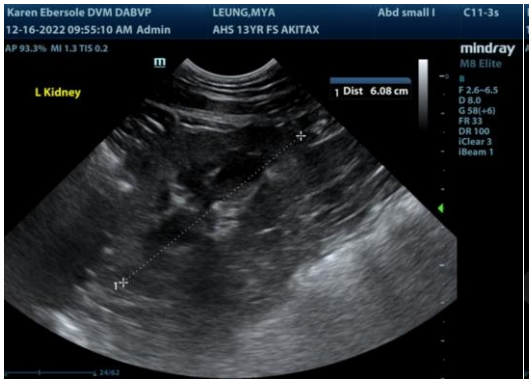

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com