



PATIENT

Sasha DeAngelo

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

9 years

WEIGHT

11.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Barron

INVOICE

12702

DATE

12/3/21

PRESENTING CLINICAL SIGNS

Elevated liver values. Current meds: Metacam, Clavamox

Abnormal PE/Chem/CBC/UA Results: ALT 632, ALP 714, Glucose 130

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 uroliths, calculi 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 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 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were subjectively prominent yet within normal limits for size. Mild asymmetrical contour and primarily uniform hypoechoic parenchyma were present. The left adrenal gland measured 1.8 cm length x 0.58 cm width at the caudal pole. The right adrenal gland measured 1.4 cm length x 0.75 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. An echogenic nodule was present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The nodule measured 0.52 cm.

Liver/ Gallbladder

The liver exhibited generalized mild to potential moderate enlargement with subtle asymmetrical hepatic contour noted along the ventral and caudal hepatic margins. Diffusely nonuniform to hypoechoicly nodular hepatic parenchyma was present. The hypoechoic parenchymal nodules were of variable size. The largest measured 1.6 cm in diameter. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation associated with the gallbladder. The common bile duct was normal.



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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 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.

Rapid view and transdiaphragmatic view of the heart revealed evidence of scant pericardial free fluid. No overt evidence of heart base, right, auricular, or pericardial masses.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely nodular liver
- Emerging to partial gallbladder mucocele
- Probable benign splenic nodule - suggestive of benign myelolipoma
- Scant pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the liver may include chronic active hepatitis, cholangiohepatitis with parenchymal remodeling, and diffuse areas of nodular to regenerative hyperplasia or hematopoiesis, early fibrosis / cirrhosis, vacuolar hepatitis, or other hepatopathy with potential for neoplasia. Hepatic cutaneous syndrome may be considered a less likely differential diagnosis unless cutaneous lesions are noted. Ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, is suggested for screening cytology.

Without overt evidence of associated Inflammation, the partial to emerging gallbladder mucocele is not overtly a clinical player at this time. However, serial sonographic monitoring for evidence for Increasing cholestasis is recommended.

The possibility for underlying adrenal disease is considered unlikely if no clinical signs suggestive of adrenal disease are present.



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Hepatic core biopsy may be required for a definitive diagnosis. Empirically, hepatosupportive medications including Denamarin and Ursodiol are recommended. If surgical biopsies of the liver are elected, strong considerations for prophylactic cholecystectomy is recommended.

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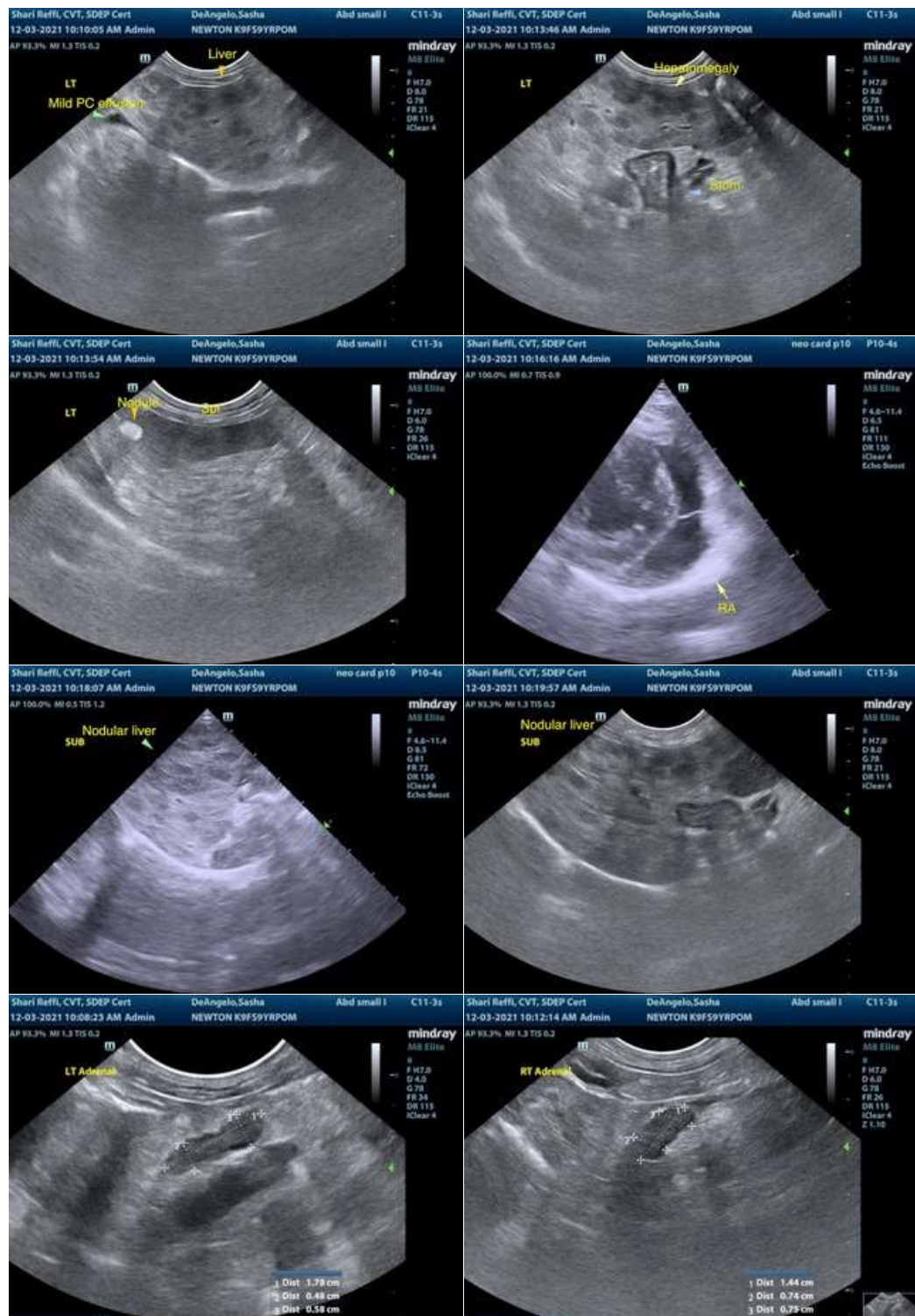
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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