



PATIENT

Swiper Crowley

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10.9 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM,
DABVP

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM,
DABVP

INVOICE

12873

DATE

12/21/21

PRESENTING CLINICAL SIGNS

Patient had wellness bloodwork in 2/21, which showed an ALP of ~ 730. Patient had an ultrasound in 3/21, elsewhere, which found a 1.22cm hypoechoic liver nodule near the L apex, distorting the capsule. Otherwise U/S was normal. Patient presented today to recheck nodule.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

No overt pathology associated with the residual prostate 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 5.0 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was indistinctly visualized, yet without evidence of pathology, measuring 0.50 cm width at 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 subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Previously noted nonhomogeneous, subtly expansive nodule was noted in the caudoventral left liver, exhibiting subtle yet symmetrical capsule distortion. This nodule measured 1.2 cm in diameter. Intermittent additional parenchymal nodules were noted as well in the mid-ventral left liver without evidence of capsule distortion. An example of a mid-ventral liver parenchymal nodule measured 1.0 cm in diameter. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta most consistent with post prandial presentation without 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

A solitary, midabdominal mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width:length ratio (<0.5). The lymph node measured 0.61 cm width. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hepatomegaly exhibiting parenchymal remodeling and Intermittent subtly expansive nonhomogeneous parenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Solitary subjectively benign / reactive mesenteric lymph node - likely Incidental

Secondary Findings

- Mild gastric ingesta - probable recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver was nonspecific yet suggestive of benign criteria. Considerations may include vacuolar hepatopathy, nonspecific hepatitis / cholangiohepatitis given the presence of gallbladder debris, early fibrosis, cirrhosis, or other hepatopathy with suspected areas of nodular to regenerative hyperplasia or small lipogranulomas, given the overall static presentation of the parenchymal nodules. Neoplasia is considered a less likely differential diagnosis, yet cannot be definitively excluded. The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Assuming normal clotting status, ultrasound guided hepatic parenchymal and nodule FNA using a 25-gauged needle is warranted for screening cytology and further clarification. Otherwise, periodic



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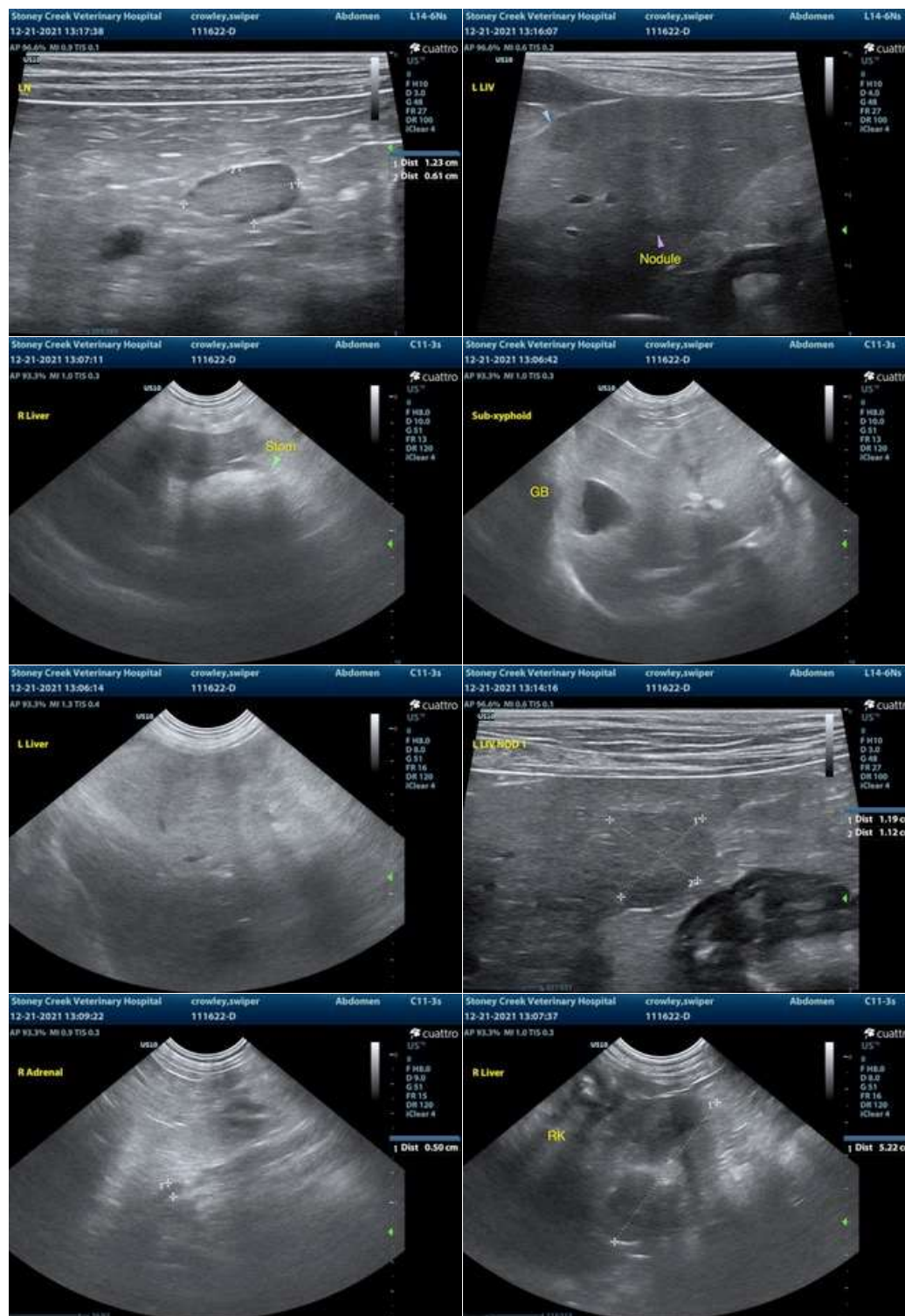
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sonographic monitoring of the liver for evidence of progressive parenchymal or nodular changes is suggested. Hepatosupportive medications Including Denamarin and Ursodiol may prove beneficial.





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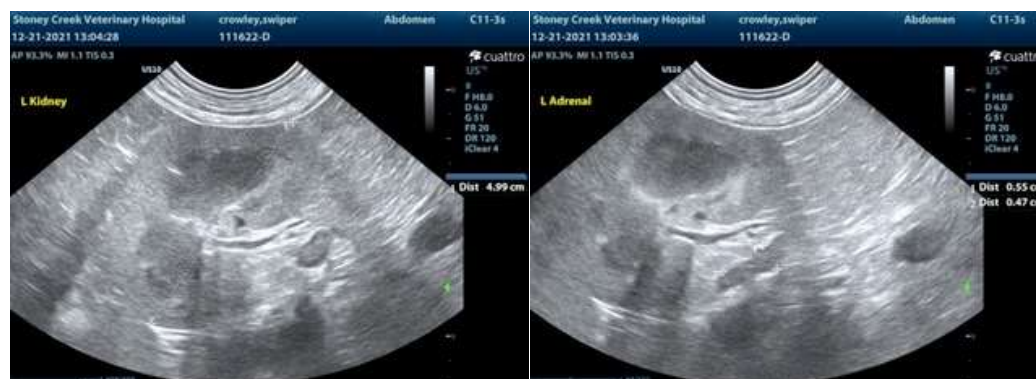
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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