

PATIENT PRESENTING CLINICAL SIGNS

Rangeley Kelly History of increasing liver enzymes. Presented for soft tissue sarcoma removal in May, 2020. Preop BW - ALP 353, then 803 in November, 2020. Presents now with coughing/gagging. Gained 9 lbs in one year - pendulous abdomen. Presently, ALP 1884; ALT 189; Chol 290. On denamarin.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Boxer/Lab

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

SEX

Spayed Female

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 6.5 cm.

AGE

12 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.60 cm at the caudal pole.

WEIGHT

84.5 Pounds

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Intermittent, uniformly echogenic medial parenchymal nodules noted adjacent to the hilus. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

The liver exhibited overall subjective normal size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, subtle, mildly non-homogeneous nodular mass was noted in the caudal parenchyma, adjacent to the gallbladder, measuring 4.5 cm in diameter. The nodular mass appeared to mildly distort the caudal hepatic capsule contour, yet without evidence of parenchymal escape. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Dr. Meredith Leoni

Gastrointestinal

INVOICE

33715

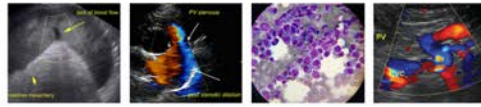
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.38 cm.

DATE

12/23/21

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. Duodenum wall measured 0.41 cm. Jejunum wall measured 0.33 cm.

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



PATIENT

Pancreas

Rangeley Kelly

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.

SPECIES

Canine

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. Example of mesenteric lymph node measured 0.50 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

BREED

Boxer/Lab

SEX

Spayed Female

No omental masses or peritoneal effusion. Potential increased amount of omental fat present.

AGE

12 Years

- Chronic hepatopathy exhibiting parenchymal remodeling and solitary subtle intraparenchymal nodular mass lesion
- Mild gallbladder debris (non-mucocele)
- Benign splenic changes with echogenic nodules – likely consistent with benign myelolipomas.
- Mild chronic renal changes
- Intermittent, subjectively benign/reactive mesenteric and medial iliac lymph node – likely incidental.

WEIGHT

84.5 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was non-specific with considerations including vacuolar hepatopathy with benign parenchymal remodeling, nodular hyperplasia, hematopoiesis, subtle lipogranuloma, inflammatory/immune mediated disease, emerging fibrosis, cirrhosis, hematopoiesis, infiltrative neoplasia (thought less likely), or other hepatopathy.

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma and indistinct nodular mass lesion for screening cytology warranted. Leptospirosis titers/PCR could be considered if clinically indicated. Core or surgical hepatic biopsy is likely required for definitive diagnosis. In addition to Denamarin, Ursodiol (given the presence of mild gallbladder debris and potential non-clinical cholestasis) may prove beneficial. No overt evidence of intraabdominal metastasis from soft tissue sarcoma.

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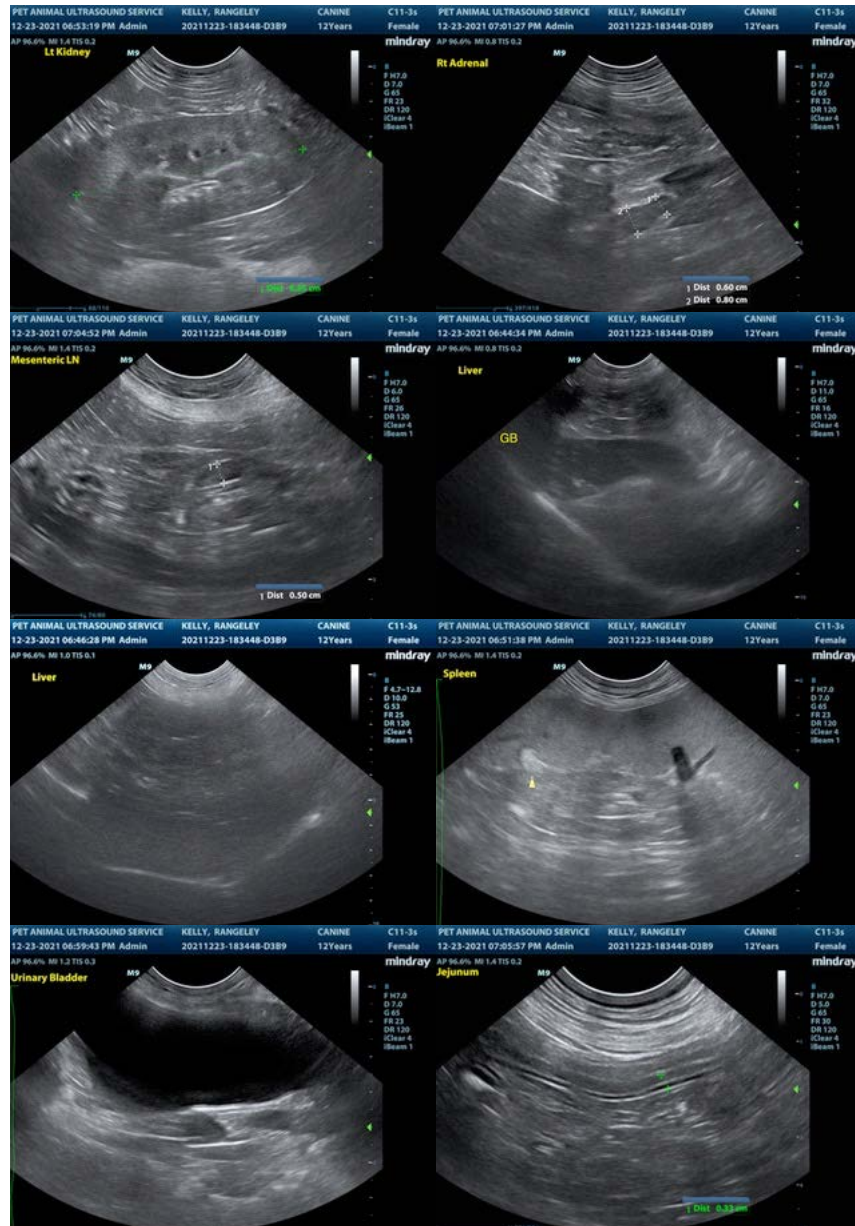
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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