



PATIENT

Miles Pellow

SPECIES

Canine

BREED

Jack Russel Terrier

SEX

MN

AGE

12 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Bladek

INVOICE

15704

DATE

12/27/22

PRESENTING CLINICAL SIGNS

On and off GI issues, grade IV/VI valvular murmur. Check panc/gb area. Current meds: Gabapentin, Benazapril, Furosemide

Abnormal PE/Chem/CBC/UA Results: ALKP 1607, GGTP 364 (12 H)

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 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 residual prostate was free of pathology.

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 4.2 cm in length. The right kidney measured 4.7 cm in length.

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 0.60 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland measured 0.46 cm width at the caudal pole. No evidence of adrenal tumors was noted.

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 was overall normal in size, structure, and contour. 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. A newly noted, mildly expansive, well-demarcated, nonhomogeneous, macronodule to small mass was present in the caudal aspect of the right lateral to caudate liver lobes measuring 3.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic, luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal. No evidence of post hepatic obstructive criteria.



PATIENT	<i>Gastrointestinal</i>
Miles Pellow	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.
BREED	
Jack Russel Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age-related pancreatic changes and considered incidental. No signs of active inflammation or pancreatic neoplasia. Minor potential for low-grade to chronic pancreatitis possible.
AGE	
12 years	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
15 lbs.	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<ul style="list-style-type: none"> • Chronic hepatopathy with newly-noted, mild expansive, nonhomogeneous, right lateral to caudate lobe macronodule / small mass • Mild gallbladder debris (non-mucocele) • Overtly normal gastrointestinal tract / colon • Static mild chronic renal changes • Static heterogeneous pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Shari Reffi, CVT	Assuming normal clotting status, hepatic parenchyma and right lateral to caudate lobe macronodule / small mass FNA cytology is warranted for further assessment. Considerations for the overall liver, including the macronodule / small mass may include vacuolar hepatic changes, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, granuloma, or emerging right lateral to caudate lobe neoplasia.
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Dr. Bladek	Empirically, hepatosupportive medications including Denamarin and Ursidol may prove beneficial. Sonographic monitoring of the liver macronodule to small mass would be a more conservative approach.
INVOICE	
15704	Subjectively, the liver macronodule to small mass appears to be amendable to surgical resection without overt extension into the area of the porta hepatis or gallbladder.
DATE	
12/27/22	A GI panel to include PLI/TLI/Cobalamin/Folate, if not done, may be considered to assess for occult small intestinal or pancreatic disease as a contributing factor to the patient's gastrointestinal signs.



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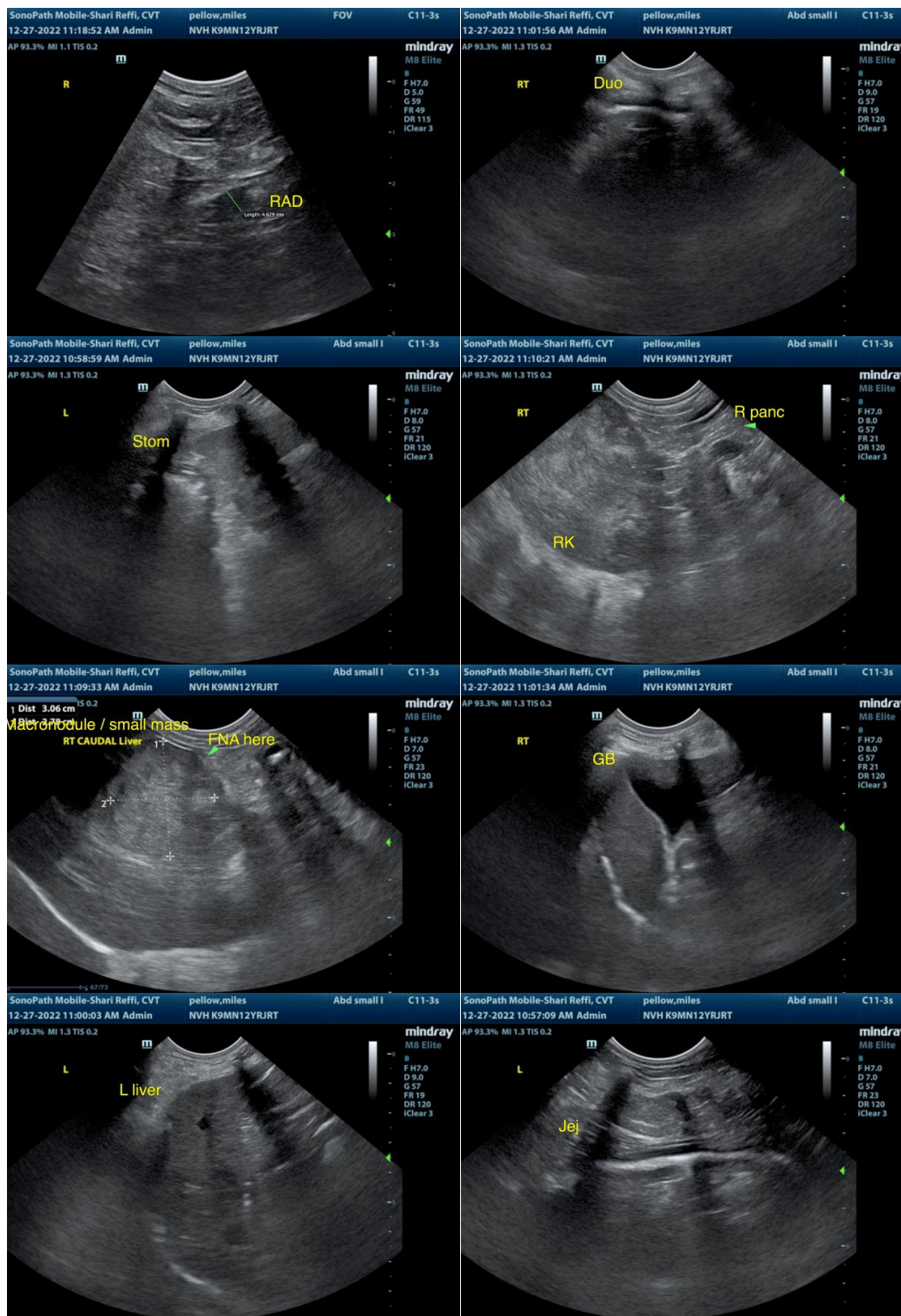
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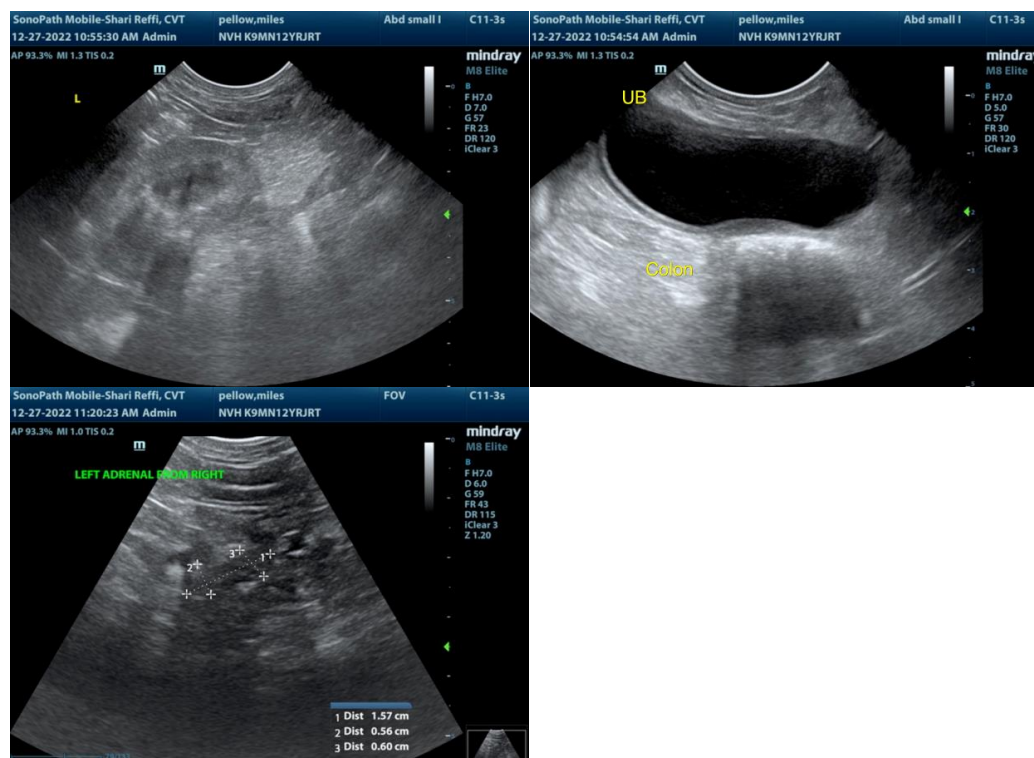
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com