


PATIENT

Bentley Graham

PRESENTING CLINICAL SIGNS

P in for lumpectomy Nov 1 2021, liver values high, started on Hepatosyl-LQ . In for recheck and repeat blood work Dec 17 2021, values still high, started Ursodiol suspension and Hepato Support.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT, ALKP- high

BREED

Yorkie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

MN

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, 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.

AGE

8 years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.57 cm in diameter.

The area of the aortic trifurcation was free of pathology.

WEIGHT

8 kg

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. Subtle pinpoint hyperechoic cortical foci were present in both kidneys, which may indicate pinpoint areas of fibrosis, microinfarction, or emerging pinpoint mineralization. No evidence of pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.7 cm in length.

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

Adrenal Glands
IMAGING
PERFORMED BY

Crystal Hill

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.51 cm width at the caudal pole.

HOSPITAL NAME

 Beatties PH Stoney
 Creek

The right adrenal gland was indistinctly visualized, yet was without overt pathology subjectively measuring 1.8 cm length x 0.64 cm width at the caudal pole.

REFERRING VET

Dr. Baskin

Spleen

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma. A solitary, well-demarcated, hyperechoic nodule was noted adjacent to the splenic hilus.

Liver/ Gallbladder
INVOICE

12934

The liver exhibited overall normal size with subtle areas of asymmetrical hepatic contour. Generalized, nonuniform to diffusely nodular parenchyma was present. The nodules were primarily nonhomogeneous to hypoechoic in appearance and variably sized. An example of a larger-appearing nodule measured 2.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

12/30/21


PATIENT
Gastrointestinal

Bentley Graham

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

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

SEX

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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.

AGE

8 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. No overt evidence of perihepatic reactive mesentery was noted.

WEIGHT

8 kg

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Hepatopathy exhibiting generalized nonuniform to nodular parenchyma
- Sonographically unremarkable gallbladder
- Early chronic renal changes

Secondary Findings

- Benign splenic nodule - likely myelolipoma
- Intermittent small bowel mucosal speckling - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the liver may include vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis, cirrhosis, with diffuse nodular to regenerative hyperplasia, hematopoiesis, primary vs. metastatic neoplasia or other hepatopathies. Potential for hepatocutaneous syndrome may be considered if evidence of concurrent dermal lesions. Further clarification would require hepatic sampling. Assuming normal clotting status, hepatic FNA using a 25-gauge needle is warranted for screening cytology. Core or surgical biopsy is likely required for a definitive diagnosis and should be considered given the age of the patient. Empirically, continued hepatosupportive medications are recommended.

Baseline renal staging to include urine C/S and UPC may be considered.

The intermittent small bowel mucosal speckling is nonspecific and likely incidental, yet mucosal speckling has been associated with enteritis if previous or current history of gastrointestinal signs.



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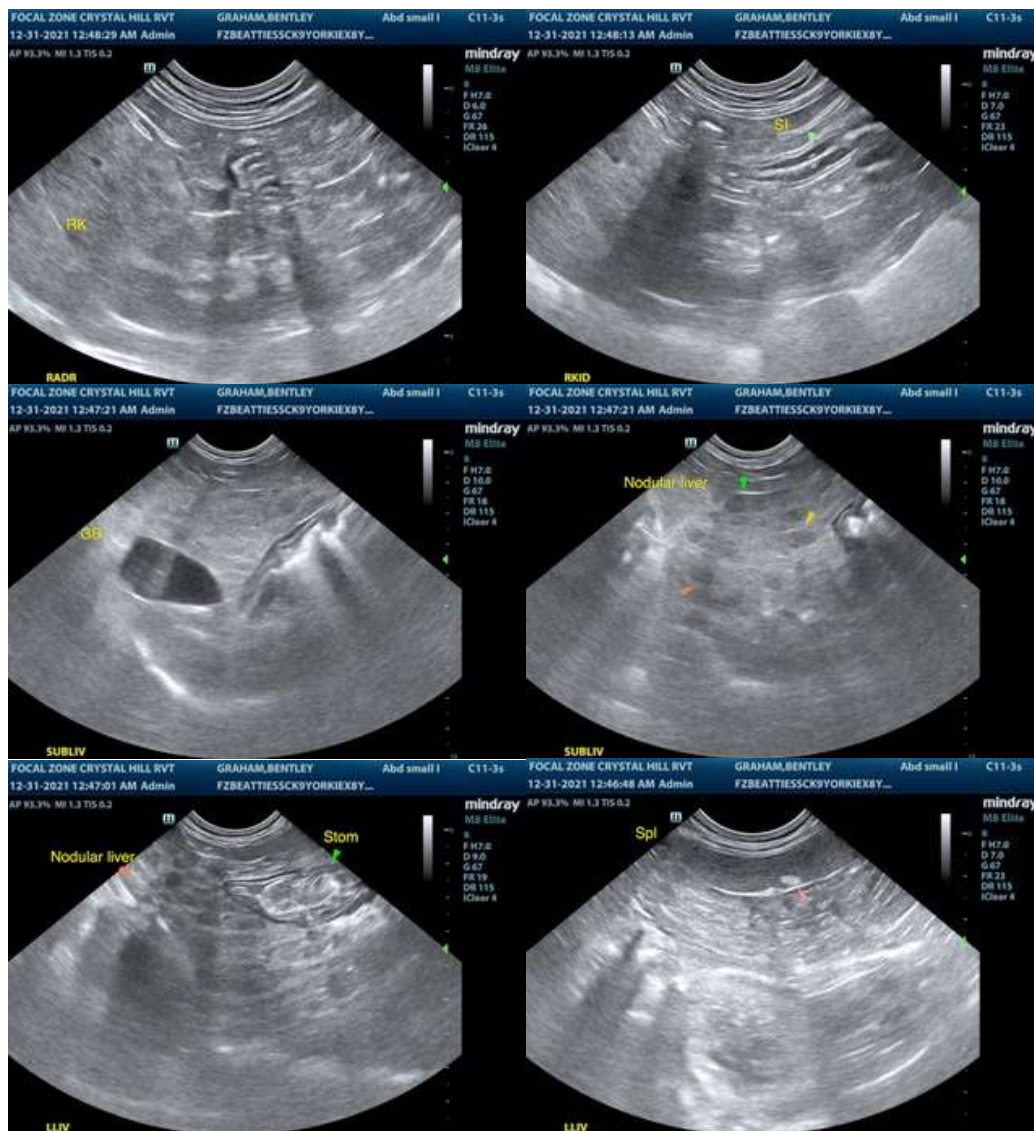
Dr. Baskin

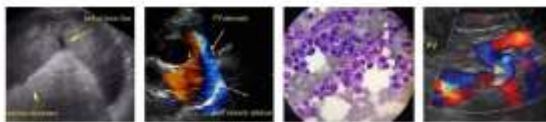
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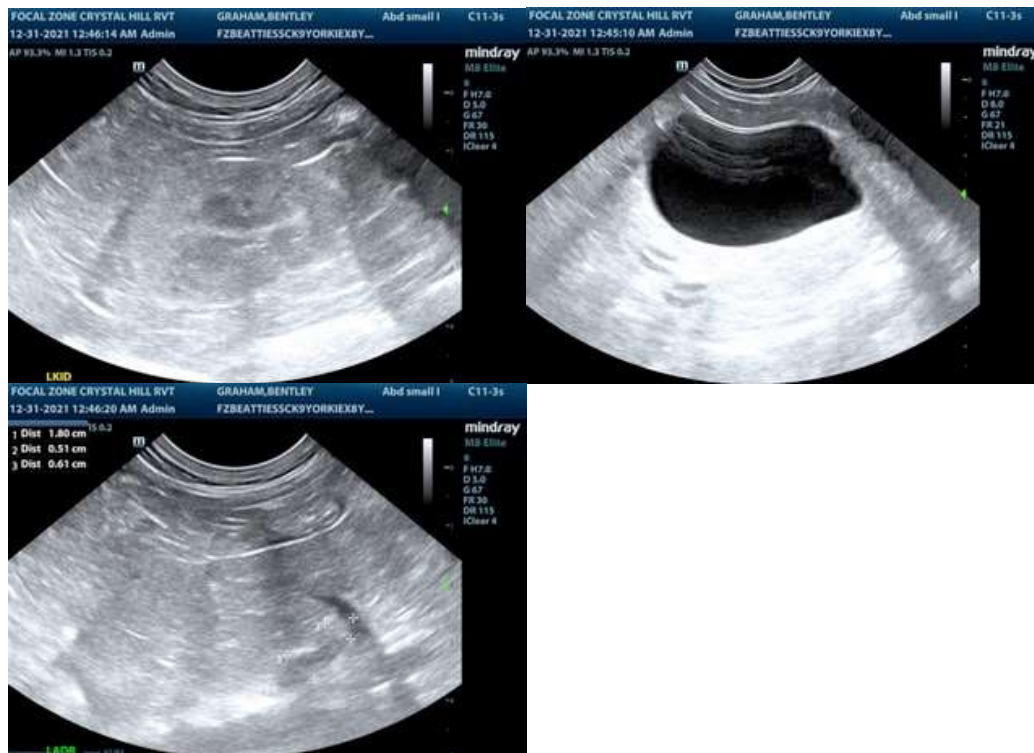
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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