



PATIENT

Cheeseburger
Eiserman

SPECIES

Canine

BREED

English Bulldog

SEX

MN

AGE

5 years 8 months

WEIGHT

68.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

INVOICE

12747

DATE

12/6/21

PRESENTING CLINICAL SIGNS

Pt. presented on Thursday for pre-op bloodwork for TPLO surgery when it was discovered that his MM were very pale, a CBC was run and his HCT was 29%. Today bloodwork was rechecked and HCT is holding steady at 29.6% and MM are pale pink. Firm abdomen on palpation. Heart and lungs are difficult to assess due to brachycephalic breed. Slide agglutination was negative. No bilirubin in the urine.

Abnormal PE/Chem/CBC/UA Results: MM - pale pink HCT: 29.6% RBC: 4.81 HGB: 10.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and contour with subtle generalized splenic parenchyma heterogeneity. No distinct splenic masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited moderate to potentially marked generalized enlargement with generalized normal hepatic parenchyma echogenicity maintaining a finely textured homogeneous echotexture. The capsule of the liver was primarily symmetrical yet rounded in contour. Focal to intermittent yet discreet, non-expansive, hypoechoic intraparenchymal nodules were present. An example measured 1.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was sonographically unremarkable yet appeared to be mildly displaced caudally owing to adjacent lobar swelling. The cystic and common bile ducts were normal.

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.



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

Pancreas

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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.

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Free Abdomen

Focal pocket of scant peritoneal free fluid was noted along the mid to right caudal hepatic margins. No overt lymphadenopathy was present. The omentum exhibited subjective normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Moderate to marked hepatomegaly with focal to intermittent discreet yet non-expansive hypoechoic parenchymal nodules
- Sonographically unremarkable yet mildly displaced gallbladder
- Normal splenic size and contour with mild heterogeneous parenchyma
- Small pocket of scant perihepatic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported hepatic enzyme elevations, the hepatomegaly in this patient is nonspecific. Considerations may include metabolic / reactive / vacuolar hepatopathy, inflammatory hepatopathy, while the possibility of hepatic neoplasia cannot be excluded.

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The splenic heterogeneity was not overtly suggestive of neoplastic criteria with considerations including patient breed variant, hematopoiesis, mild hyperplasia, incidental splenitis, with splenic neoplasia considered a less likely differential diagnosis.

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Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle, would be warranted for screening cytology. Infectious disease serology may be considered if clinically indicated.

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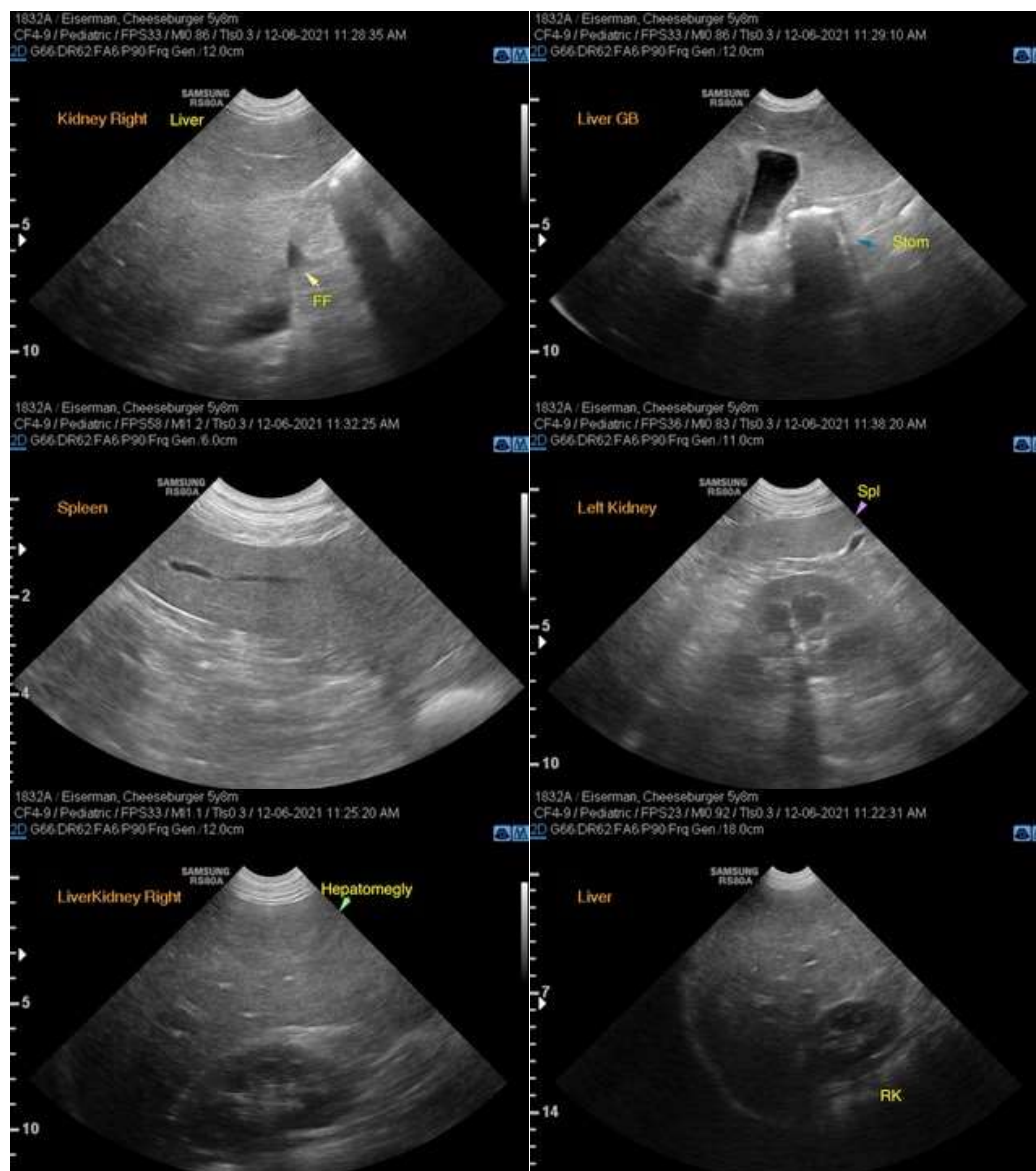
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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