

**PATIENT**

Lucy Jarrin

SPECIES

Canine

BREED

Toy Poodle

SEX

SF

AGE

15 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Jillian Sullivan, DVM

INVOICE

16141

DATE

2/10/23

PRESENTING CLINICAL SIGNS

-Was dropped onto her back on concrete garage floor yesterday (approx 3 feet), seemed very painful overnight so was dropped off this AM. History of liver/GI issues and had ultrasound last March with SVS: Mild colitis • Overtly normal stomach/small intestine with mild nonspecific intestinal mucosal speckling-subtle mural changes, which may indicate inflammatory process, although nonspecific • Mildly heterogeneous pancreas- patient variant, potential for low-grade to minor pancreatitis possible • Vacuolar hepatopathy pattern- subjectively benign • Mild gallbladder debris (non-mucocele)

Abnormal PE/Chem/CBC/UA Results: Arched and painful on palpation of spine. Radiographs revealed rib fracture and spondylosis. Abdominal mass suspected on rads incidentally. HCT 36%, BUN 37, TP 11, ALB 4.4, Glob 6.6, ALT 235, TBIL 2.6, CHOL 462, Lip 4929, ALKP 3901

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 evidence of medial Iliac or sublumbar lymphadenopathy.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor left kidney pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.2 cm length x 0.52 cm width at the caudal pole. No overt pathology was noted in the area of the left adrenal gland.

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 potential for mild to possible moderate enlargement in the left to mid liver with marked enlargement of the right lateral to caudate liver including lobar swelling along with several

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non-disruptive well-demarcated uniform hyperechoic intraparenchymal nodules. An example of a caudate intraparenchymal nodule measured 1.7 cm diameter. The caudate liver lobe subjectively measured 8.0-9.0 cm diameter. Primarily maintained symmetrical capsule contour within the enlarged right lateral to caudate liver lobe was noted. The caudate liver lobe appeared to extend caudally past the level of the pyloric axis and to the level of the right kidney. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized mild hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Suspect mild nonspecific nonshadowing ingesta was noted.

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

No omental masses, lymphadenopathy, or peritoneal effusion / evidence of internal bleeding were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting moderate to marked right lateral to caudate lobe hepatomegaly, concurrent intermittent well-demarcated nondisruptive hyperechoic intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with minor left kidney pyelectasia
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation including the right lateral to caudate hepatomegaly and nodular changes are nonspecific with considerations including vacuolar hepatopathy, inflammatory / immune-mediated disease, nonobstructive cholestasis, hyperplasia, hematopoiesis, right lateral to caudate lobe hepatoma, infiltrative neoplasia (thought less likely but possible), or other hepatopathy. The radiographic abdominal mass likely correlates with right lateral to caudate lobe hepatomegaly.

IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



Clinical Sonography & Telectyology

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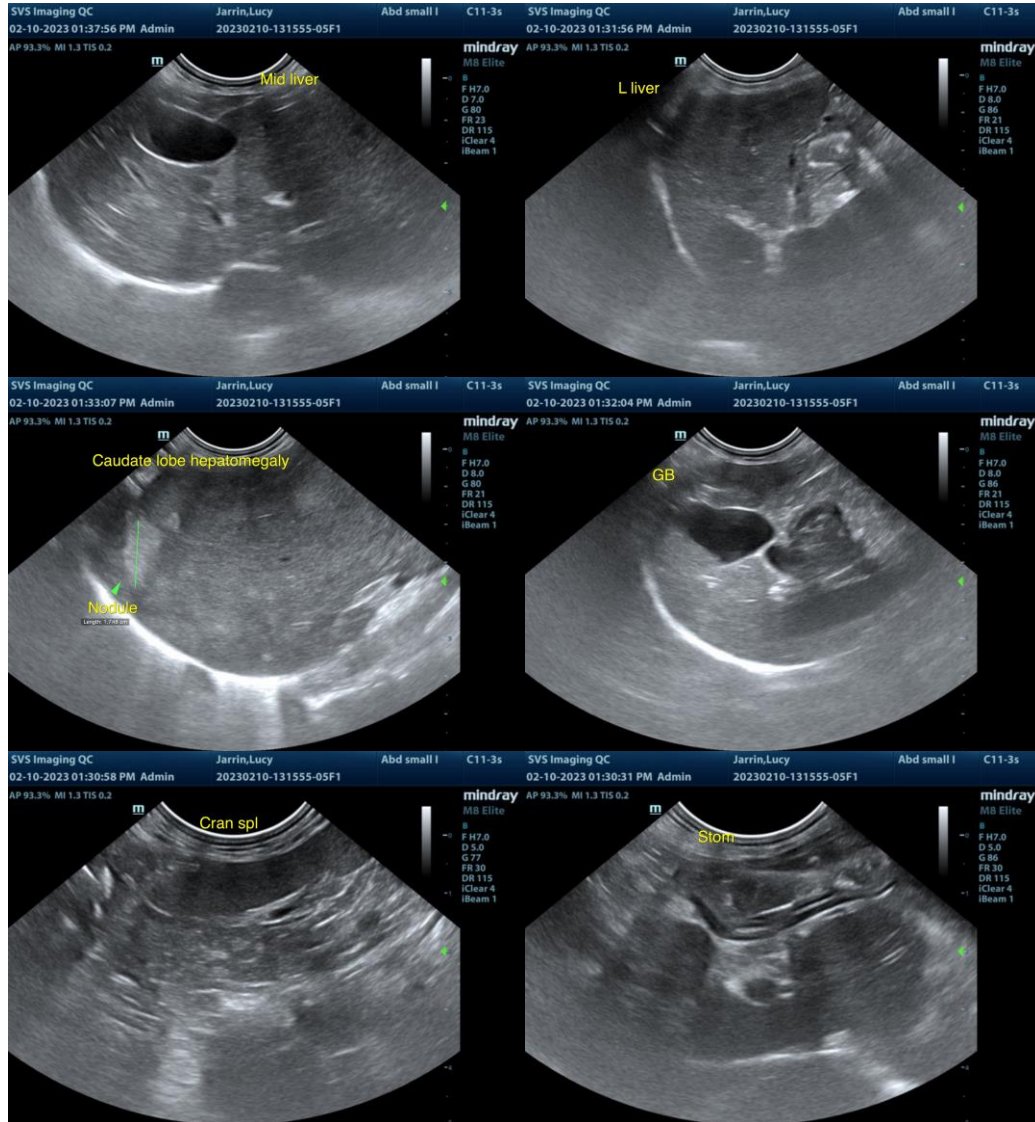
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Screening hepatic FNA specifically in the area of the right lateral to caudate lobe hepatomegaly assuming normal clotting status is warranted for further assessment. No evidence of intraabdominal trauma or hemorrhage. Hepatosupportive medications including Denamarin and Ursodiol are recommended if not currently instituted.





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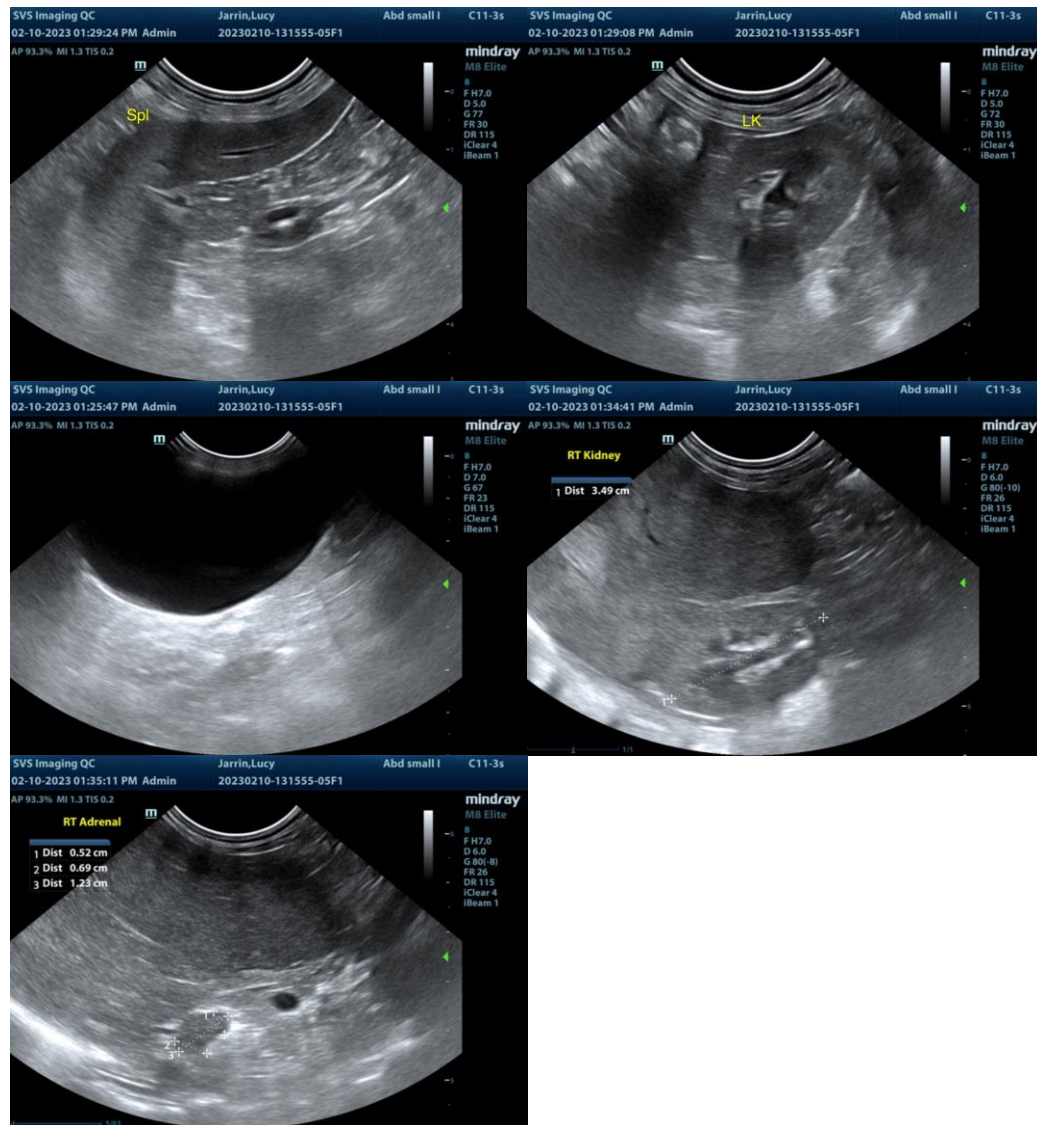
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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