



PATIENT

Puck Beall

SPECIES

Canine

BREED

Irish Terrier

SEX

MN

AGE

12 years

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Oliver

INVOICE

16152

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Upward trending LE. No clinical signs noted. *Sensitive on probe pressure sub xiphoid and over cyst.*. FNA of L liver and 20mL of fluid drained from cyst. Spun down 5 mL for cytospin cytology (minimal cellular sediment).

Abnormal PE/Chem/CBC/UA Results: ALT 223 (91 in 3/2022), ALP 1,628 (539 in 3/2022). *Sensitive on probe pressure sub xiphoid and over cyst.*. FNA of L liver and 20mL of fluid drained from cyst. Spun down 5 mL for cytospin cytology (minimal cellular sediment).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 6.3 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.2 cm length x 0.76 cm width at the caudal pole. No overt pathology was noted in the area of the right 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 subjective mild enlargement with normal 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 solitary moderately sized thinly walled intraparenchymal cyst containing anechoic fluid without evidence of fluid echogenic component was present. No evidence of peripheral cyst inflammation was noted. The cyst measured approximately 7.3 cm diameter. The gallbladder was non-distended in size containing primarily



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anechoic content with mild nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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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.

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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.

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Pancreas

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 incidental. No signs of active pancreatitis or pancreatic pathology.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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- Hepatopathy with moderately sized, thinly walled, intraparenchymal cyst containing anechoic fluid
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with considerations including vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, early minor fibrosis, or other hepatopathy with infiltrative neoplasia considered less likely. The moderately sized hepatic cyst was not overtly consistent with neoplastic or abscess criteria.

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Correlation with pending hepatic parenchyma FNA cytology, as well as cyst fluid analysis, is suggested. Additional percutaneous drainage of the cyst could be considered especially if evidence of cranial abdominal or subxiphoid discomfort. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic reassessment of the liver and gallbladder is suggested if evidence of persistent hepatic enzyme elevations and/or cholestasis.

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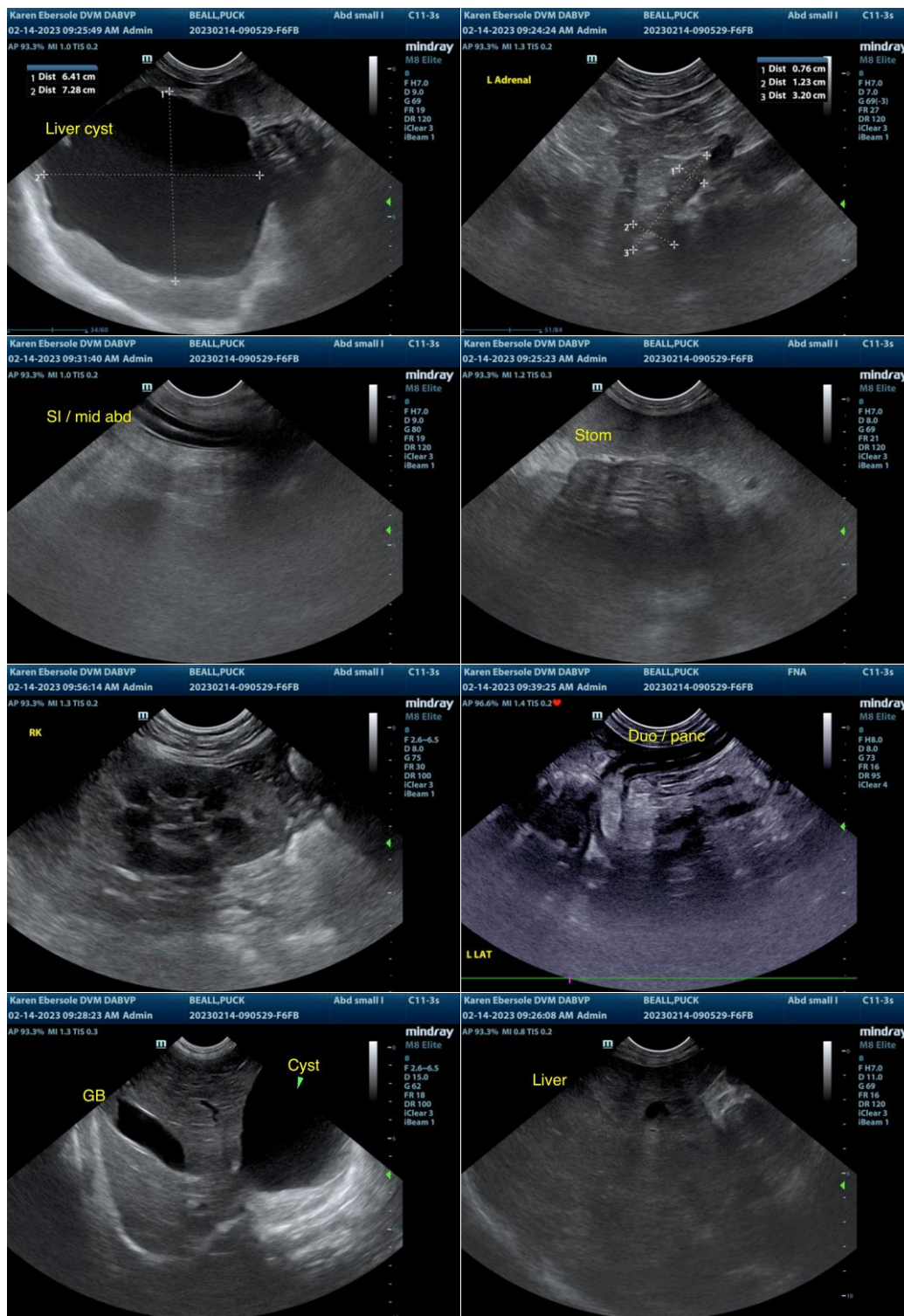
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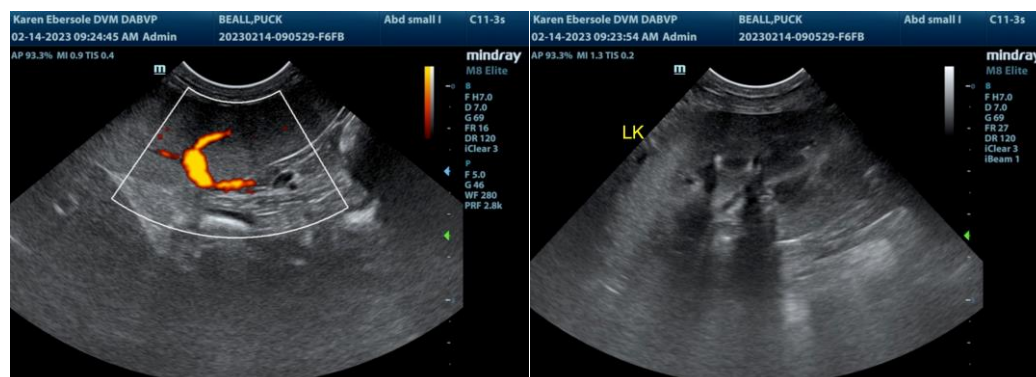
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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