



PATIENT

Please submit studies in DICOM format if possible.

Taco Lee

PRESENTING CLINICAL SIGNS

SPECIES

increased liver values. r/o liver disease.

Canine

Abnormal PE/Chem/CBC/UA Results: Na:K ratio = 27, but this has been consistent for him for many years - will continue to monitor ALP = 568 H (decreased from 980 in April 2021) tBili = 0.5 H (was 0.2 in April 2021) all other liver values are normal.

BREED

Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, dependent to non-dependent, hyperechoic sediment was present. The potential for pinpoint mineral was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

15

WEIGHT

18.5

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. Areas of nonobstructive medullary mineral to small renoliths were present primarily in the lateral diverticuli of both kidneys. No evidence of pelvic dilation was present.

INTERPRETED BY

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

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 approximately 0.6 cm width in the cranial pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Dr. Harris

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.

HOSPITAL NAME

Mt. Yonah AH

REFERRING VET

Dr. Michelle Harris

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, nondependent, particulate, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach revealed mildly expansive hypoechoic to focal hyperechoic mural mass lesion subjectively in the area of the ventral gastric body or gastric antrum wall, measuring approximately 3.0 cm in diameter. Subtle evidence of regional perigastric reactive mesentery was present.

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

Suspect focal to potential multifocal cranial abdominal lymph node to nodes were present. The lymph node to nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph node to nodes was bordered by echogenic to reactive mesentery. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern
- Mild gallbladder debris - potentially owing to fasting or cholestasis
- Mildly expansive gastric mural mass lesion
- Probable focal to potentially multifocal, hypoechoic, mildly swollen cranial abdominal lymphadenopathy
- Nonobstructive renal medullary mineral / small renoliths
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may potentially be passing pinpoint mineral from the kidneys into the urinary bladder. Correlation with a full urinary workup is recommended.

If accessible and assuming normal clotting status, ultrasound-guided FNA of an enlarged probable cranial abdominal lymph node for screening cytology could be considered. Likewise, sampling of the gastric mural mass lesion is required for further clarification.

Neoplastic gastric mural lesion with potential involvement of perigastric to cranial abdominal lymph nodes is of concern, yet not definitive.

Overt hepatic metastasis was not definitively evident. Concurrent screening FNA of the liver using a 25-gauge needle could be considered for cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the gastric mural lesion



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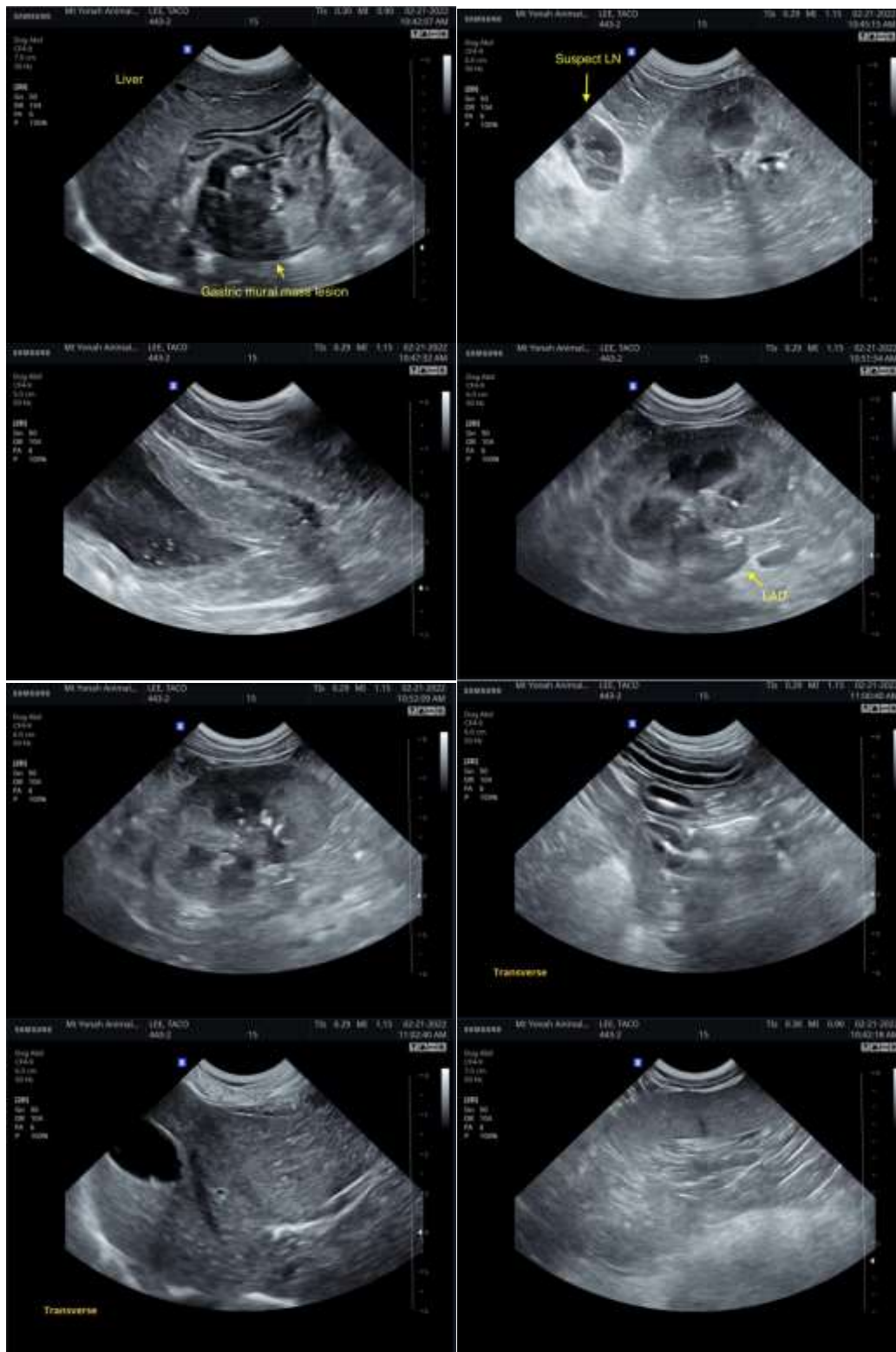
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and cranial abdominal lymphadenopathy would be a more conservative approach.





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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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