



**PATIENT**

Emme D'Andrea

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

FS

**AGE**

10 Years

**WEIGHT**

21 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Compassionate Care  
 Veterinary Clinic

**REFERRING VET**

Linda Farrington, DVM

**INVOICE**

50092

**DATE**

2-5-22

**PRESENTING CLINICAL SIGNS**

Recheck echo. History chronic valvular disease - Stage B2. Emme doing well clinically. Pertinent previous echo findings (7/26/21 MML): LA 2.3 cm; LV:Ao 1.5; LV 2.9 cm; mild LAE; mild-moderate MR; mild-moderate TR (2.7 m/s). Medications: Amlodipine 1.25 mg BID; PImobendan 2.5 mg BID; Enalapril 5 mg BID. Owner is requesting an AUS for screening. No abnormalities noted on abdominal exam.

**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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 4.5 cm in length. The right kidney measured 4.8 cm in length.

*Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.65 cm width in the cranial pole and 0.67 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the cranial pole and 0.61 cm width in the caudal pole.

*Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes Splenic capsule fibrosis was noted in the medial splenic capsule. Likely discreet myelolipoma adjacent to the splenic hilus. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling. No overt evidence of splenic neoplastic criteria.

*Liver*

The liver was normal in size and contour with generalized hepatic parenchymal remodeling exhibiting multifocal variably sized subtly hypoechoic intraparenchymal nodules. An example of a nodule measured 2.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized, nonmineralized gallbladder debris. Potential for mucus noted between the debris and inner luminal wall. No overt evidence of inflammatory gallbladder wall changes or evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

*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. The duodenum wall measured 0.48 cm width and the jejunum wall measured 0.43 cm width.

**SPECIES**

Canine

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 was evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**AGE**

10 Years

- Hepatic parenchymal remodeling with multifocal variably sized yet discreet hypoechoic intraparenchymal nodules.
- Mild to moderate gallbladder debris (nonmucocele).
- Bilateral chronic renal changes.
- Focal medial splenic capsule fibrosis and suspect perihilar myelolipoma.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Largely geriatric abdomen without evidence of significant visceral pathology.

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The discreet hypoechoic hepatic nodules are nonspecific with considerations including suspected areas of hematopoiesis or nodular to regenerative hyperplasia. Potential for emerging neoplastic hepatic nodules considered a less likely differential diagnosis.

**IMAGING  
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Sonographic monitoring of the hepatic nodules for evidence of progression would be reasonable. Ultrasound guided FNA of the hepatic parenchyma and nodule, if accessible, assuming normal clotting status and using a 25 gauge needle, could also be considered.

Pamela Harrigan, RDMS

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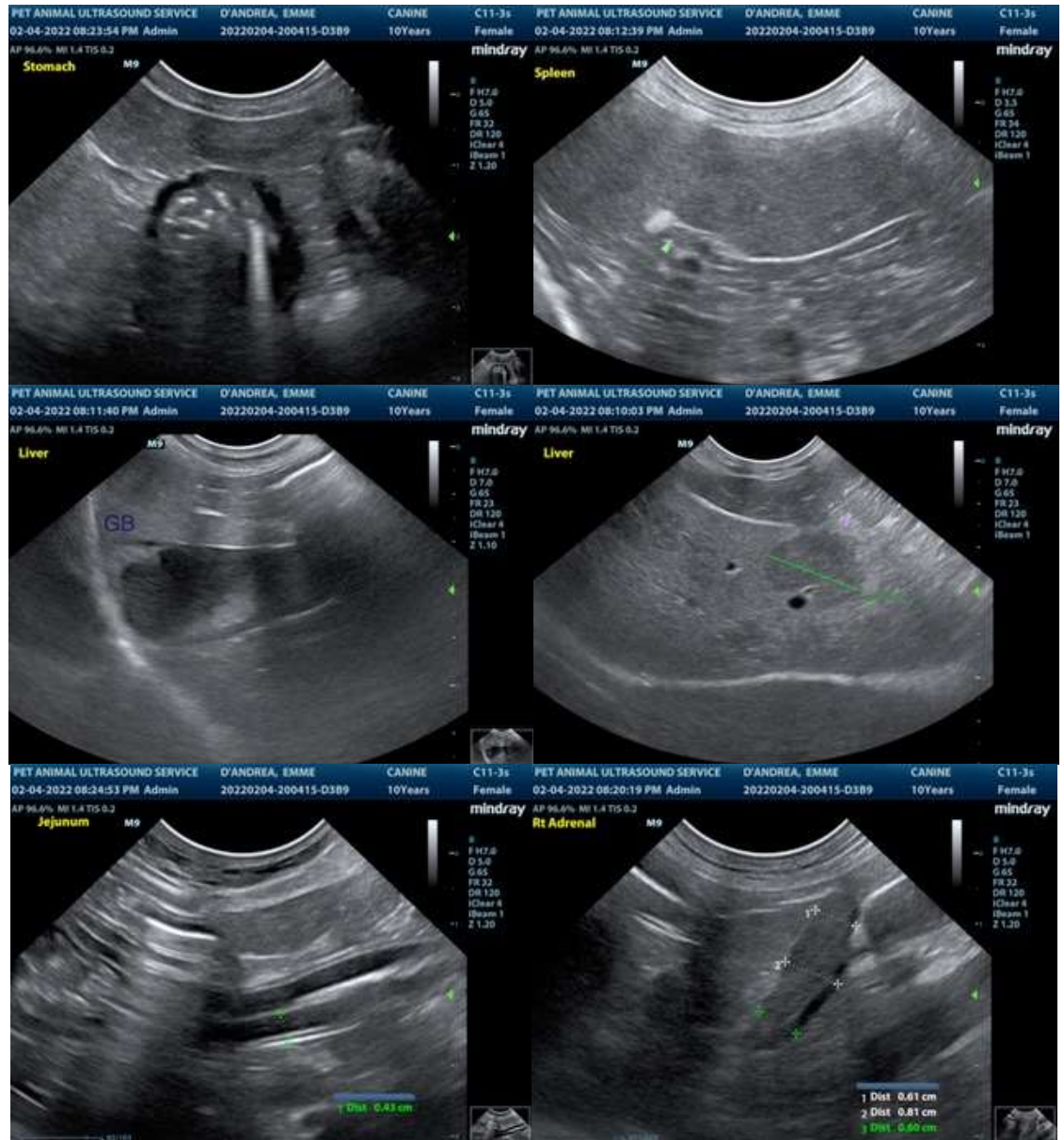
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Pamela Harrigan, RDCS

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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 Veterinary Clinic

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 info@SonoPath.com

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