

PATIENT PRESENTING CLINICAL SIGNS

Maddy Zaruby advised ALP lower ALT slightly higher. Rec denamarin x 1m + 3m post op AUS as per specialist recommendation. Liver values increasing despite a lobectomy in October 2021. : Examination and a repeat U/S were done on Oct 4 in Colorado. surgery was done on Oct 5, with discharge on Oct 7. benign hepatocellular adenoma was diagnosis. AUS since liver values increased after a lobectomy.

SPECIES Abnormal PE/Chem/CBC/UA Results: JANUARY LABS: BUN 33 mg/dL H 7 - 27 BUN/CR 25 PHOS 4.0 mg/dL 2.5 - 6.8 Ca 11.1 mg/dL 7.9 - 12.0 TP 8.3 g/dL H 5.2 - 8.2 ALB 3.6 g/dL 2.2 - 3.9 GLOB 4.7 g/dL H 2.5 - 4.5 ALB/GL 0.8 ALT 402 U/L H 10 - 125 ALKP 872 U/L H 23 - 212 GGT 6 U/L 0 - 11 TBIL 1.6 mg/dL H 0.0 - 0.9 CHOL 438 mg/dL

Canine

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX 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 were noted.

FS

AGE

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

WEIGHT

60lbs 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 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.69 cm width at the cranial pole.

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 was mildly enlarged in size with isoechoic to mildly nonhomogeneous small nodular mass lesion present in the subjective caudal aspect of the mid to right liver dorsal to the gallbladder. The nodular mass lesion measured approximately 5.0 cm in diameter. Potential for subtle to indistinct isoechoic parenchymal nodular changes noted in the left liver although not definitive. 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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

INVOICE

50101

DATE

2-5-22

INTERPRETED BY

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

IMAGING PERFORMED BY

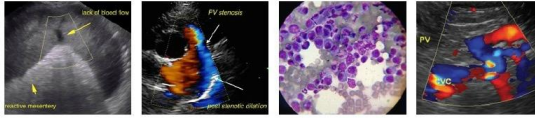
Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Dr India Vannini

REFERRING VET

Dr India Vannini



PATIENT

Maddy Zaruby

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.

SPECIES

Canine

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

BREED

Golden Retriever

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.

Free Abdomen

SEX

FS

Intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a medial iliac lymph node measured 1.0 cm diameter. An example of a mesenteric lymph node measured 0.77 cm diameter.

AGE

10 Years

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

60lbs

Primary

- Hepatopathy exhibiting generalized parenchyma remodeling, small indistinct to nonhomogeneous intraparenchymal nodular mass lesion in subjective caudal mid to right liver.
- Sonographically unremarkable gallbladder.
- Static mild chronic renal changes.
- Intermittent mild subjectively benign mesenteric and medial iliac lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small nonhomogeneous to nodular mass lesion present in the caudal aspect of the mid to right liver and likely adjacent to previous area of lobectomy may coincide with concurrent to recurrent hepatocellular adenoma, based on previous histopathology, nodular hyperplasia, granuloma, or similar while the possibility of more aggressive neoplasia such as adenocarcinoma cannot be excluded.

HOSPITAL NAME

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If accessible and assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma as well as the nodular mass lesion could be considered for screening cytology. An additional biopsy may be required for a definitive diagnosis. Conservatively, continued hepatosupportive medications and sonographic monitoring of the liver would be reasonable.

REFERRING VET

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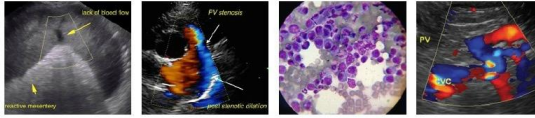
The kidneys appeared to be subjectively similar in appearance or static compared to the previous ultrasound.

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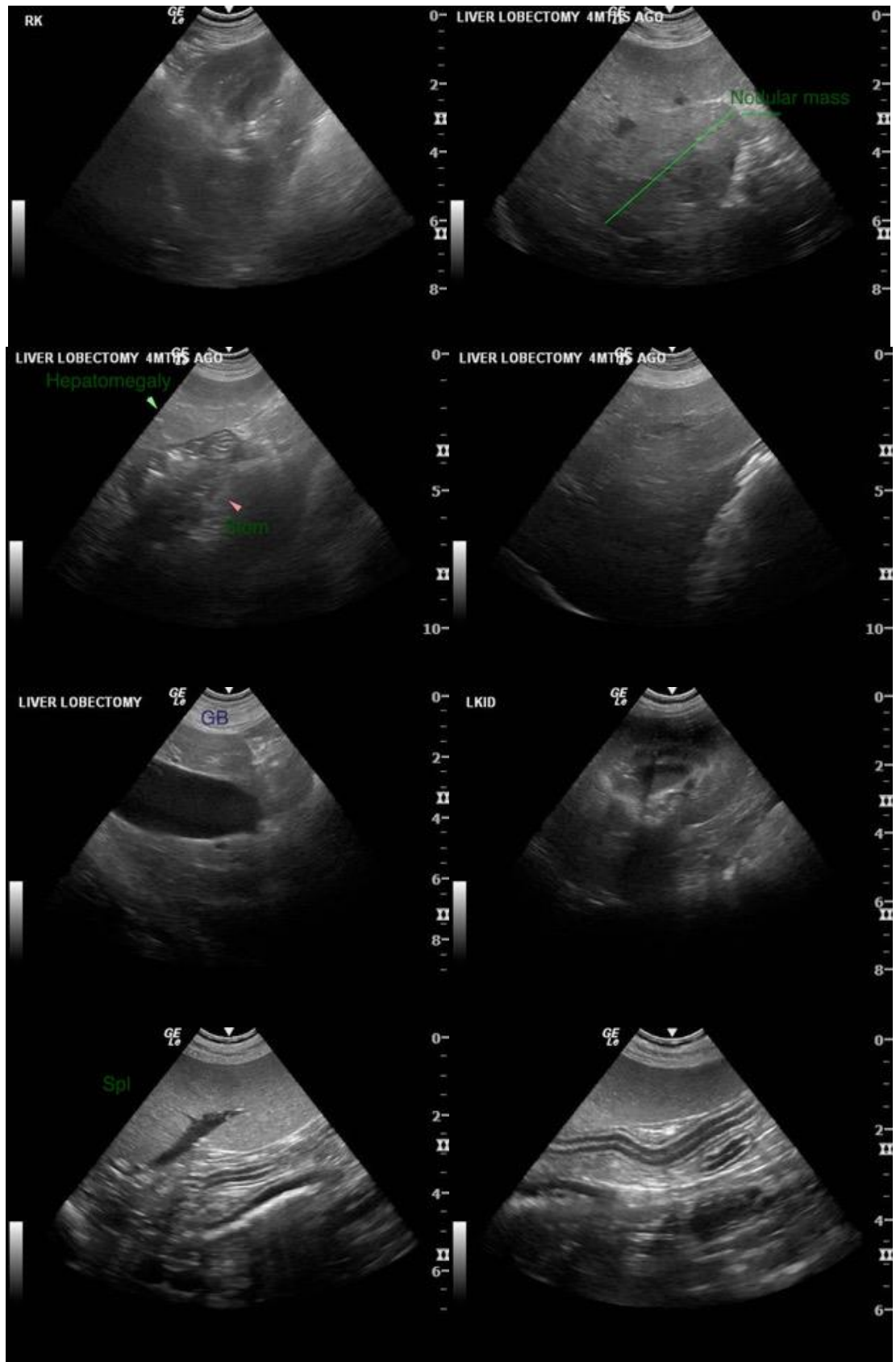
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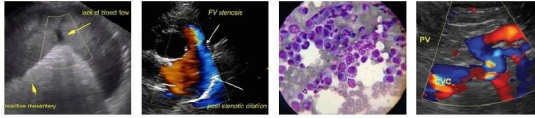
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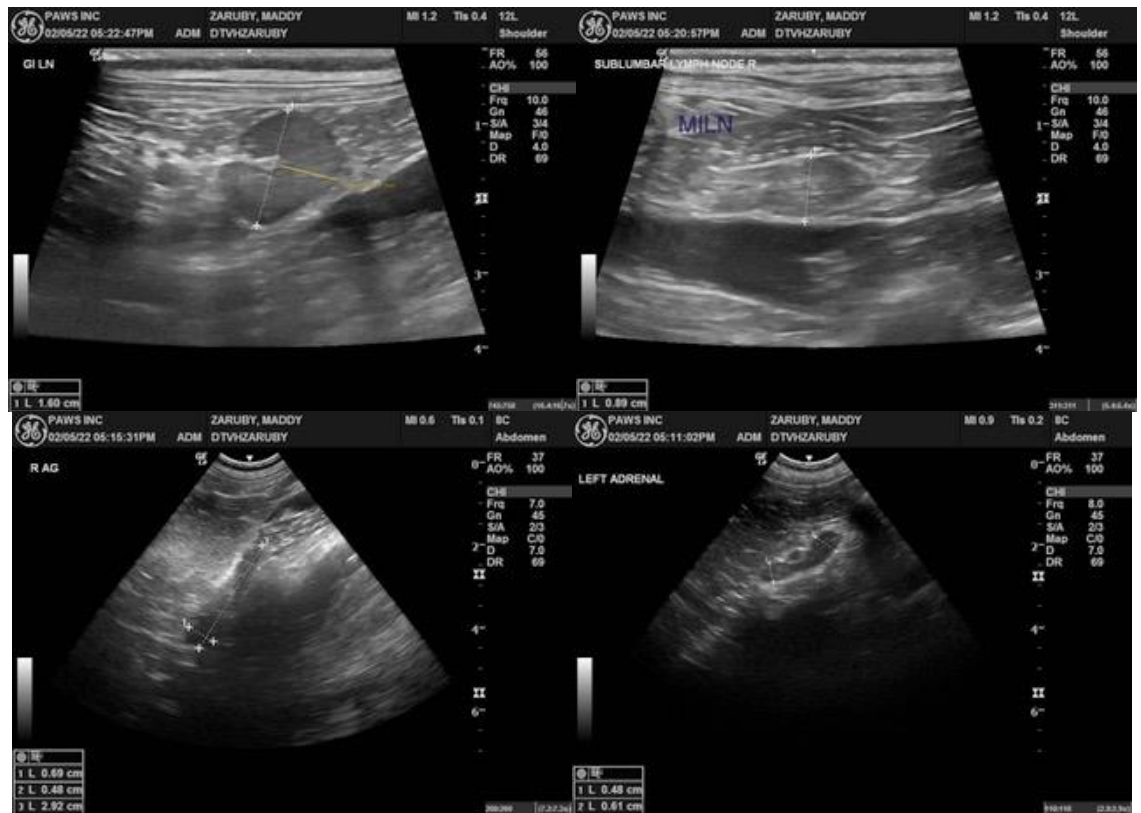
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AGE

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WEIGHT

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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.

HOSPITAL NAME

Dr India Vannini

REFERRING VET

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