



PATIENT PRESENTING CLINICAL SIGNS

Sophie Thompson Scheduled for orthopedic surgery tomorrow, elevated liver values on pre op bloodwork.
 Medication: Carprofen, Gabapentin

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.
 Lab Mix

SEX Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.4 cm in length. The right kidney measured 7.5 cm in length.
 FS

AGE 2016 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT 81 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 3.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.0 cm width at the caudal pole and 3.1 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/Gallbladder

HOSPITAL NAME

Orefield VC

The liver exhibited mild generalized enlargement. A solitary mildly expansive irregular mass originating from the caudal mid liver was present measuring ~ 8 cm in diameter. The remainder of the hepatic parenchyma exhibited normal echogenicity with mild coarse echotexture. 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 with mild hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schlofer

Gastrointestinal

INVOICE 12893ag 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.

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.

DATE
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Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT

Pancreas

Sophie Thompson

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.

SPECIES

Free Abdomen

Canine

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

Lab Mix

- Solitary mildly expansive irregular caudal liver mass
- Mild gallbladder debris (non-mucocele)

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FS

The caudal liver mass is sonographically non-specific with benign or neoplastic etiologies possible. Assuming normal clotting status, a liver mass FNA for screening cytology is warranted for further assessment. No evidence of intrahepatic or intra-abdominal metastasis. Given the apparent connection to the liver measuring ~ 2-2.5 cm in diameter, the mass appears to be amendable to surgical resection. Histopathology of the liver mass is likely required for a definitive diagnosis.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Alternative NSAID such as Galliprant could be considered in conjunction with empirical hepatosupportive medications. If surgery is elected, gross inspection of the gallbladder and hepatic biopsies are recommended.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Orefield VC

REFERRING VET

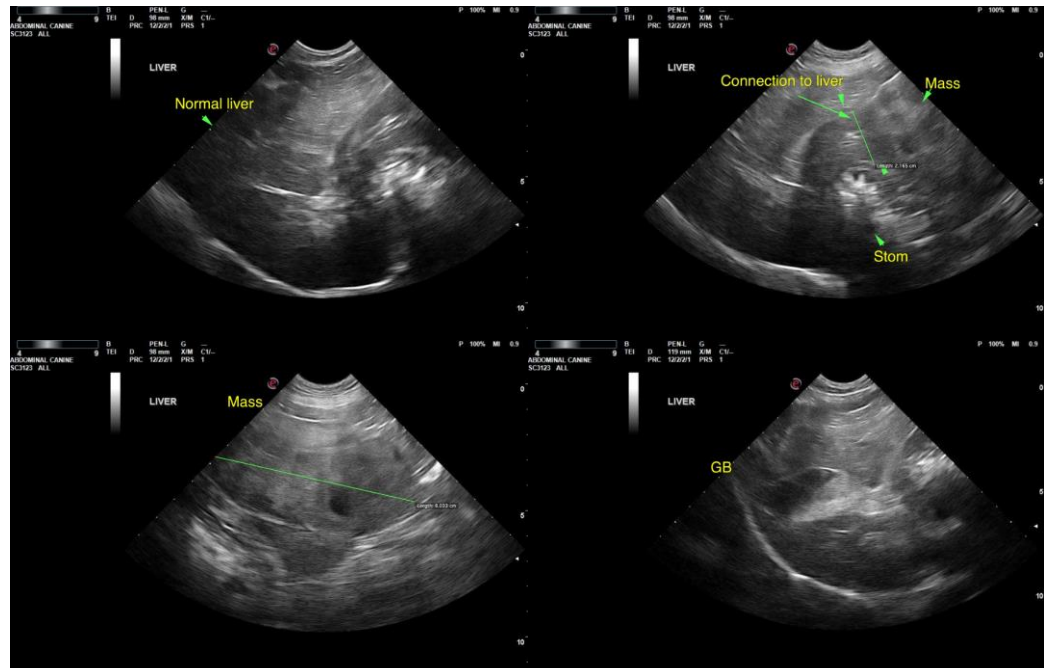
Dr. Schlofer

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PATIENT

Sophie Thompson

SPECIES

Canine

BREED

Lab Mix

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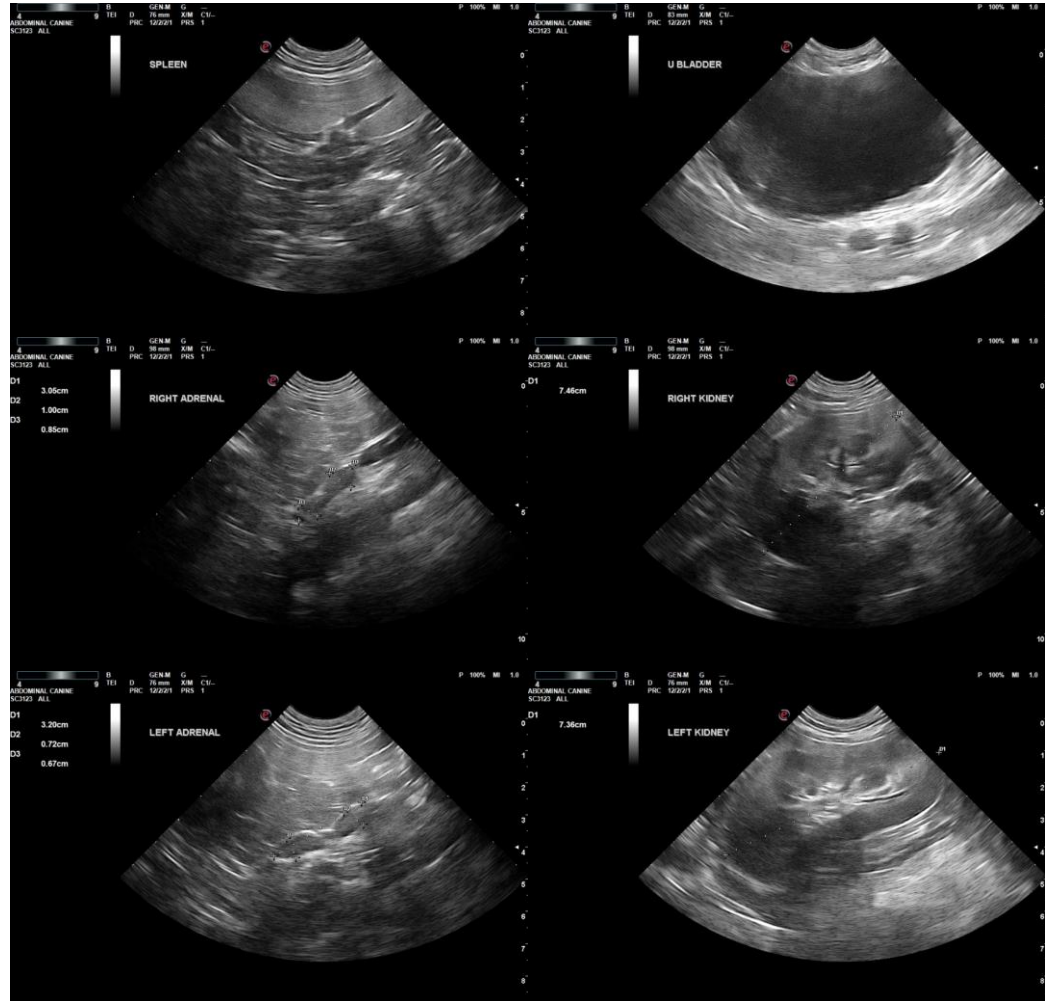
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ARDMS/RVT

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.

HOSPITAL NAME

Orefield VC

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.

REFERRING VET

Dr. Schlofer

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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