



PATIENT

Opie Mera

SPECIES

Canine

BREED

Large Mixed Breed

SEX

MN

AGE

12

WEIGHT

63.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goldfield

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Goldfield

INVOICE

16352

DATE

3/11/23

PRESENTING CLINICAL SIGNS

Lethargy, drinking excessively, vomiting, diarrhea

Abnormal PE/Chem/CBC/UA Results: TOTAL PROTEIN 7.9 HIGH 5.0-7.4 g/dL ALBUMIN 4.2-4.4 g/dL GLOBULIN 3.9 HIGH 1.6-3.6 g/dL A/G RATIO 1.0-2.0 AST (SGOT) 149 HIGH 15-66 IU/L ALT (SGPT) 531 HIGH 12-118 IU/L Alk Phosphatase 2689 HIGH 5-131 IU/L GGT 85 HIGH 1-12 IU/L Result Verified Total Bilirubin 0.2 (0.1-0.3 mg/dL) BUN 17 (6-31 mg/dL) Glucose 89 (70-138 mg/dL) Sample Conditions: Hemolysis 1+, Lipemia 1+ No significant interference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

The area of the residual prostate was free of overt pathology.

No obvious medial Iliac or sublumbar lymphadenopathy.

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 6.6 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized subjectively measuring 0.65 cm width at the caudal pole. No overt right adrenal gland pathology is noted.

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. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, 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. A moderately sized isoechoic to nonhomogeneous mildly cystic mass lesion was present in the subjective caudal aspect of the mid to left liver measuring 8.0-9.0 cm in diameter. The remaining liver was sonographically normal exhibiting uniform parenchyma with mild



PATIENT	coarse echotexture. Potential intermittent nondisruptive concurrent intraparenchymal nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.
Opie Mera	
SPECIES	
Canine	
BREED	<i>Gastrointestinal</i>
Large Mixed Breed	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.
SEX	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.
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
12	The left pancreatic limb exhibited normal size. Possible although not definitive focal hypoechoic left pancreatic limb parenchyma was noted caudal to the stomach.
WEIGHT	<i>Free Abdomen</i>
63.5	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Sonographically unremarkable gastrointestinal tract / colon • Possible focal hypoechoic left pancreas • Hepatopathy with isoechoic nonhomogeneous mildly cystic mass lesion • Mild gallbladder debris (non-mucocele) • Mild age-related kidneys
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Goldfield	Assuming normal clotting status, FNA cytology of the liver mass is warranted for further assessment. Suspect involvement of more than one hepatic lobe, which may preclude complete surgical resection. Benign vs. neoplastic etiologies are possible for the liver mass lesion. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
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INVOICE	As needed gastrointestinal support, which may include hydrolyzed diet trial, high colony count probiotics, and gastroprotectants, are recommended.
16352	A spec cPL could be considered to assess for evidence of focal low-grade left limb pancreatitis.
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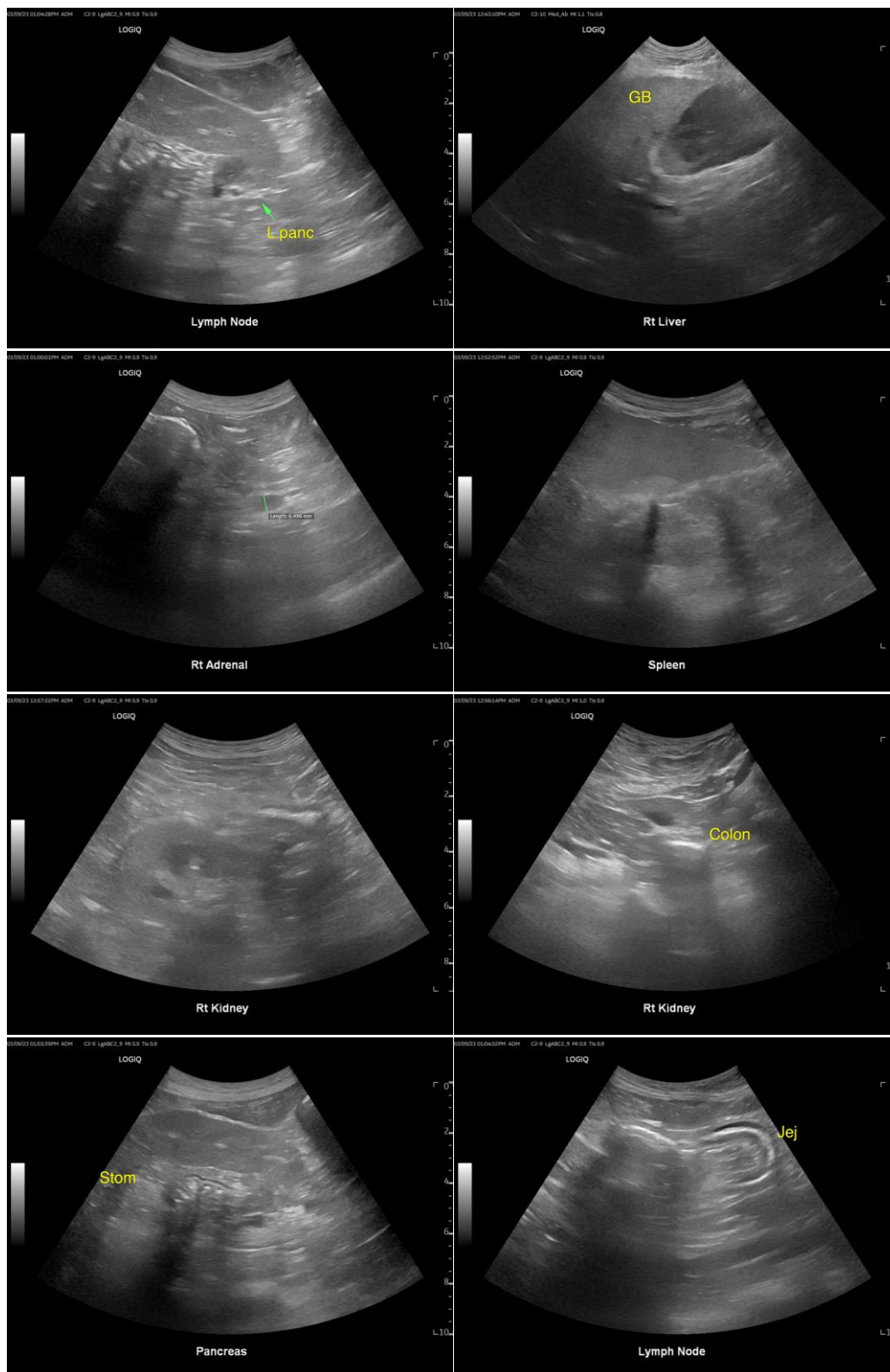
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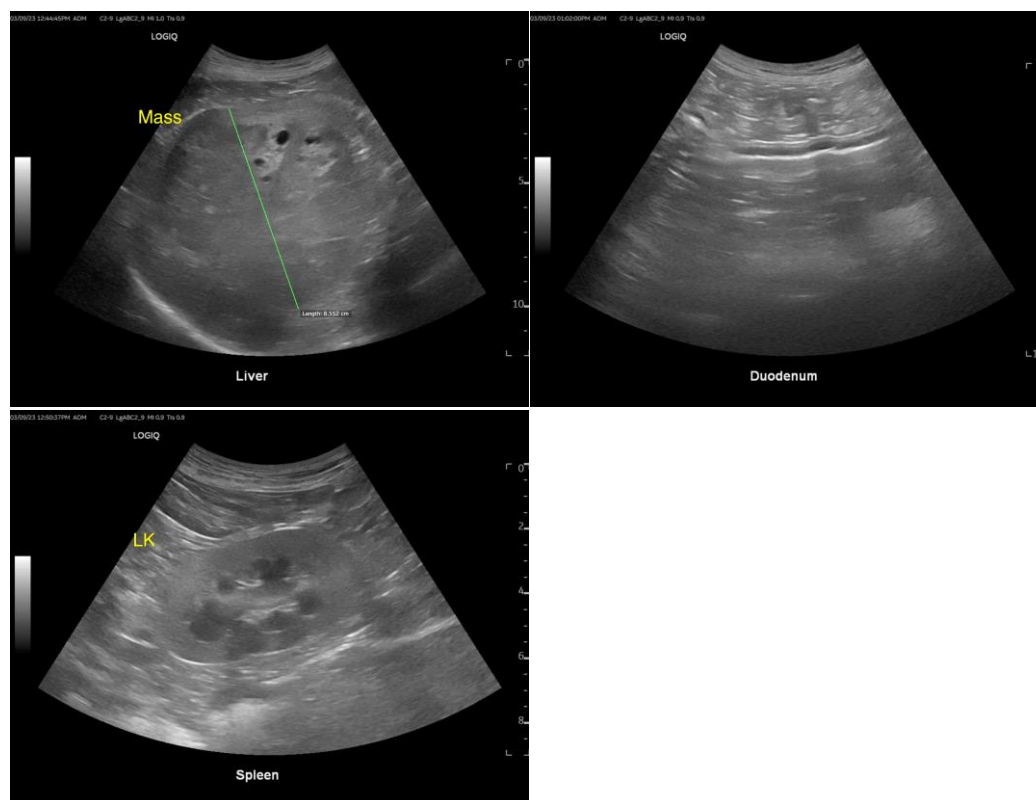
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com