



PATIENT

Lilly Quinney

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

15 yrs

WEIGHT

70.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Kairis

INVOICE

16357

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Elevated liver values on lab work
Abnormal PE/Chem/CBC/UA Results: Current Medications Denmarin and galliprant

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.7 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry were present in the left adrenal gland without suspicion for overt neoplasia. The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of body weight measuring 3.4 cm length x 1.0 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to depth and patient size / conformation.

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 exhibited subjective mild enlargement with areas of mild hepatic capsule asymmetry. Generalized nonhomogeneous subtly nodular hepatic parenchyma was present exhibiting moderate coarse echotexture with parenchymal remodeling. Within the deep aspect of the mid liver, an ill-defined cystic to nonhomogeneous focally hyperechoic nodular intraparenchymal lesion was present measuring approximately 6.0-7.0 cm in diameter. The ill-defined did not appear to distort the cranial hepatic capsule or diaphragm. The ill-defined nodule lesion was subjectively located dorsal to the area of the gallbladder and did not appear to involve the gallbladder or overtly the common bile duct.



PATIENT	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, nonorganized, echogenic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted.
Lilly Quinney	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor echogenic ingesta, sonographically consistent with food, without signs of obstruction or foreign material.
BREED	
Golden Retriever	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.
SEX	
FS	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
15 yrs	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.
WEIGHT	<i>Free Abdomen</i>
70.4 lbs.	No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted. A solitary to possible multiple intraabdominal lipomas, consistent with fat echogenicity, were noted with an example measuring 9.0-10.0 cm in diameter.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Nonhomogeneous / nodular liver with ill-defined deep intraparenchymal cystic to nodular lesion • Nondistended gallbladder with minor luminal debris (non-mucocele) • Chronic renal changes • Mildly prominent left adrenal gland - nonspecific, no overt adrenal neoplastic criteria • Sonographically normal spleen
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sara Hansen	Overall, the appearance of the liver was sonographically suggestive of chronic hepatopathy. Considerations may include vacuolar hepatopathy, chronic inflammatory hepatopathy, hyperplasia, hematopoiesis, or fibrosis, while the ill-defined cystic to nodular lesion may indicate atypical intraparenchymal cyst, possible consolidated abscess, or necrosis, with neoplastic criteria thought less likely. This cystic to nodular lesion is likely inaccessible for ultrasound-guided FNA, given the depth and location. Sonographic monitoring for evidence of progression would be reasonable. Accessible hepatic FNA cytology for further clarification assuming normal clotting status could be considered. Continued hepatosupportive medications +/- Ursodiol may prove beneficial.
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Adrenal pathology is considered unlikely given the lack of reported clinical signs suggestive of Cushing's Syndrome.

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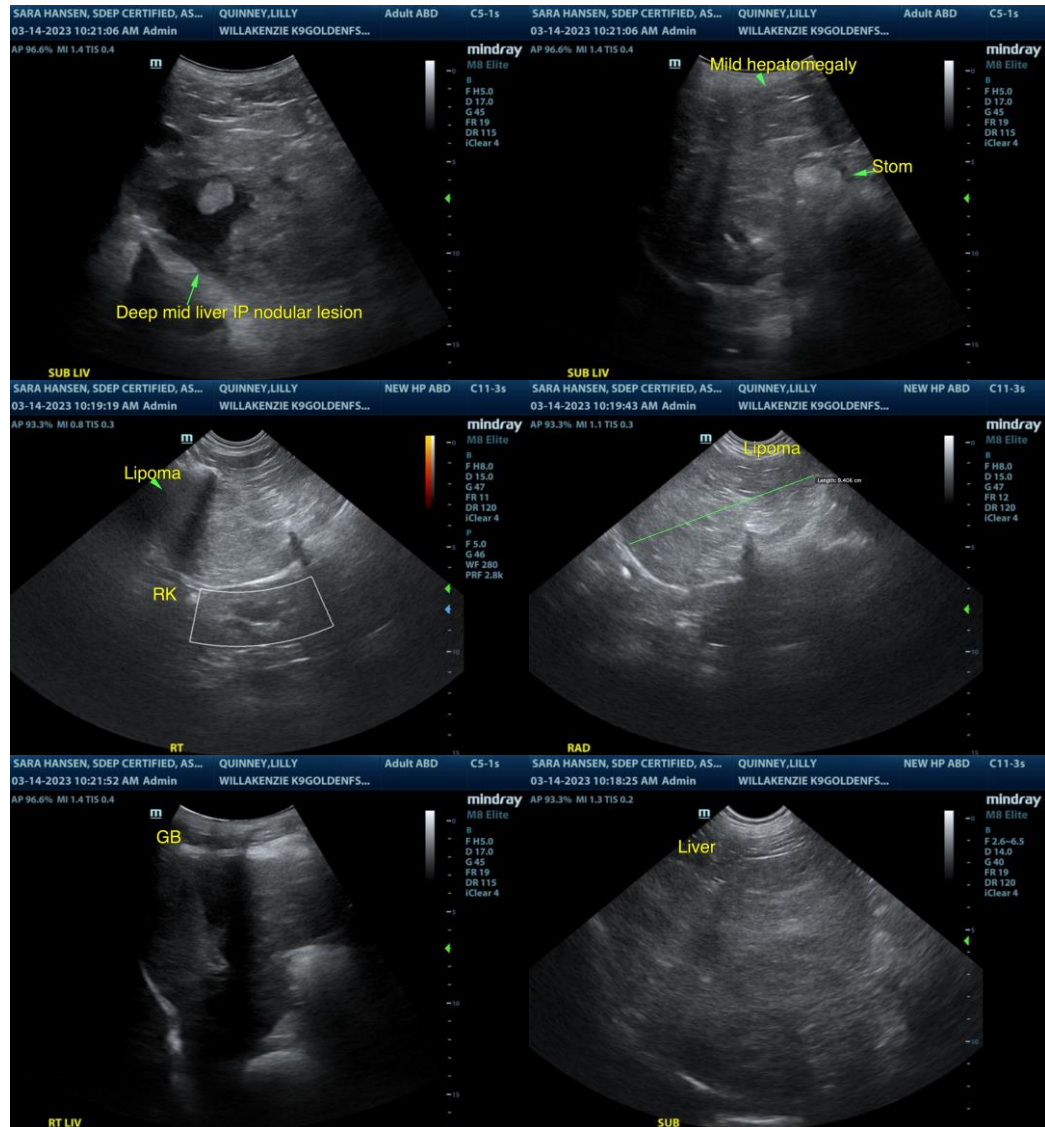
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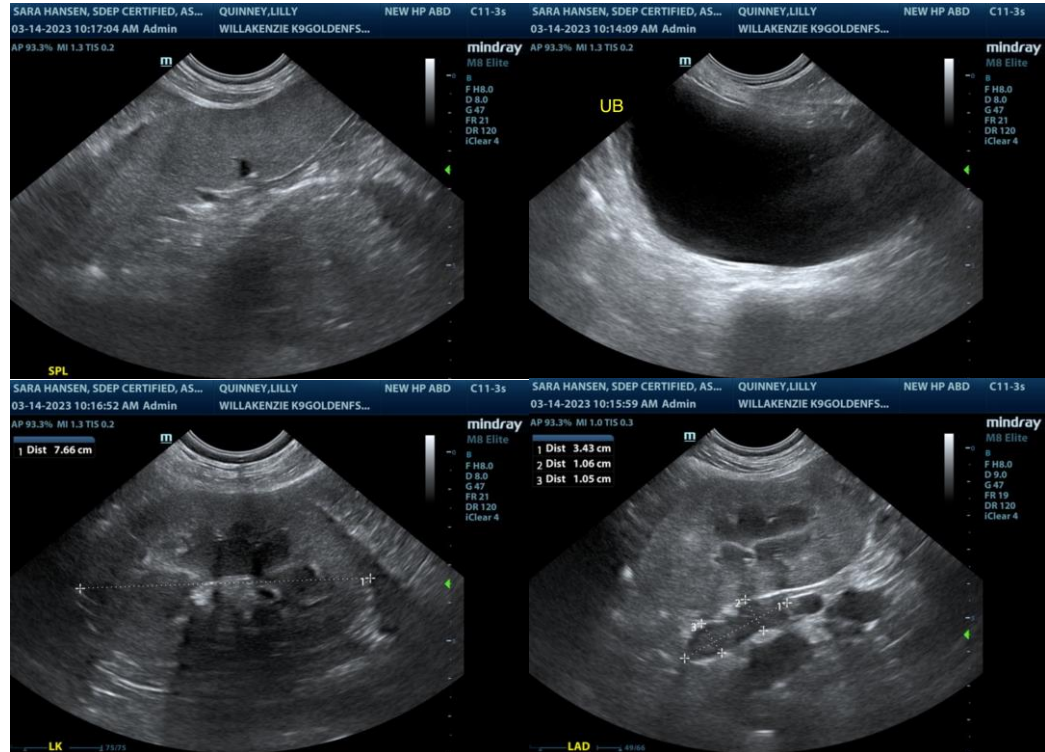
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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