



PATIENT

Maggie Tattersall

SPECIES

Canine

BREED

Puggle

SEX

FS

AGE

14 years

WEIGHT

23.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Urbonaite

INVOICE

16378

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Hx of 2 days of inappetence, one episode of vomiting, lethargic, fever 104 F, restless. Hx of Hyperadrenocorticism- untreated, only mildly symptomatic. On melatonin

Abnormal PE/Chem/CBC/UA Results: CBC wnl other than mild neutrophilia; Chem ALKP 2138, ALT >2000; remainder wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 mild to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral were noted in both kidneys. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

Both adrenal glands were borderline prominent based on caudal pole width measurement in light of body weight. No adrenal tumors were noted. The left adrenal gland measured 1.9 cm length x 0.68 cm width at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.60 cm width at 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. Suspect discrete areas of medial capsule fibrosis and/or emerging medial parenchymal discrete myelolipomas were present. No evidence of splenic neoplastic criteria was noted. 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

A moderately sized, irregular, nonhomogeneous to nodular liver mass occupying the majority of the caudoventral liver extending into the area of the gastric axis was present measuring approximately 11.0 cm in diameter. The non-involved hepatic parenchyma exhibited normal echogenicity with moderate coarse echotexture and evidence of parenchymal remodeling. The gallbladder was non-



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distended in size containing anechoic content with moderate, nonorganized, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Suspect mild gastric displacement caudoventrally secondary to the liver mass. Mild variably echogenic non-shadowing gastric ingesta was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-shadowing ingesta / chyme was noted.

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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Liver mass
- Moderate gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with subjective gastric displacement secondary to the liver mass
- Chronic renal changes
- Borderline prominent adrenal glands

IMAGING PERFORMED BY

Diane McFadden

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, FNA cytology of the liver mass is warranted for further assessment. Although sampling is required for further clarification, neoplastic criteria for the liver mass is favored with non-neoplastic etiology such as hyperplasia, hematopoiesis, fibrosis, granuloma, or similar possible.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. As-needed gastrointestinal support and gastroprotectants are recommended.

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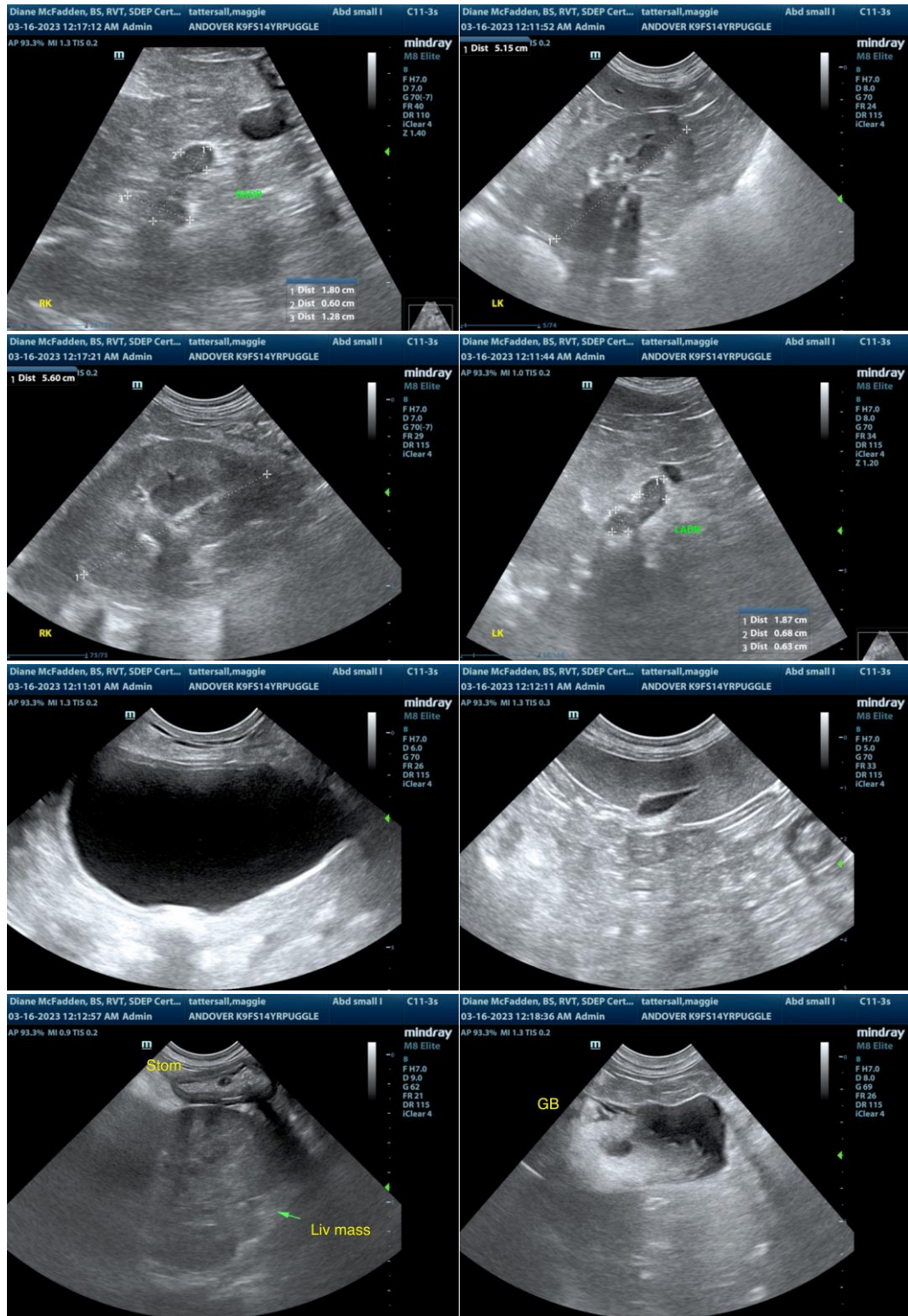
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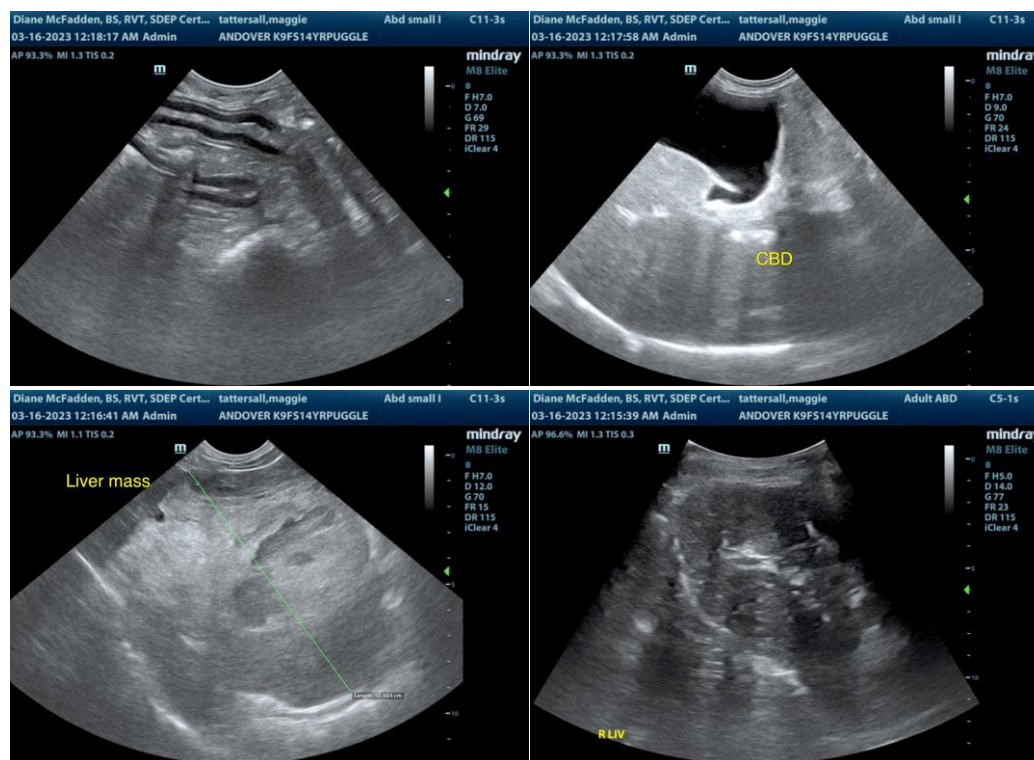
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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