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Clinical Sonography & Telecytology
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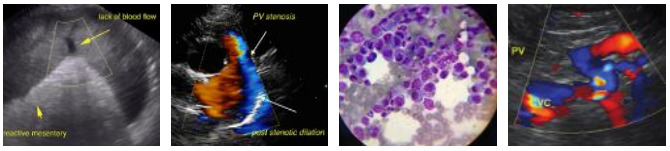


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1-800-838-4268 info@sonopath.com

**PATIENT**
Bella Ha

**SPECIES**
Canine

**BREED**
Maltese

**SEX**
F

**AGE**
10 Years

**WEIGHT**
6.5 lbs

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

**IMAGING PERFORMED BY**
Dr. Kim

**HOSPITAL NAME**
Ridgefield Park Animal Hospital

**REFERRING VET**
Dr. Kim

**INVOICE**
51011

**DATE**
3-18-22

## PRESENTING CLINICAL SIGNS

Patient was presented with a mammary gland tumor. Previous X-ray report from Fort Lee Pet Vet showed that tumor has not metastasized to the chest. An abdominal ultrasound was recommended due to elevated ALT and AST values of 720 U/L and 69 U/L, respectively.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was normal in size and tone. Possible mural thickening at the level of the urinary bladder neck subjectively measuring 0.25 cm width was present. No overt evidence of mural mineralization. The 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, calculi, or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

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 3.4 cm in length. The right kidney measured 2.9 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 0.42 cm width at the caudal pole and 0.45 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 0.37 cm width at the caudal pole and 0.48 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 exhibited potential for mild generalized enlargement and subjective mildly increased yet uniform hepatic parenchyma echogenicity. No masses or nodules noted. 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*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Concurrent segmental nonshadowing digesta/chyme present in the small intestine. No signs of ileus, obstruction or foreign material.

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

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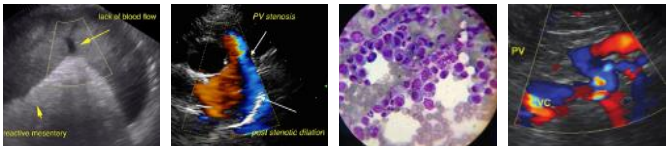


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*Pancreas*

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 was evident.

*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Possibly mildly thickened urinary bladder neck.
- Mild chronic renal changes.
- Nonspecific hepatopathy - subjectively benign, suspect nonspecific inflammatory hepatopathy/hepatitis given the ALT/AST elevation. No overt evidence of hepatic neoplasia which is considered a less likely differential diagnosis.

### Secondary

- Mild gastrointestinal ingesta - probable postprandial presentation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the liver using a 25g needle could be considered for screening cytology primarily to assess for or possibly identify inflammatory cell type.

The possible mild thickening at the level of the urinary bladder neck is not definitive and nonspecific. However, sonographic monitoring of this area for evidence of progression and/or screening BRAF assay is recommended.

Overall, no overt evidence of intraabdominal metastasis from mammary gland tumor.

Hepatosupportive medications including denamarin and ursodiol may prove beneficial.

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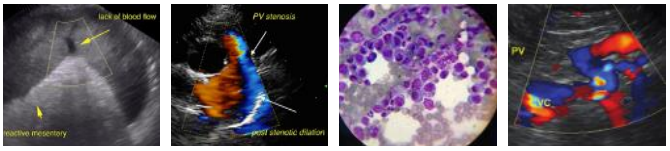

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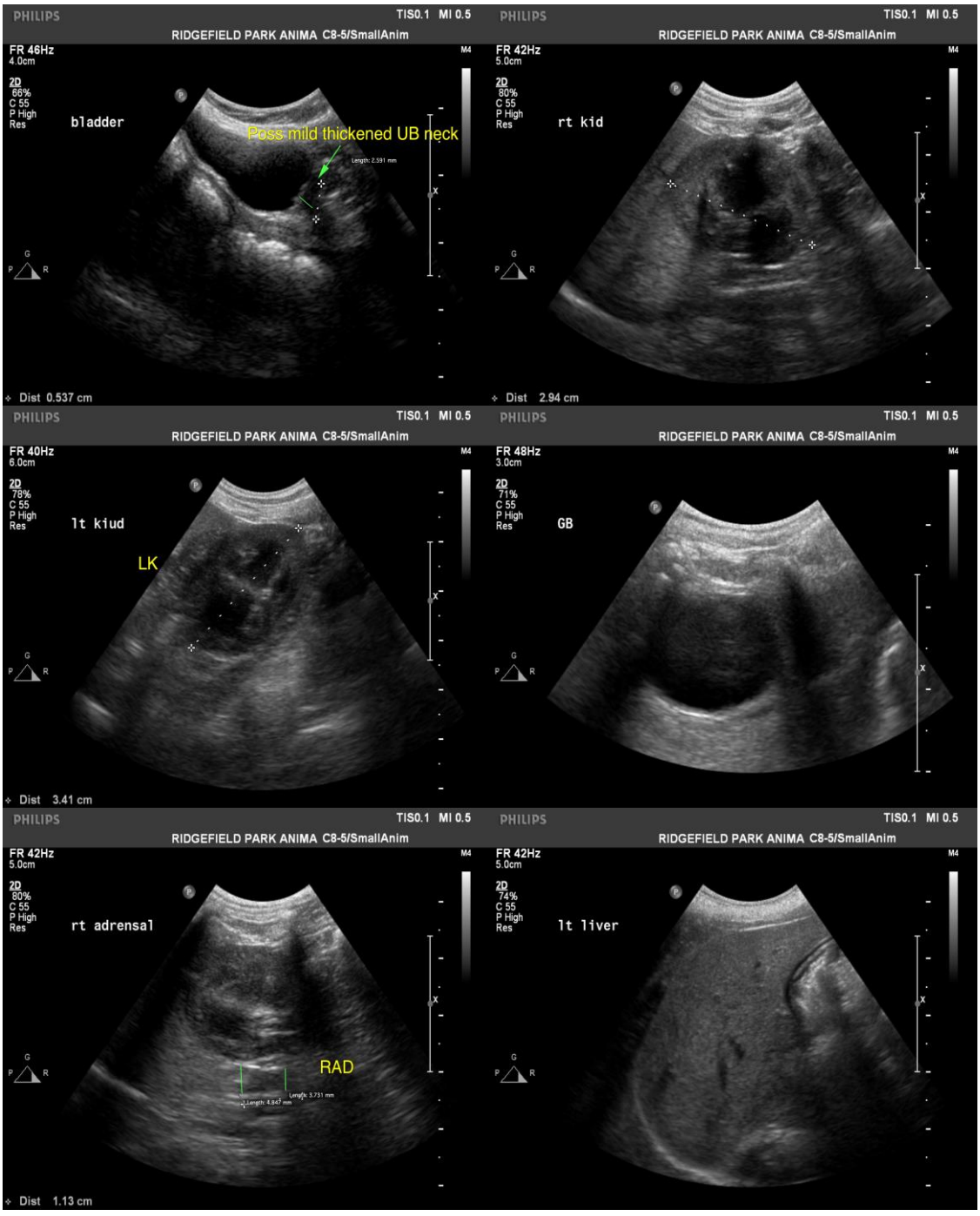

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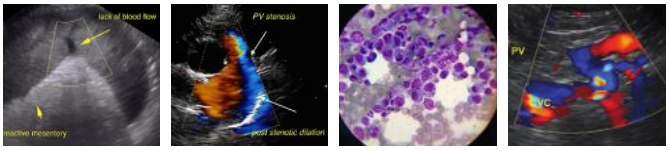

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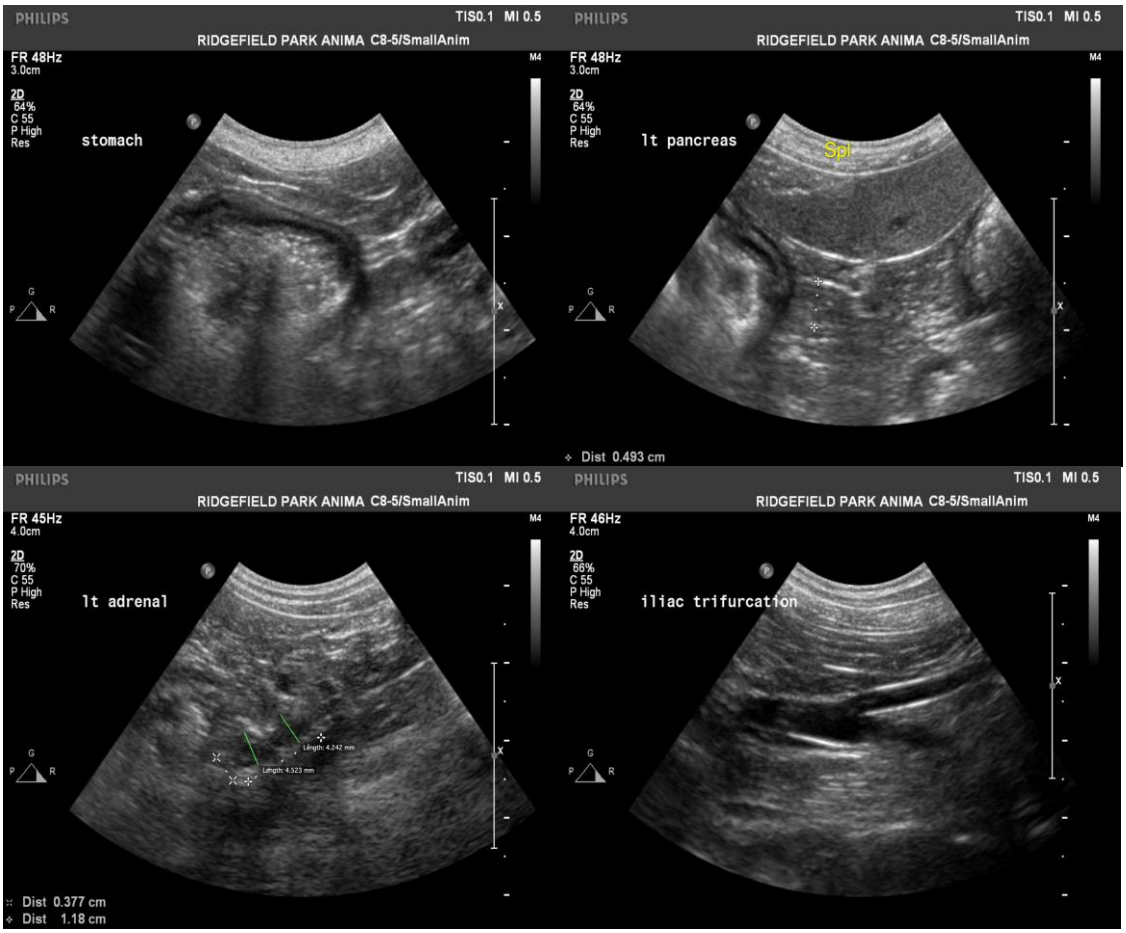


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**