

PATIENT

Polly Pepper Cooper

SPECIES

Canine

BREED

Lab X

SEX

Spayed female

AGE

11 years

WEIGHT

50.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
Clinic

REFERRING VET

Dr. Sarah Mercer

INVOICE

10200ag

DATE

03/18/2022

PRESENTING CLINICAL SIGNS

History: Possible cognitive changes, possible stumbling/neuro deficits hind limbs

Abnormal PE/Chem/CBC/UA Results: Persistent hypoglycemia ~40-60 mg/dl -Elevated ALT.
Current Medications Carprofen 100 mg q24 hrs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 mildly 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 5.9 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

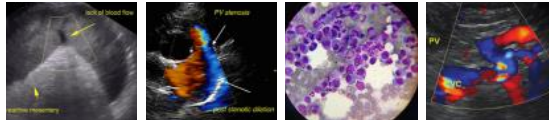
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length by 0.84 cm caudal pole width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. A non expansive non homogeneous well-defined, hyperechoic nodule was present in the adrenal gland with no capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.98 cm x 0.9 cm. Overall the right adrenal gland measured 2.2 cm length by 0.76 cm at the caudal 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

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. A spherical subtly non-homogeneous mass originating from the caudal mid to right liver extending into the gastric axis was present. The mass measured approximately 6 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild 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. 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.

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

No evidence of concurrent gastrointestinal tumors.

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

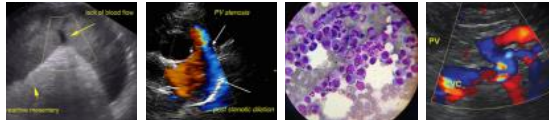
- Mild gallbladder debris (non-mucocele).
- Hepatic mass.
- Mild chronic renal changes.
- Nonspecific right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the hypoglycemia in this patient is suspected to be owing to the hepatic mass which may be associated with excessive glucose uptake and tumor utilization. Overt evidence of concurrent visceral pathology such as obvious pancreatic tumor was not definitively evident. Further assessment may include glucose and insulin measurements on the same serum sample. Assuming normal clotting status an ultrasound guided FNA of the liver mass is warranted for screening cytology. Subjectively the liver mass appears to be amendable to surgical resection given the size and location. Surgical consult and/or abdominal CT for further assessment of the mass, surgical planning and to rule out regional metastasis may be considered.

Three view chest radiographs suggested if not done.

The right adrenal nodule was nonspecific and suspected to be an adenoma. Potential for emerging neoplasia such as adenocarcinoma, pheochromocytoma or metastasis cannot be definitively excluded. Screening BP to assess for evidence of hypertension and sonographic monitoring of the nodule for evidence of progression is suggested.



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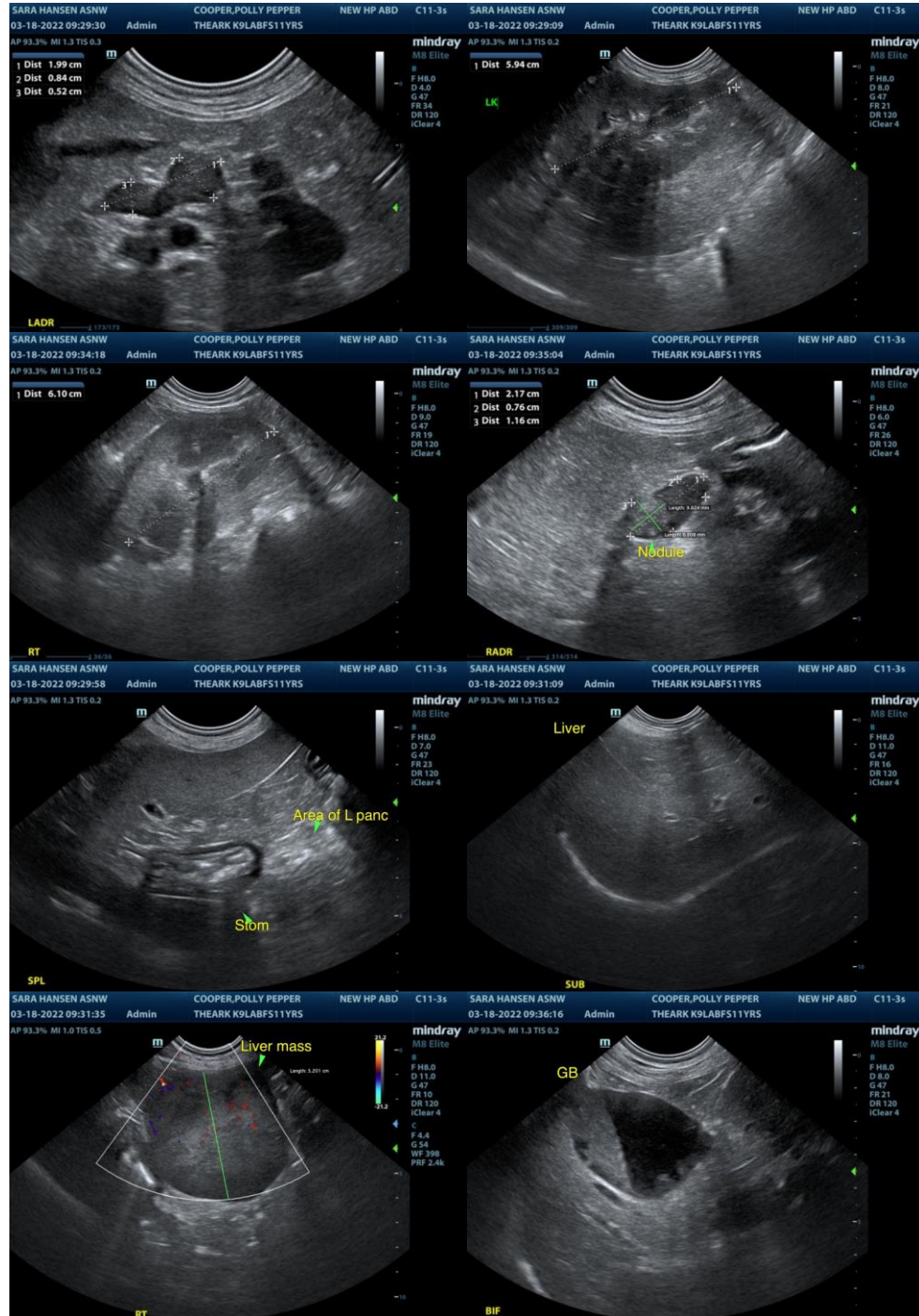
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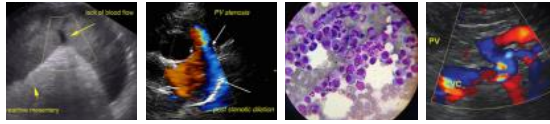
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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