



PATIENT

Amber Kowall

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

7yr

WEIGHT

38kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Ladysmith Animal
Hospital

INVOICE

13306ag

DATE

03/27/2023

PRESENTING CLINICAL SIGNS

Presented March 16th for mild lethargy and decreased appetite. No significant findings on PE. CBC/Chem/T4 showed elevated hepatic values and borderline low T4. Clinically stable, but no improvement.

Abnormal PE/Chem/CBC/UA Results: March 16, 2023: ALT=291 (18-121) AST=176 (16-55) ALP=350 (5-160) T4=13.1 (13-53)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 0.52 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 0.61 cm width 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/Gallbladder

The liver was overall normal in size. A cystic appearing lesion which exhibited potential encapsulation and peripheral inflammation was present in the ventral mid liver containing anechoic fluid.

Hyperechoic surrounding tissue consistent with inflammatory criteria was present. The cystic lesion measured ~ 2-3 cm in diameter. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 with mild non-organized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were not definitively visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta and luminal gas with no signs of ileus, obstruction or foreign material.

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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.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal/perihepatic effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Suspect hepatic intraparenchymal abscess/necrosis with peripheral inflammation.
- Gallbladder debris (non-mucocele).
- Sonographically unremarkable GI tract with gastric ingesta/gas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and under sedation an ultrasound guided percutaneous centesis +/- drainage of the suspected hepatic abscess with content cytology and C/S is warranted for further assessment. Antibiotic therapy based on C/S results with sonographic monitoring of the abscess for evidence of resolution pending patient clinical status may prove beneficial.

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Pending cytology and C/S results or if persistent non-responsive criteria, laparotomy with partial to complete liver lobectomy may be indicated. Minor potential for abscess or necrotic lobar neoplastic criteria cannot be definitively excluded yet is thought less likely.

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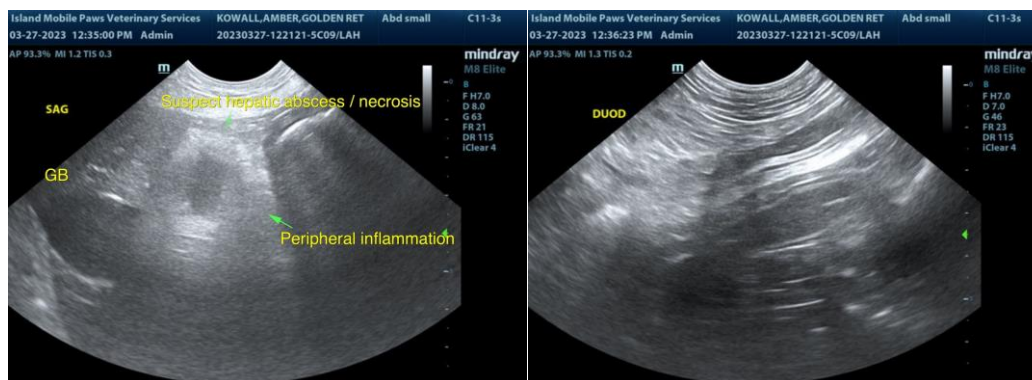
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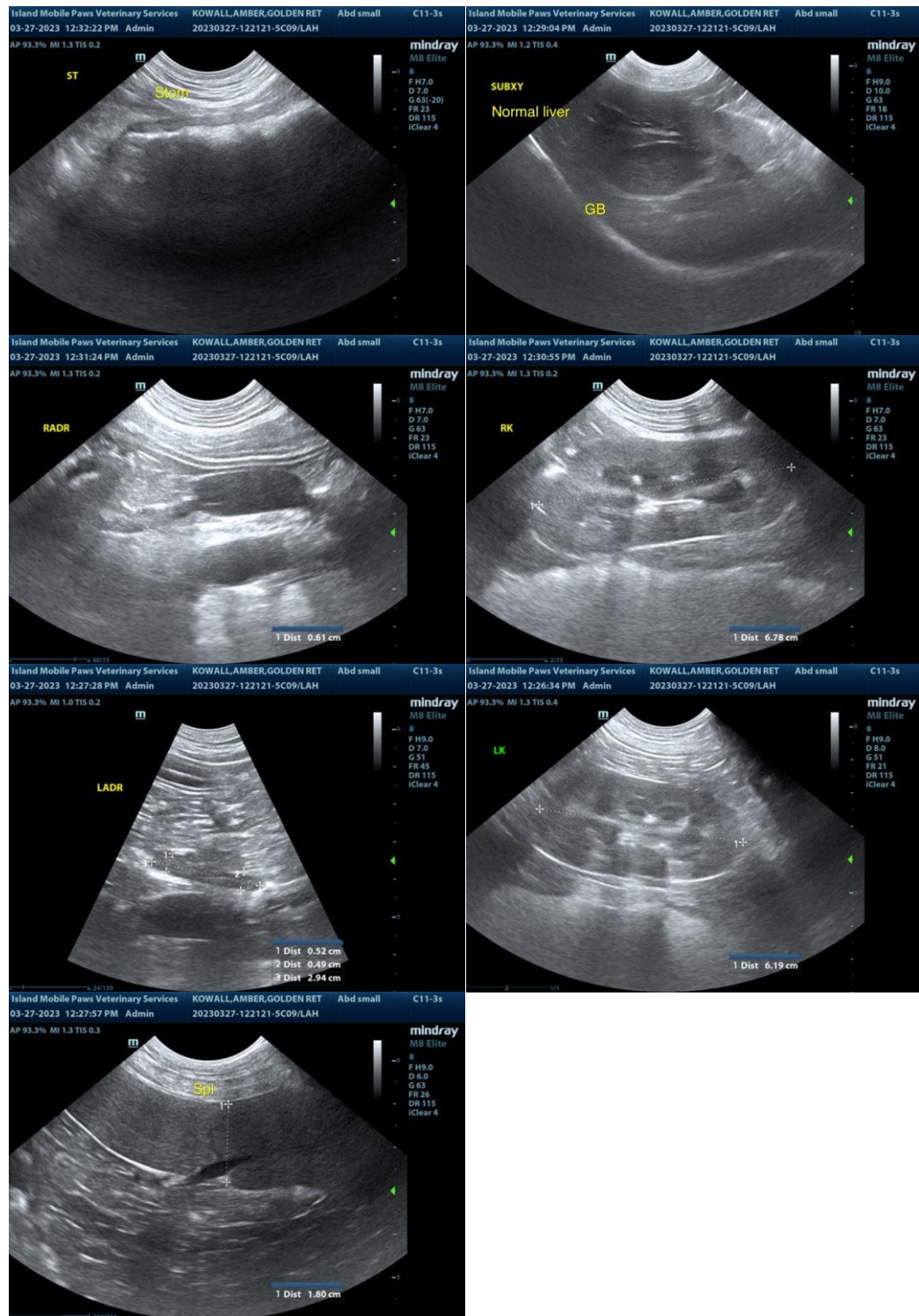
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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