



PATIENT

Harley Dechert

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

35959

DATE

3/8/22

PRESENTING CLINICAL SIGNS

Hepatopathy, hepatomegaly, anorexia x 2days, jaundice/icteric
Abnormal PE/Chem/CBC/UA Results: Neutrophilia, ALT 254, ALP 1981, T.Bili 4.7, GGT 23, WBC 76, Lipase neg. Lepto neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No overt evidence of significant hyperplasia. The left adrenal gland measured 2.0 cm length x 0.68 cm at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.61 cm at the caudal pole.

Spleen

The spleen was normal in overall size and contour. Generalized parenchyma heterogeneity noted with minor subjective generalized decreased parenchyma echogenicity. Multiple non-expansive, variably hyperechoic splenic nodules present along with sectorial areas of medial capsule hyperechogenicity to irregular contour. No overt splenic masses noted. Normal splenic vascularity.

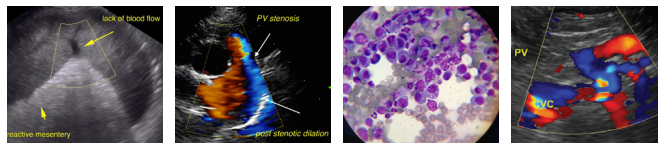
Liver

The liver exhibited generalized enlargement. Swollen to regionally asymmetrical hepatic contour. Reduced hepatic parenchyma echogenicity noted, exhibiting evidence of parenchymal remodeling and non-uniform moderately coarse echotexture. No overt hepatic masses noted. The gallbladder was non-distended in size with mild anechoic content. Mildly prominent to echogenic gallbladder walls. The common bile duct was overtly normal.

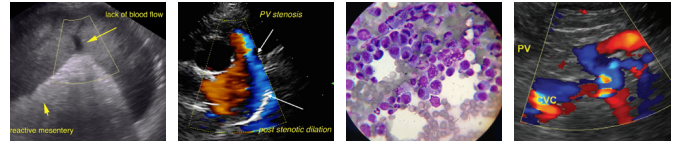
Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.55 cm.



PATIENT	The small intestine presented intact yet subjective prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.57 cm.
Harley Dechert	
SPECIES	Normal visible colon wall layers were present with subjective semiformal to soft feces present in the lumen.
Canine	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mild pancreatic duct dilation noted. Generalized hyperechoic mesentery noted with scant peritoneal free fluid.
Yorkie	Free Abdomen
SEX	Focal enlarged, hypoechoic hepatic lymph node was present, measuring 3.2 cm x 1.9 cm. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery.
Neutered Male	
AGE	ULTRASONOGRAPHIC FINDINGS
13.5 Years	<ul style="list-style-type: none"> • Hepatopathy exhibiting non-uniform hypoechoic to variably echogenic parenchyma • Associated focal hypoechoic to swollen hepatic lymphadenopathy – hyperplasia, reactive lymphadenitis, neoplastic lymphadenopathy possible. • Non-specific transdiaphragmatic comet tail artifact • Non-distended gallbladder, potential cholecystitis • Inflammatory gastroenteropathy pattern • Non-specific yet subjectively benign splenic nodules with suspect concurrent medial capsule fibrosis • Mild heterogeneous pancreas – not overtly consistent with active pancreatitis. Age related/patient variant parenchymal remodeling or low-grade to chronic pancreatitis possible. • Generalized hyperechoic mesentery with scant peritoneal free fluid.
WEIGHT	
Not Provided	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jessica Miller	The hepatic presentation is non-specific with considerations including acute hepatitis (viral, bacterial, Leptospirosis, toxin, etc.), vacuolar hepatopathy, parenchymal remodeling, nodular hyperplasia, hematopoiesis, fibrosis, with warranted concern for hepatic neoplasia or other hepatopathy.
HOSPITAL NAME	Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle recommended for screening cytology. No overt evidence of post-hepatic obstruction. Empirically, aggressive therapy for acute hepatitis, which may include IV fluids, hepatosupportive medications, antibiotics, and with as-needed gastrointestinal support would be reasonable. Guarded prognosis. 3-view chest radiographs suggested if not done.
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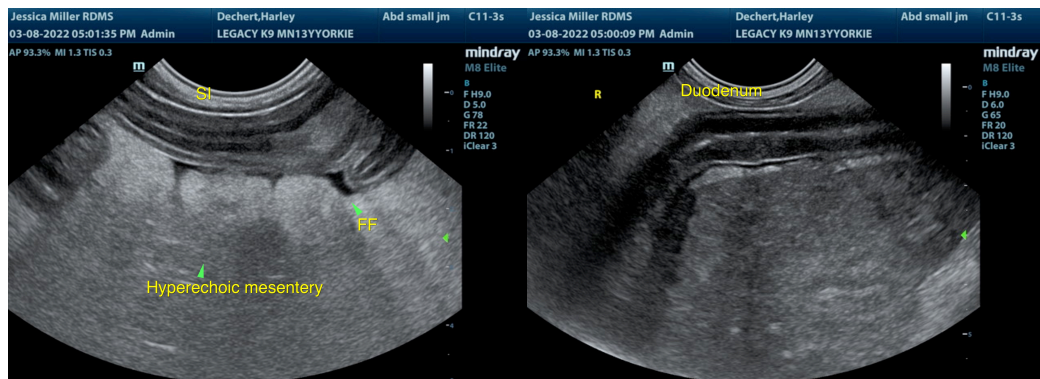
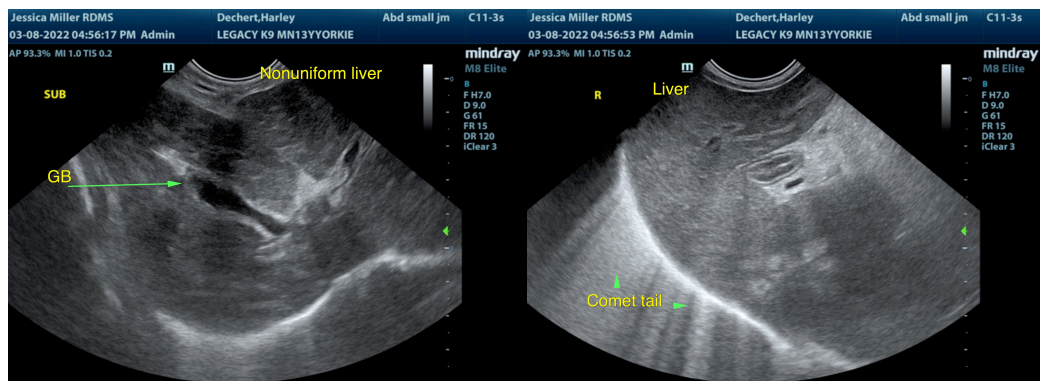
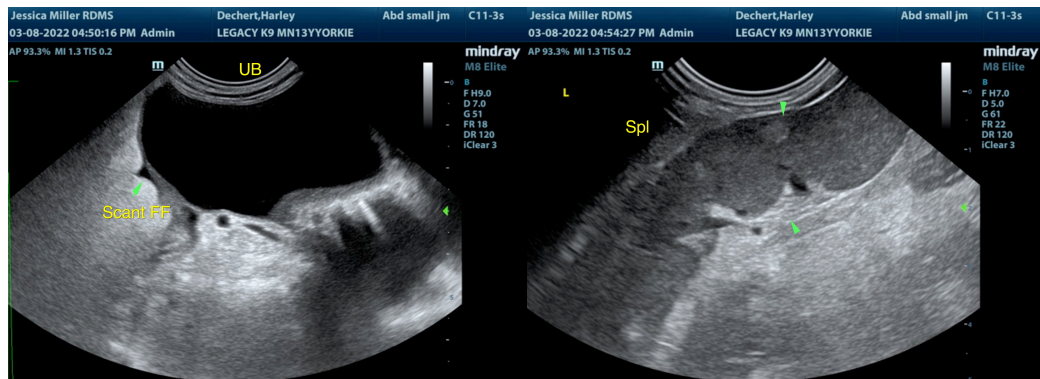
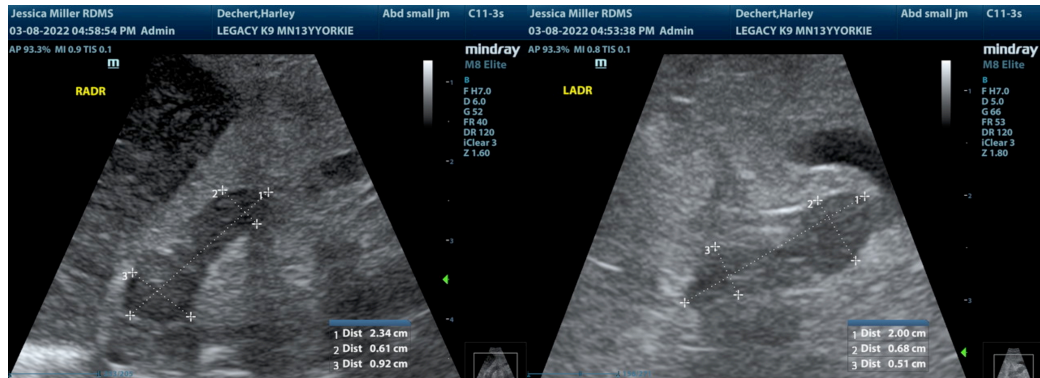
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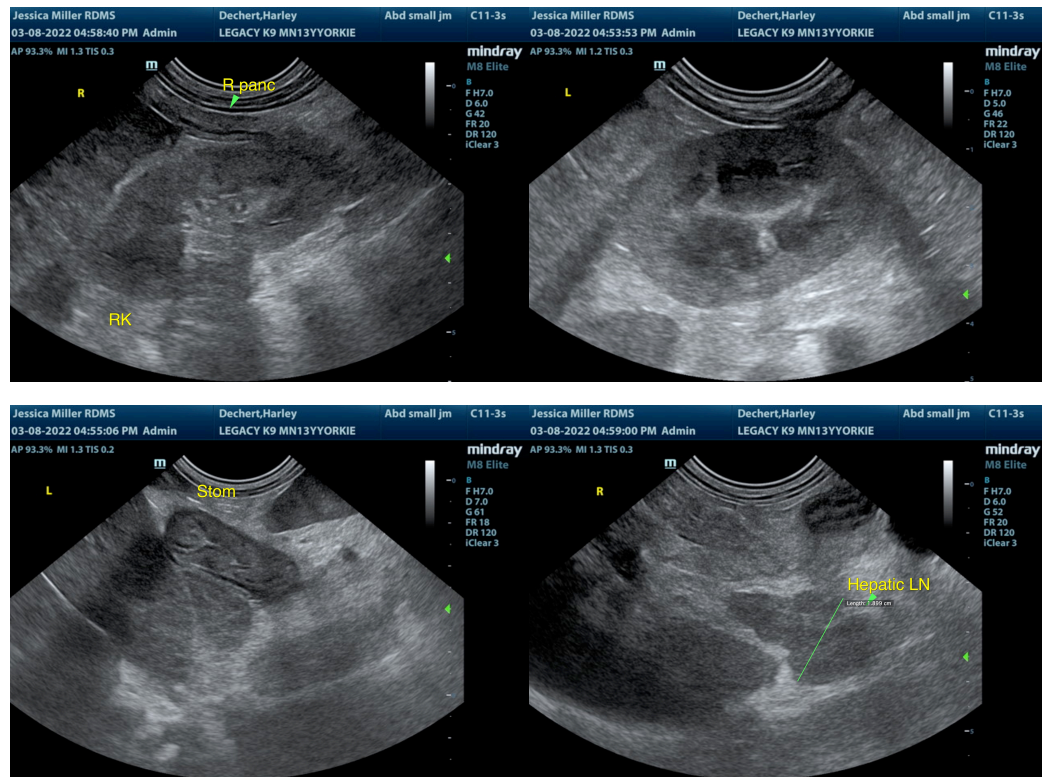
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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