



PATIENT

Holly Burnish

SPECIES

Canine

BREED

Fox Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

36792

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History of chronic liver disease- 2019- has has few abd u/s rechecks. Has not had liver Bx. Current meds: ursodiol
Abnormal PE/Chem/CBC/UA Results: ALP 1272, ALT 188 UA SG: 1.023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.6 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were sonographically unremarkable. The left adrenal gland measured 1.9 cm length x 0.63 cm at the caudal pole. The right adrenal gland measured 1.6 cm length x 0.61 cm 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 without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. Intermittent, small, hyperechoic nodules were present in the mid to medial spleen. The nodules were non-specific, yet likely consistent with benign myelolipomas, previous infarcts or emerging areas of mineralization. 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A subtly expansive, non-homogeneous, isoechoic to mild mixed echogenic mass was present in the mid to right liver, measuring approximately 5.0 cm in diameter. Multiple discrete, hypoechoic non-disruptive intraparenchymal nodules were also present. Example measured 1.6 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and anechoic luminal content. Moderate non-dependent, mildly inspissated yet subjectively mobile luminal debris was present. Gallbladder walls were overtly normal without evidence of inflammatory changes as well as no evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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 pancreas was normal in size and contour with heterogeneous to isoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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- Mild urinary bladder sediment
- Mild chronic renal changes
- Chronic hepatopathy with mid to right subtly expansive, isoechoic intraparenchymal mass and intermittent discretely hypoechoic non-disruptive intraparenchymal nodules
- Moderate gallbladder debris – potential emerging non-inflamed mucocele
- Mild pancreatic remodeling – age related pancreatic changes, potential for low-grade to chronic inflammation possible yet thought less likely.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

Overall, the hepatic presentation including the isoechoic mass and discrete intraparenchymal nodules were non-specific with considerations including vacuolar hepatopathy, inflammatory/immune mediated disease, extramedullary hematopoiesis, nodular hyperplasia, granulomas, with potential for neoplasia possible.

IMAGING PERFORMED BY

Jessica Miller

Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma as well as the mass or nodular (if accessible) recommended for screening cytology. Comparison to previous ultrasound assessment suggested. Empirically, continued hepatosupportive medications including Ursodiol and Denamarin would be reasonable.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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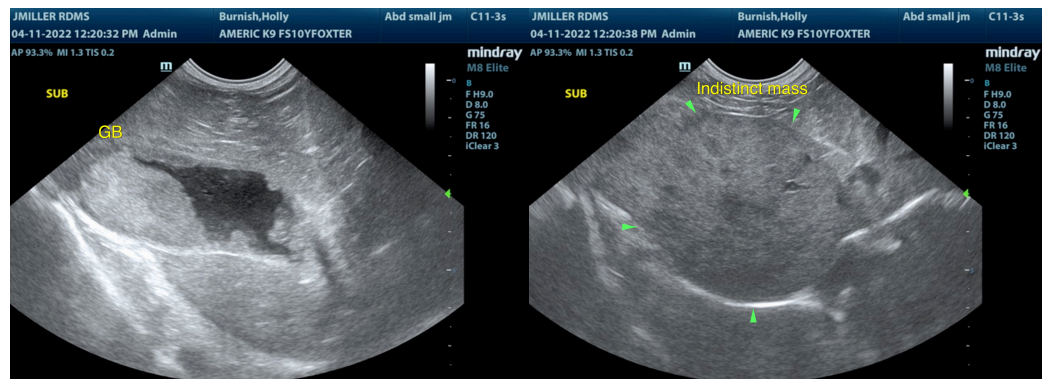
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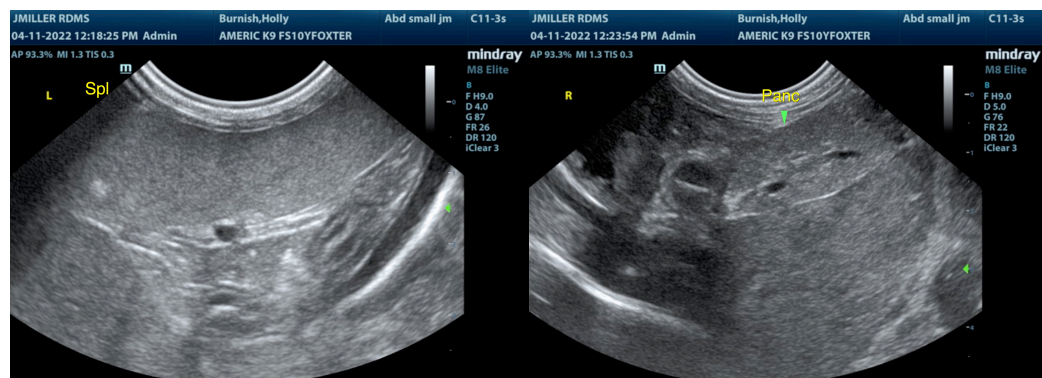
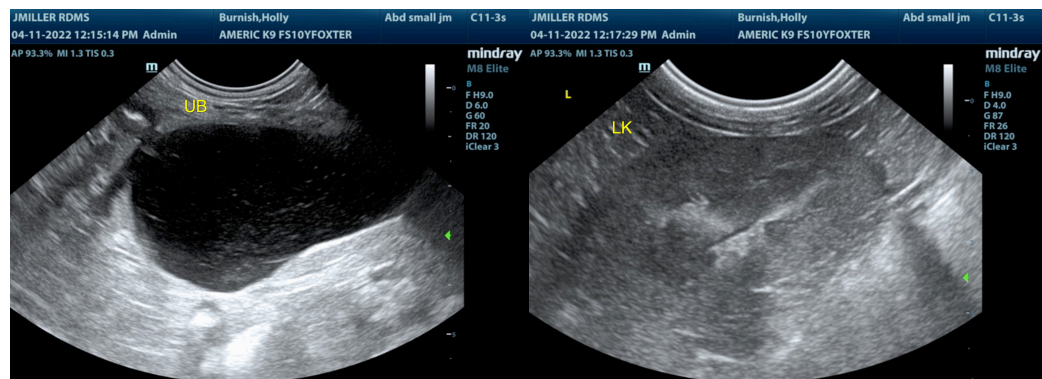
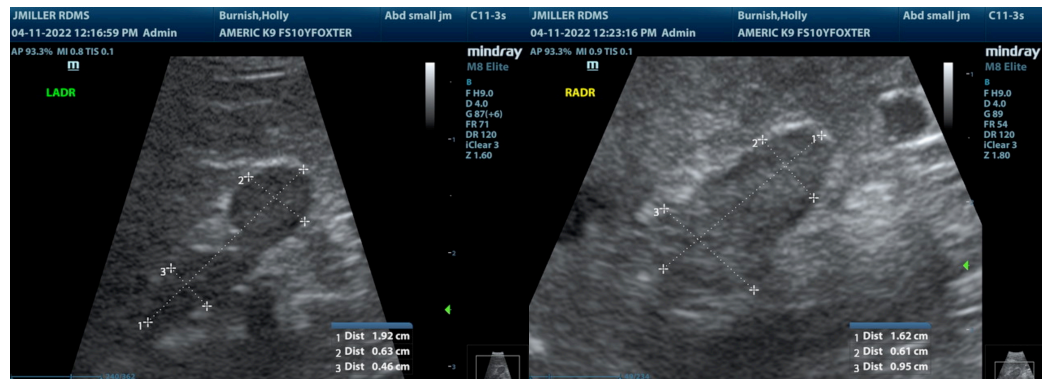
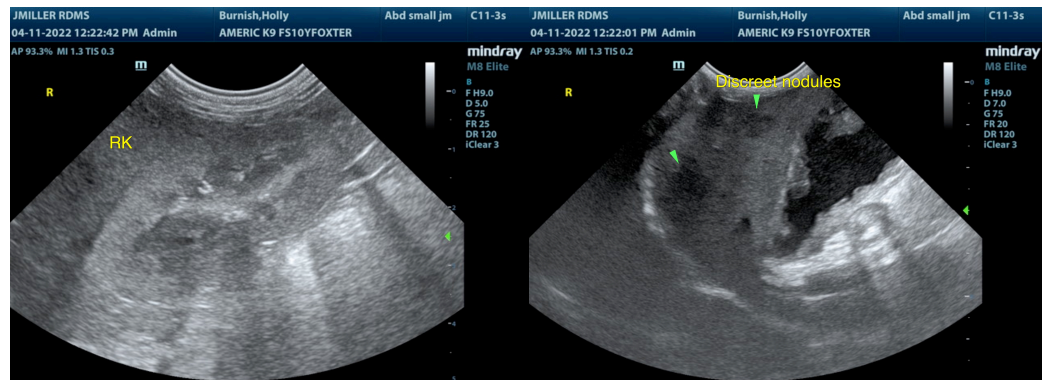
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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