



PATIENT

Roz Wurster

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

14y

WEIGHT

34 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

BetterVet- Eugene

REFERRING VET

Dr. Rensema

INVOICE

16564

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Increased ALP. Trending up (~200 last year, now ~420). Recently diagnosed hypothyroidism.

Current Medications None; will start levothyroxine soon

Geriatric check. Check for potential causes of increasing ALP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 was noted.

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 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 5.3 cm in length. The right kidney measured 5.6 cm in length. Pinpoint medullary mineral was noted in both kidneys.

Adrenal Glands

The left adrenal gland was mild prominent in size in the caudal pole with subtle asymmetrical capsule contour and mild nonhomogeneous yet nonmineralized parenchyma. The left adrenal gland measured 2.3 cm length x 0.93 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.48 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 presented subjective mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. 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. Within the deep to left hepatic parenchyma, a solitary, nondisruptive, essentially



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isoechoic to mildly nonhomogeneous mass lesion measuring approximately 4.5 cm in diameter was present. The indistinct mass lesion did not distort the hepatic capsule. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized echogenic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. 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 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.

Pancreas

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Prominent mild nonhomogeneous left adrenal gland
- Mild to moderate hepatomegaly, indistinct mildly nonhomogeneous yet non-disruptive left intraparenchymal mass lesion - hyperplasia, hematoma-like mass, potential for low-grade neoplasia
- Mild gallbladder debris (non-mucocele)
- Chronic pancreatitis / pancreatic fibrosis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The indistinct to essentially isoechoic to mildly nonhomogeneous intraparenchymal hepatic mass lesion, sonographically, was not overtly suggestive of definitive neoplastic criteria with benign etiologies as a contributing factor to the ALP suspected. FNA cytology of the mass lesion, if accessible, is warranted for further clarification.



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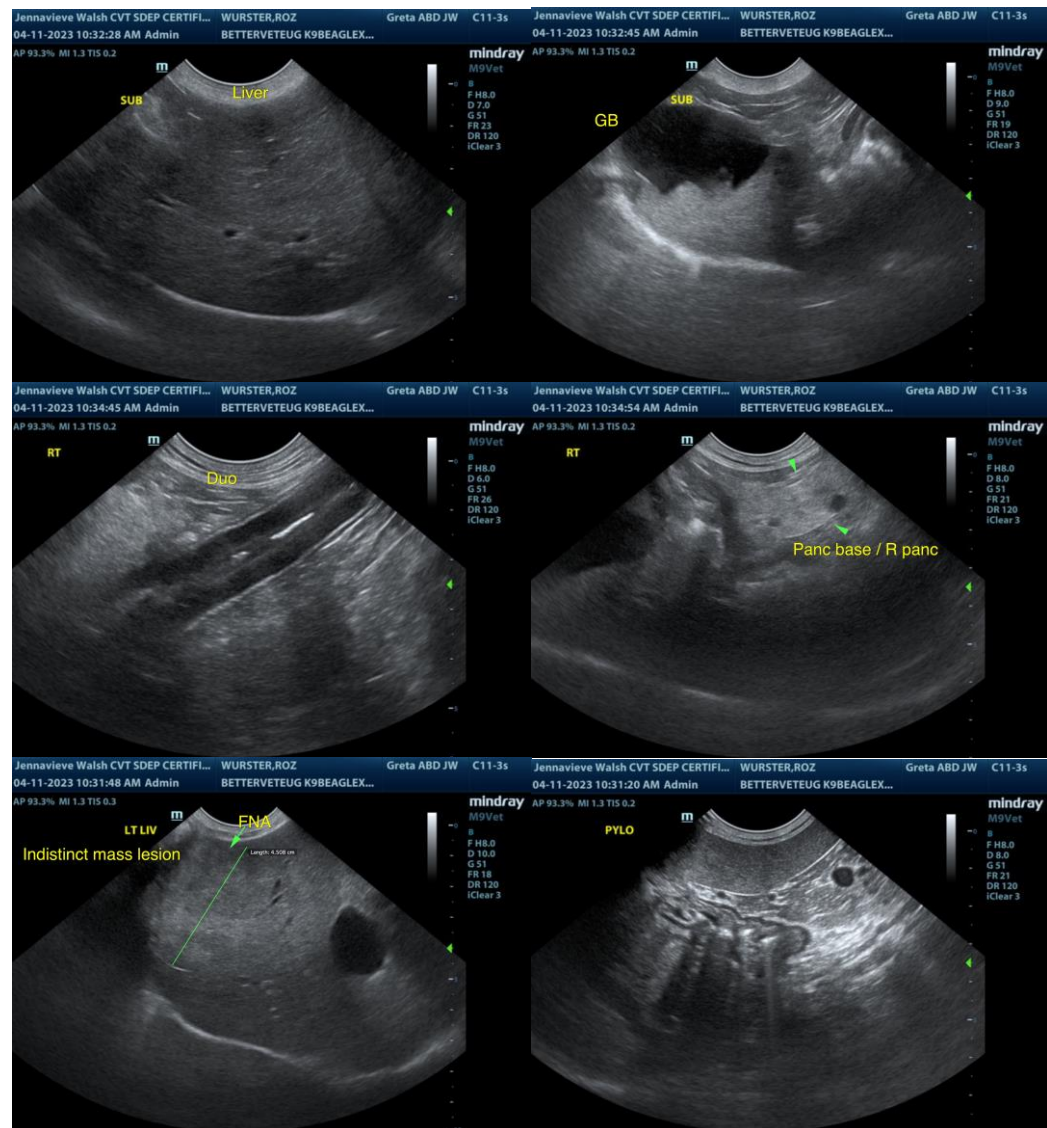
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Primary adrenal disease is considered less likely, given the lack of reported clinical signs suggestive of Cushing's Syndrome i.e., PU/PD, polyphagia, etc. Suspect mild adenomatous left adrenal changes. Full adrenal workup is warranted if clinical signs suggestive of adrenal disease arise. Screening systemic blood pressure is suggested.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic reassessment of the left adrenal gland, as well as the hepatic mass lesion for evidence of progression with initial recheck in 4-6 weeks, would be ideal.





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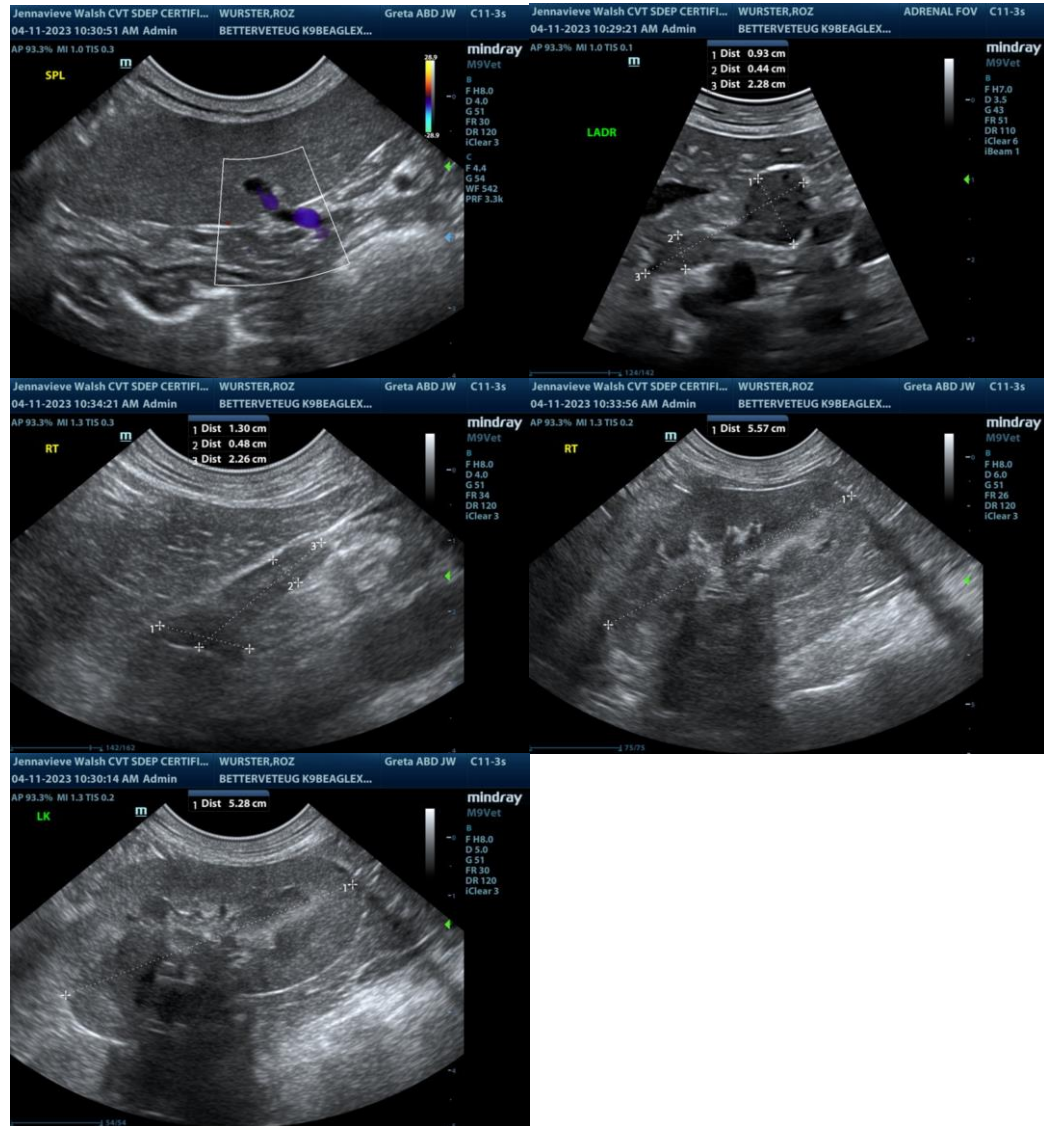
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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