



PATIENT PRESENTING CLINICAL SIGNS

Lola Fassett History: Hx intermittent vomiting x 2 months. Hx unknown duration, undiagnosed mammary masses. Abnormal LFT's noted on presurgical BW

SPECIES Abnormal PE/Chem/CBC/UA Results: Firm irregular mammary masses noted R caudal mammary gland, L 3rd gland. ALT 214, ALP 139, TBIL 0.8

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mixed 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.

SEX

Spayed female 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 7.0 cm in length. The right kidney measured 7.1 cm in length.

AGE

9 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

27.9 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 2.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 2.1 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

Liver

The liver was subjectively normal in size and structure. Areas of ventral and caudal capsule asymmetry were present. The liver parenchyma was uniform indistinctly nodular parenchyma was. 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. The cystic and common bile ducts were normal.

REFERRING VET

Shannon Heintz

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild luminal gas with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.59 cm in width. The pylorus wall measured 0.75 cm in length.

INVOICE

10367ag

DATE

04/13/2022



PATIENT

Lola Fassett

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. The duodenum wall measured 0.46 cm in width. The jejunum wall measured 0.46 cm in width.

SPECIES

Canine

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

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.

BREED

Mixed

Free Abdomen

No omental masses. overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

- Hepatopathy exhibiting generalized nonuniform to indistinctly nodular parenchyma.
- Sonographically unremarkable gallbladder.
- Gastritis pattern with mild gastric hypomotility.
- Unremarkable small bowel.

WEIGHT

27.9 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes are nonspecific with considerations including primary suspicion for chronic inflammatory hepatopathy such as chronic active hepatitis with parenchymal remodeling, nodular hyperplasia, possible early fibrosis, cirrhosis, hematopoiesis while the possibility of infiltrative primary vs metastatic neoplasia or other hepatopathy cannot be excluded. Assuming normal clotting status, an ultrasound guided FNA of the liver using a 25g needle is warranted for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No overt anesthetic contraindications assuming normal hepatic function indicated by normal ALB, GLU, CHOL and BUN levels. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

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Empirically gastritis therapy including gastric protectants such as omeprazole 1 mg/kg PO SID over the next 3 weeks with canned hydrolyzed diet trial is recommended. Sonographic reassessment of the stomach +/- liver in 3-4 weeks is recommended if persistent vomiting despite conservative therapy.

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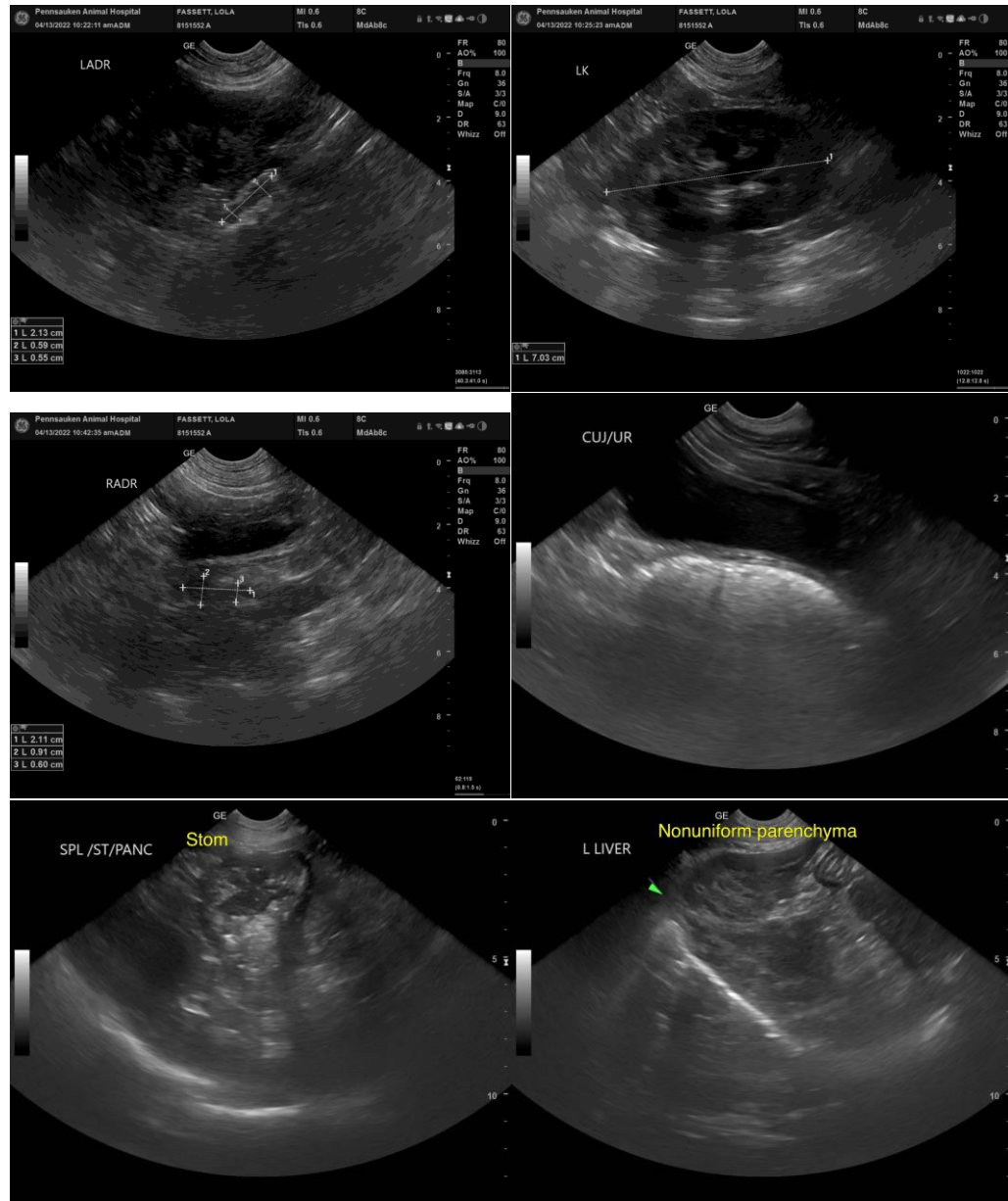
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Lola Fassett

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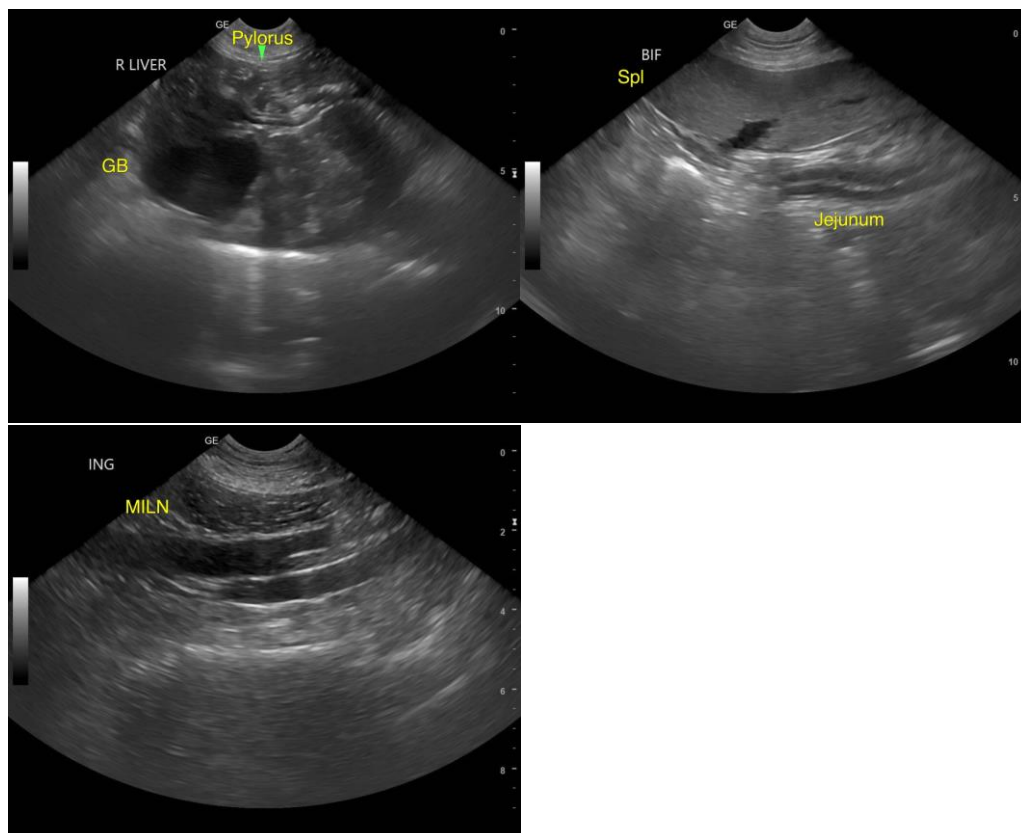
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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