



PATIENT

Amber Kowall

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

7 years

WEIGHT

38 kg.

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

16599

DATE

4/13/23

PRESENTING CLINICAL SIGNS

This is a follow up to the 3/27/23 study. On April 3rd, Amber returned to the clinic to have her abscess drained. The previously noted lesion was smaller. A scant amount of fluid (hub full only) was aspirated from the lesion. In-house, it appeared to have some cells, but no bacteria. Repeat chemistry panel that day showed improvement in liver parameters (only ALP remained elevated). (full results attached) Cytology results are attached. Culture was negative.

Abnormal PE/Chem/CBC/UA Results: April 3, 2023: ALP=350 (5-160)

ULTRASONOGRAPHIC EXAMINATION OF THE LIVER AND STOMACH

Liver/ Gallbladder

The liver was subjectively normal in size and primarily maintained a symmetrical capsule contour. The liver parenchyma was uniform exhibiting overall normal echogenicity with mild coarse echotexture. Previously noted, a cystic-appearing lesion exhibiting hyperechoic walls with suspect encapsulation and minor centralized anechoic to mildly echogenic fluid was present in the area of the ventrocaudal mid-liver and adjacent to the gallbladder measuring ≈2.5-3.0 cm in diameter. Mild peripheral hyperechoic omentum and tissue, consistent with peripheral inflammatory criteria, were noted.

The gallbladder was non-distended in size containing anechoic content with mild, nonorganized, hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized, yet no evidence of common bile duct dilation or stasis.

Stomach

The stomach was sonographically normal containing a mild amount of nonshadowing ingesta/chyme.

ULTRASONOGRAPHIC FINDINGS

- Persistent static suspected hepatic abscess / necrosis adjacent to the gallbladder
- Nondistended gallbladder with mild nonorganized debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although previous cytology was not beneficial for further clarification or definitive diagnosis, the previously noted lesion is consistent with abscess/necrosis criteria. Other etiologies, i.e., cystic granuloma, less likely neoplasia, or other, are possible.

Given that the patient has improved clinically, continued serial monitoring would be reasonable with potential recheck sooner if the patient exhibits clinical signs suggestive of hepatic dysfunction, i.e., fever, inappetence, etc. Exploratory laparotomy with gross inspection of the lesion with biopsy/resection is likely required for a definitive diagnosis. The suspected abscess / necrosis does not appear to be impinging upon bile outflow. Hepatosupportive medications, if not currently instituted, may prove beneficial.



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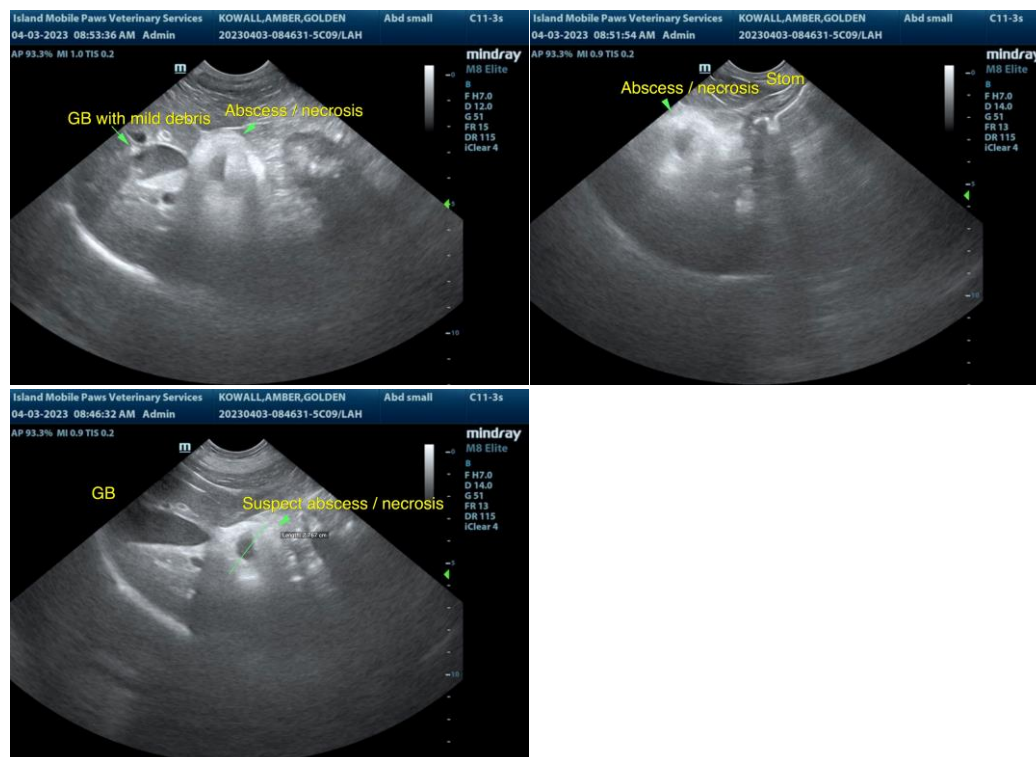
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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