



PATIENT

Cooper Esch

SPECIES

Canine

BREED

Goldendoodle

SEX

Male Neuter

AGE

11

WEIGHT

37.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Montgomery Village
Vet Clinic

REFERRING VET

Dr. Rankin

INVOICE

16629

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Non clinical but prolonged history of moderate elevation of liver enzymes
Abnormal PE/Chem/CBC/UA Results: Mod elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney lateral cortical cyst was noted measuring 0.70 cm. The left kidney measured 7.6 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.61 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with generalized mild parenchyma heterogeneity. A solitary, nondisruptive, small, hyperechoic nodule was noted in the medial parenchyma measuring 0.42 cm diameter. No splenic masses were noted.

Liver/ Gallbladder

The liver exhibited normal size to possible borderline enlargement yet maintained symmetrical capsule contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent, nondisruptive, nonhomogeneous Intraparenchymal nodules were present with an example measuring 2.4 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted.

The gallbladder was non-distended in size containing primarily anechoic content with moderate, nonorganized, variably hyperechoic gallbladder debris primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta, consistent with food without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ingesta / chyme was present with no signs of ileus, obstruction, or foreign material.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and likely incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic hepatopathy exhibiting nonhomogeneous subtly nodular parenchyma - nonspecific chronic hepatitis, toxic hepatopathy i.e., copper, vacuolar hepatopathy, subtle areas of nodular hyperplasia, hematopoiesis, lipogranulomas, fibrosis, or other hepatopathy possible with infiltrative neoplasia considered unlikely
- Gallbladder debris (non-mucocele)
- Moderate chronic renal changes with left kidney cortical cyst
- Small benign splenic nodule - consistent with small myelolipoma or possible focal mineralization

Secondary Findings

- Heterogeneous pancreas - suspect age-related pancreatic changes and benign remodeling
- Gastric ingesta - likely recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without significant visceral pathology was present. No evidence of intraabdominal neoplastic criteria was noted.

Screening hepatic FNA cytology could be considered for further clarification and potential identification of inflammatory cell type if present. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications such as Denamarin +/- Ursodiol may prove beneficial.



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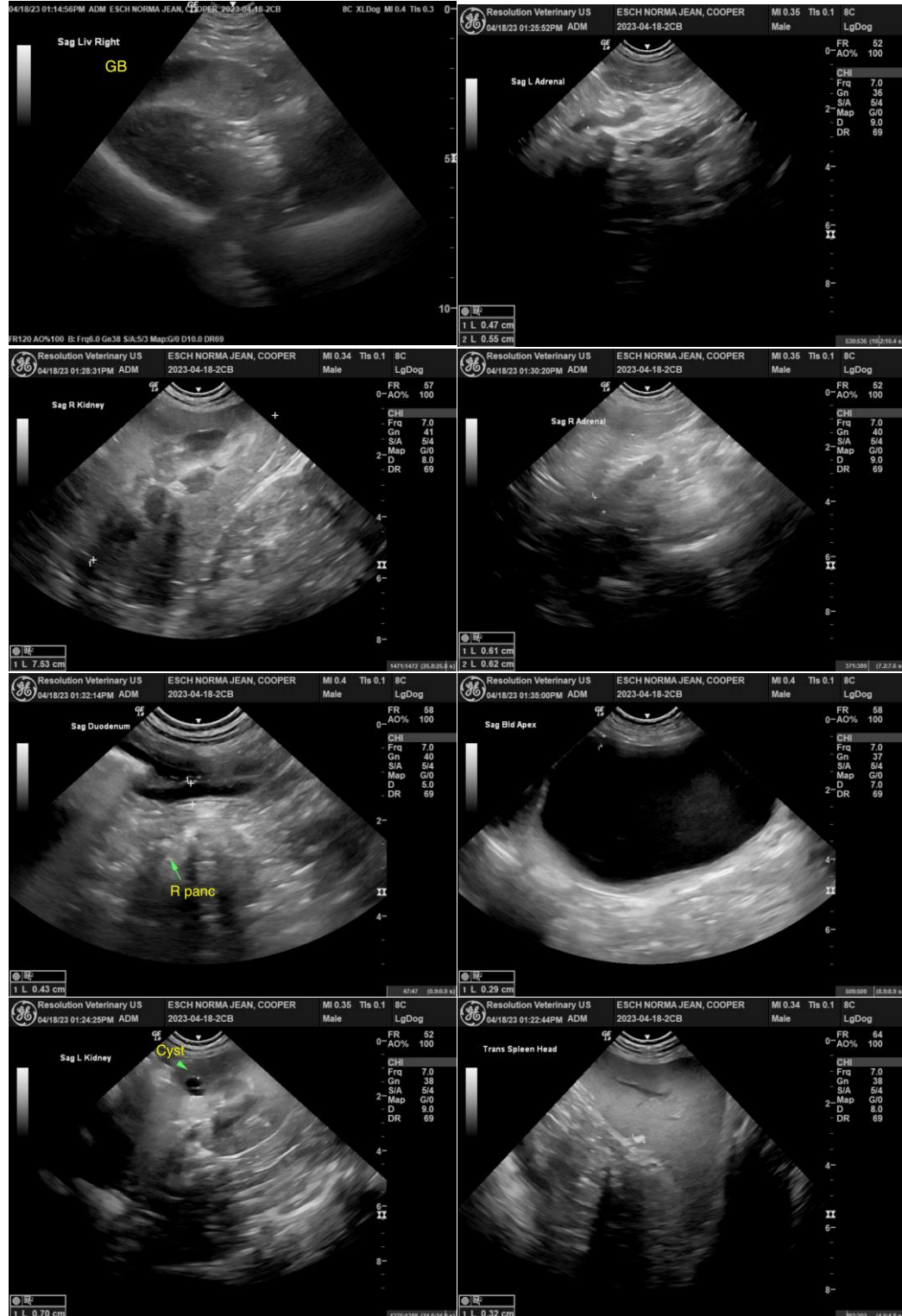
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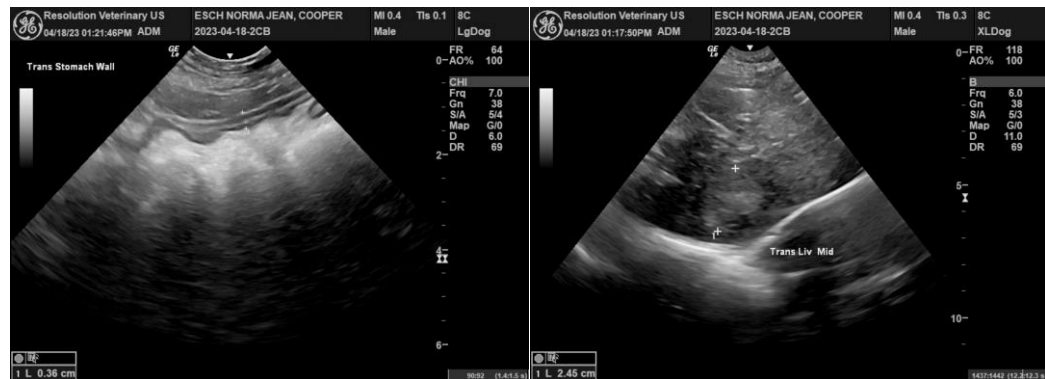
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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