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Clinical Sonography & Telecytology
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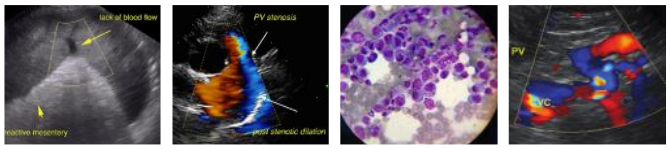

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finley Densmore

SPECIES

Canine

BREED

Retriever Mix

SEX

FS

AGE

6yr

WEIGHT

84.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sager-Gellerman

HOSPITAL NAME

Back Bay Veterinary Clinic

REFERRING VET

Dr. Carey

INVOICE

13533ag

DATE

04/21/2023

PRESENTING CLINICAL SIGNS

Progressive ALP elevation (923, previously 599 4mo ago). No PU/PD or other clinical signs.

Abnormal PE/Chem/CBC/UA Results: ALP elevated, rest of liver chemistry WNL 10/14/21: ALP 408 11/11/22: ALP 599 3/8/23: ALP 923

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 7.8 cm in length. The right kidney measured 7.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.55 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 0.70 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 was subjectively mildly enlarged with symmetrical capsule contour and uniform parenchyma exhibiting overall normal echogenicity. An indistinctly visualized suspected mild irregular non-homogenous nodule was present in the mid to right liver measuring 4-5 cm in 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 primarily anechoic luminal content. 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.

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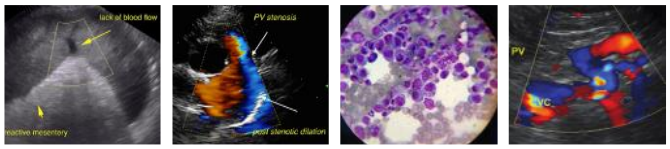

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Pancreas

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.

Free Abdomen

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

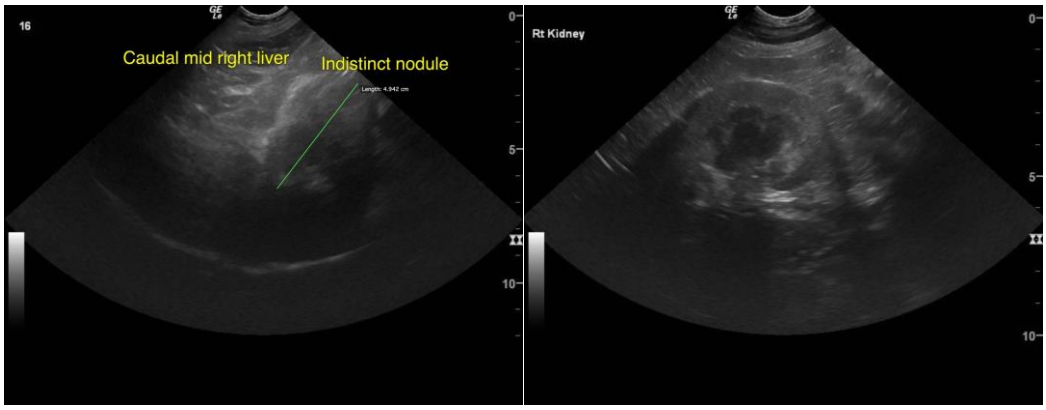
ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with suspected non-homogenous mid to right caudal nodule.
- Sonographically unremarkable gallbladder.
- Overtly normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall hepatic presentation may suggest vacuolar hepatopathy pattern. The suspected solitary hepatic intraparenchymal nodule may indicate an area of nodular hyperplasia or lipogranuloma which may at times induce ALP elevation. The possibility of an emerging neoplastic nodule or infiltrative hepatic parenchymal disease cannot be definitively excluded. Assuming normal clotting status a hepatic parenchyma FNA for screening cytology is warranted for further assessment. Sampling of the nodule may be precluded given the depth of the nodule. Ideally, sonographic reassessment/monitoring of the indistinct hepatic nodule potentially under heavy sedation is suggested. If the nodule is definitively confirmed, it appears to be amendable to surgical resection with hepatic parenchymal biopsy for a definitive diagnosis.

Primary adrenal disease is considered unlikely given normal adrenal presentation and lack of clinical signs.



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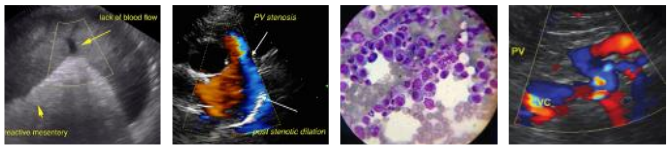

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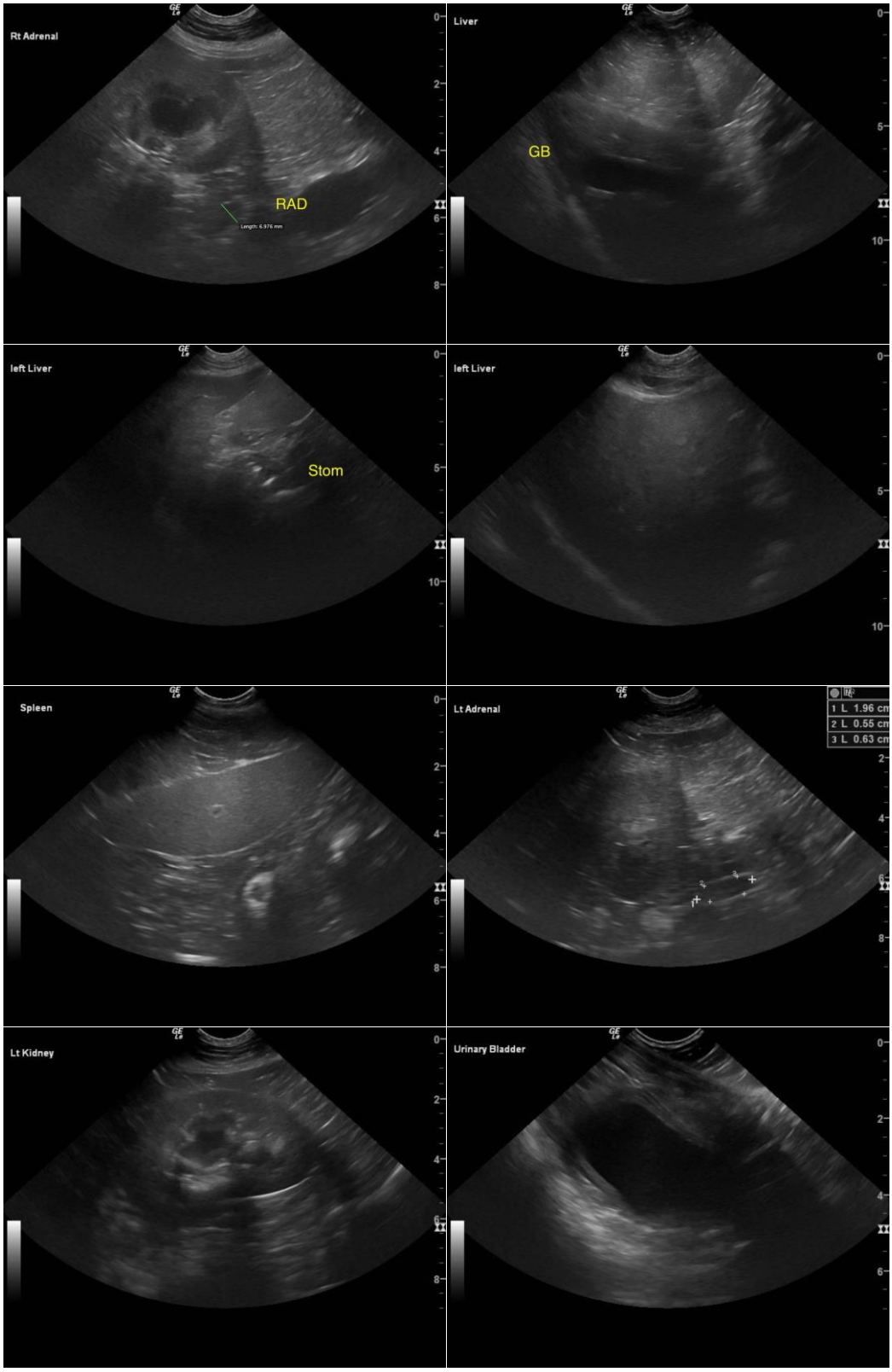

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not

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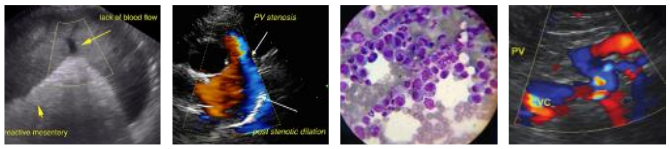

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visible in the image/video clips provided.

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)
mac.daniel@sonopath.com