



PATIENT PRESENTING CLINICAL SIGNS

Madison Leite elevated liver values

SPECIES

Canine

BREED

Scottie

SEX

FS

AGE

10yr

WEIGHT

9.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak Animal
Hospital

REFERRING VET

Kohlmaier

INVOICE

13538ag

DATE

04/21/2023

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. 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 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. Pinpoint areas of medullary mineral. The left kidney measured 5.0 cm in length. The right kidney measured 4.7 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 0.51 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.8 cm length and 0.85 cm width in 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 normal in size and contour. Overall hepatic echogenicity exhibiting mild to moderate coarse echotexture was present. A solitary non-disruptive uniform hypoechoic nodule was present in the mid ventral liver measuring 1.5 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 with mild hyperechoic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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.



PATIENT *Pancreas*

Madison Leite 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.

SPECIES *Free Abdomen*

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

BREED **ULTRASONOGRAPHIC FINDINGS**

- Scottie
- Hepatopathy with non-specific intraparenchymal nodule.
 - Mild gallbladder debris (non-mucocele).
 - Mild chronic renal changes with minor medullary mineral.
 - Non-specific mildly prominent non-homogenous right adrenal gland.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10yr

The hepatic presentation was non-specific with considerations including idiopathic or breed associated early degenerative vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Emerging neoplastic criteria/nodule considered less likely. If accessible and assuming normal clotting status a hepatic parenchyma and nodule FNA for screening cytology is warranted for further assessment. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

WEIGHT

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Suspect right adrenal patient/age related variant or possible mild adenomatous change. Sonographic monitoring of the right adrenal gland is recommended. A screening BP is advised to assess for evidence of hypertension which may allude to possible emerging right adrenal pathology.

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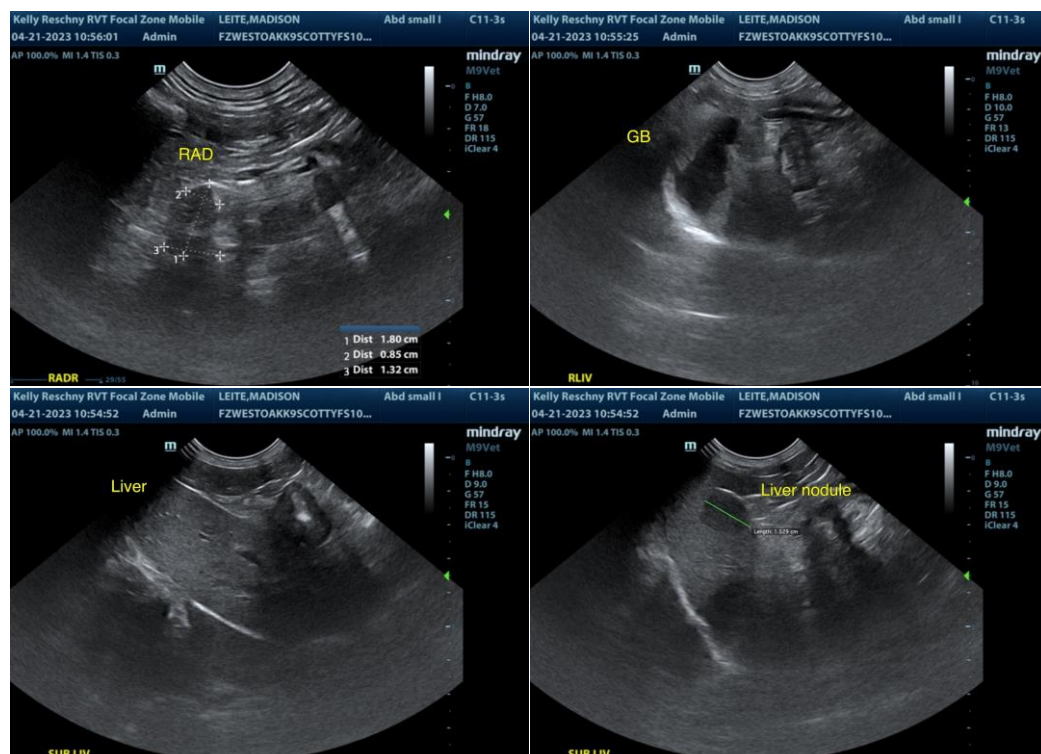
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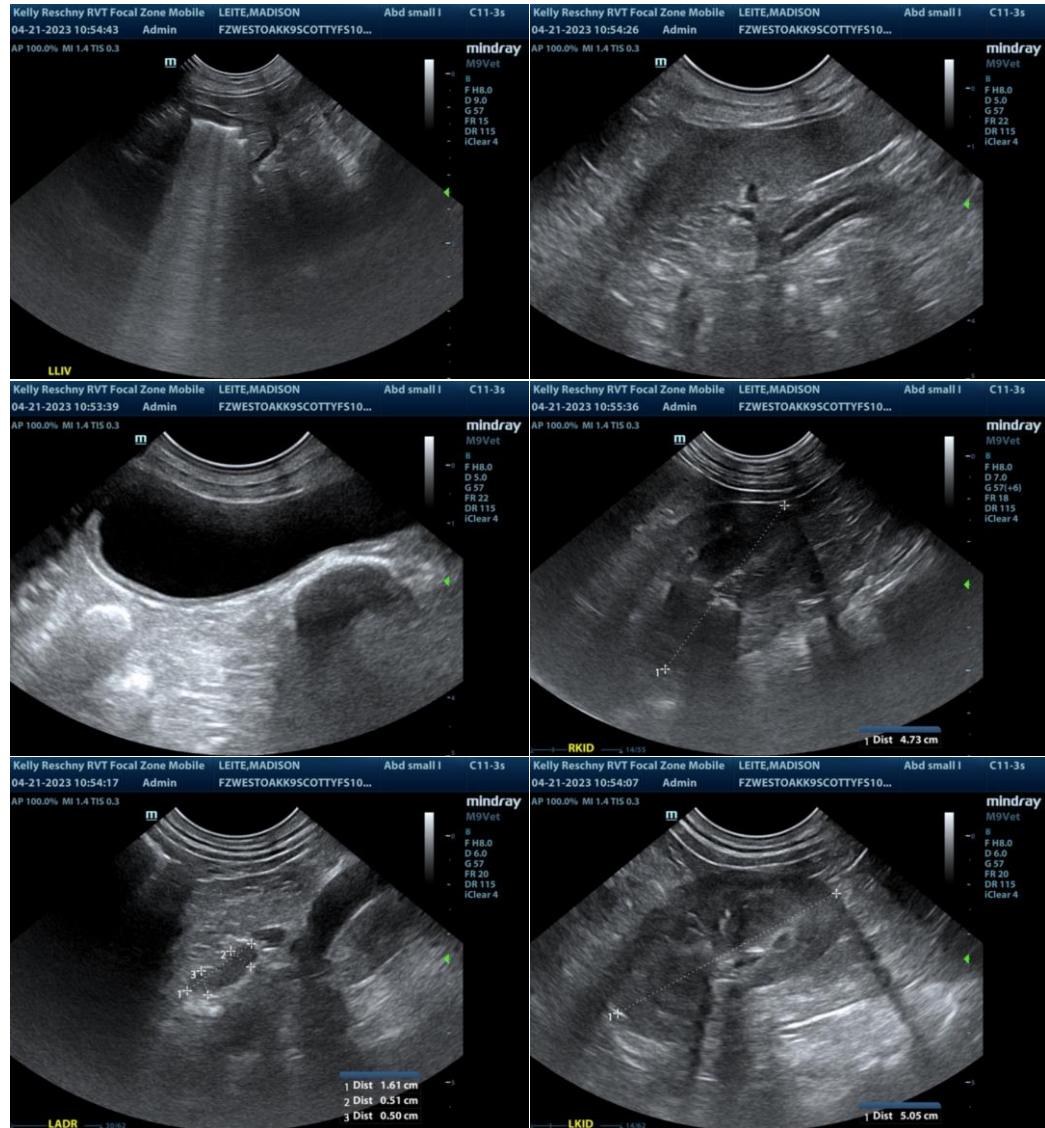
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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