



PATIENT PRESENTING CLINICAL SIGNS

Daisy Gonzales
History: About a month ago, patient was presented with enlarged and small bruises in the abdomen area. Patient was recommended for ultrasound and liver biopsy (biopsy was taken from the left liver). On the ultrasound, normal size of gall bladder was noticed, but moderate cholelithiasia with hepatomegaly. Normal e/d/u/d; No c/s/v/d

SPECIES

Canine
Abnormal PE/Chem/CBC/UA Results:

BREED

Maltese Mix

SEX

FS

AGE

8 years

WEIGHT

16.4 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr. Kim

INVOICE

10598ag

DATE

05/12/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 4.3 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 0.43 cm width at the caudal pole and 0.39 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 0.45 cm width at the caudal pole and 0.45 cm width at the cranial pole.

Spleen

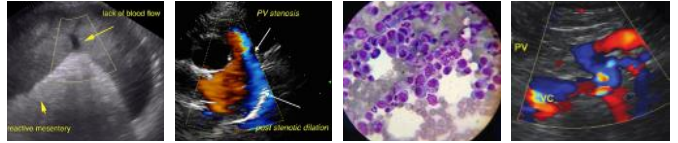
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively enlarged in size with symmetrical capsule contour. Normal to subjective increased parenchyma echogenicity exhibiting mild coarse echotexture was noted. Focal to intermittent subtle to isoechoic parenchymal nodules were present an example measuring approximately 0.5 cm in diameter. These nodules were non disruptive. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent to nondependent mineral and debris primarily in the caudal lumen and gallbladder neck. No evidence of peripheral inflammation noted. 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.



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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.

SPECIES

Canine

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.

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Maltese Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with intermittent subtle parenchymal nodules
- Mild gallbladder mineral

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The hepatomegaly is most consistent with benign hepatomegaly/hepatopathy with considerations including vacuolar hepatopathy, cholangiohepatitis or other hepatopathy. The gallbladder mineral does not appear to be a clinical issue at this point and is non obstructive. Correlation with previous hepatic biopsy is recommended. No evidence of hepatic or hepatobiliary neoplastic criteria was present. No overt suspicion of adrenal hyperfunctionality given lack of clinical signs and normal presentation. Hepatosupportive medications including Denamarin and Ursodiol are recommended with continued monitoring of hepatic enzymes.

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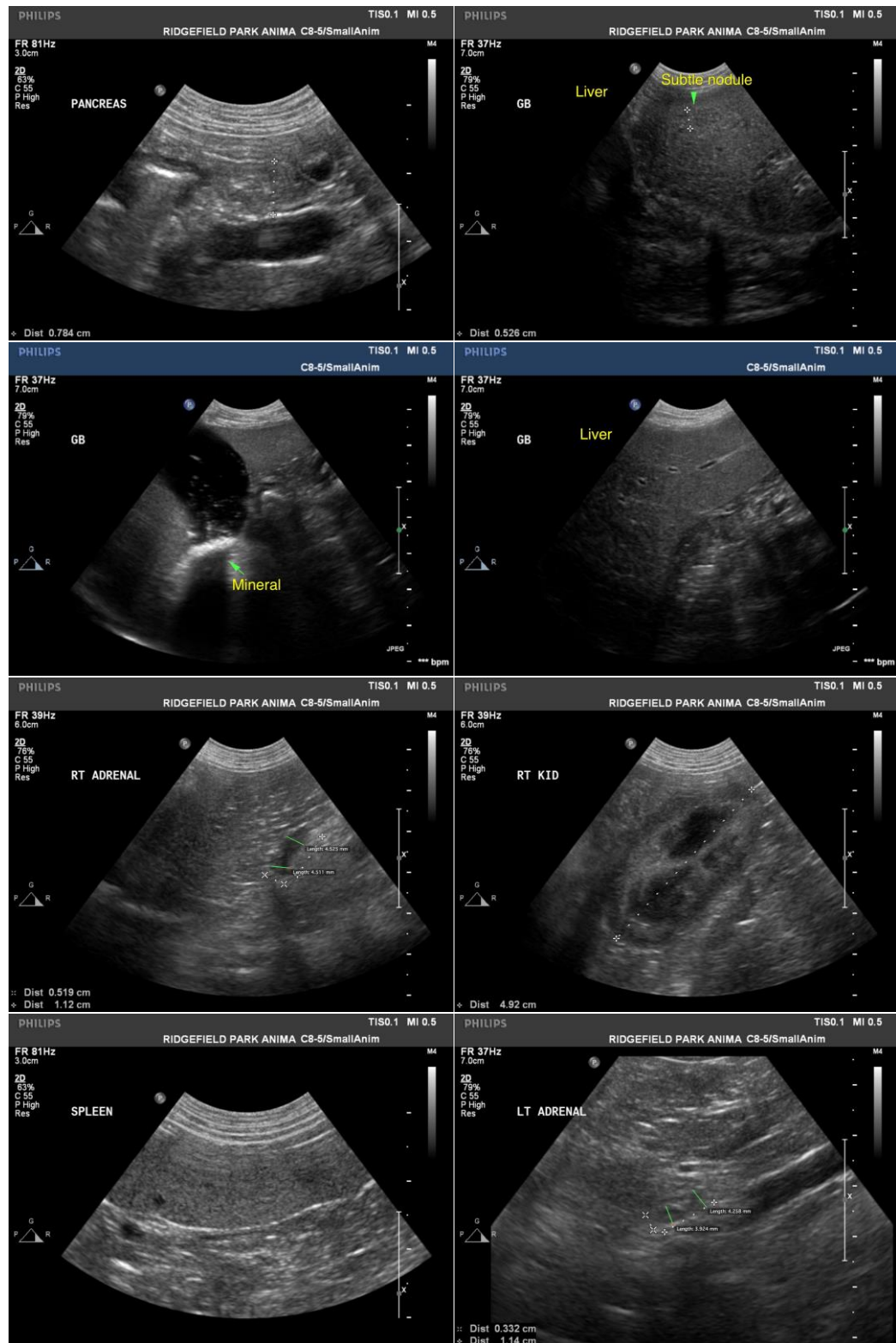
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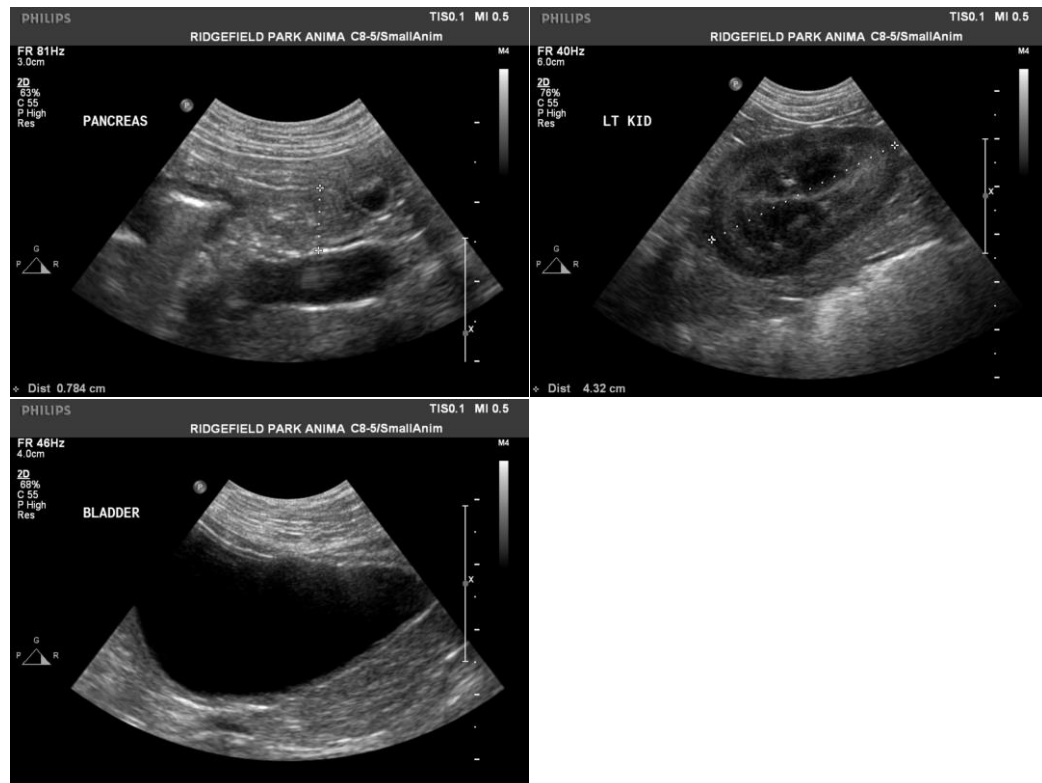
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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