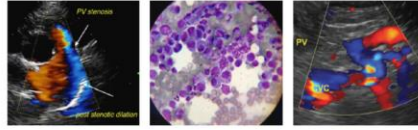


IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com**PATIENT**Maggie Thuemling
270198**SPECIES**

Canine

BREED

Maltese

SEX

Female Spayed

AGE

10 years

WEIGHT

4.5 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC-Sr. Sevde

INVOICE

13920

DATE

5/20/22

PRESENTING CLINICAL SIGNS

Maggie presented to WVRC on 5/19/2022 for possible liver failure. About 1 week ago, she started vomiting and was vomiting for most of the day. She was anorexic but drinking a little bit. She was trembling and lethargic. 5 days ago she seemed a bit brighter but was still trembling and anorexic. Maggie presented to her rDVM 4 days ago (Monday 5/16), though her labs were not read until last night and revealed that her liver enzymes were severely elevated. Yesterday (Wednesday 5/18) she ate a scrambled egg. She is continuing to drink. This morning (Thursday 5/19) Maggie ate a small amount of kibble but vomited it back up. She seems generalized pruritic. Today she has great energy, running around the house. Her stool is normal in consistency but is dark brown to dark green in color. No recent coughing, sneezing, or diarrhea noted. No travel history. No contact w/ other animals. Was at the groomer 3 weeks ago.

Abnormal PE/Chem/CBC/UA Results: TP 7.4 (H), Glob 4.9 (H), ALT 552 (H), ALP 1150 (H), GGT 34 (H) UA (US guided cysto) - Dark yellow, turbid, 1+ bilirubin, USG 1.022, 1+ protein, rare WBC (1-5), rare RBC (1-5), no epi cells/bacteria/crystals/casts/ketones/glucose, lipid droplets present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

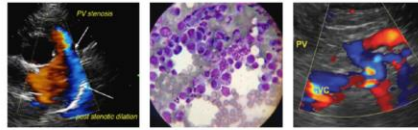
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 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 0.58 cm width at the caudal pole and 0.44 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 0.48 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.

IMAGING PERFORMED BYSVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.comEDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com**PATIENT**Maggie Thuemling
270198**SPECIES**

Canine

BREED

Maltese

SEX

Female Spayed

AGE

10 years

WEIGHT

4.5 kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC-Sr. Sevde

INVOICE

13920

DATE

5/20/22

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary mildly expansive nonhomogeneous to mixed echogenic macronodule to small mass was present in the mid to right liver measuring 3.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild nondependent gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The stomach was primarily empty with potential for minor retained anechoic fluid.

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. The duodenum wall width measured 0.31 cm. The jejunum wall width measured 0.28 cm.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mid to right liver mixed echogenic macronodule to small mass
- Mild gallbladder debris (non-mucocele)
- Suspect mild gastritis, sonographically unremarkable small bowel
- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall hepatic presentation including the macronodule to small mid to right liver mass is nonspecific and could be consistent with vacuolar hepatopathy, inflammatory / immune/mediated disease, mid to right area of nodular hyperplasia, fibrosis, hematopoiesis, neoplasia or other hepatopathy. Assuming normal clotting status, ultrasound-guided FNA of the hepatic parenchyma, as well as the macronodule to small mass for screening cytology is recommended. No evidence of post hepatic obstruction.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



PATIENT

Maggie Thuemling
270198

The gallbladder debris may indicate concurrent mild cholestasis with potential for minor cholecystitis. Empirical hepatosupportive medications +/- antibiotics pending hepatic sampling and as-needed gastrointestinal support would be reasonable.

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

10 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

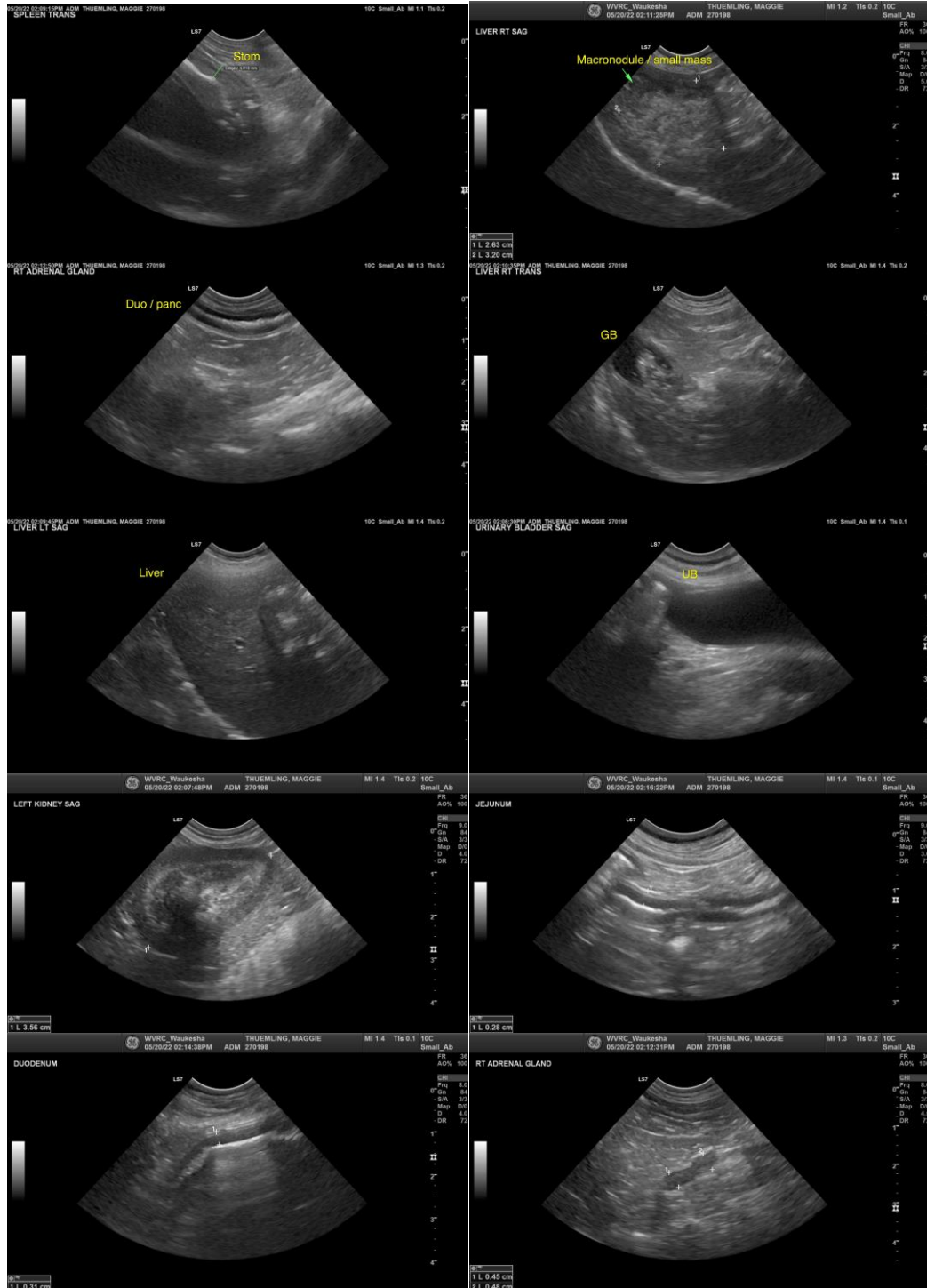
WVRC-Sr. Sevde

INVOICE

13920

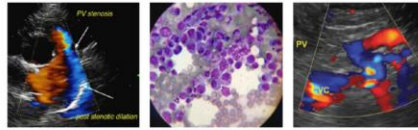
DATE

5/20/22



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Maggie Thuemling
270198

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

10 years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeil

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC-Sr. Sevde

INVOICE

13920

DATE

5/20/22



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