



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zoe Hodge	Last ultrasound in March by Sonopath at Ringwood Animal Hospital - per Dr. notes showed splenic nodules and abnormal liver. History of bloody diarrhea. On Galliprant and Gabapentin since February 2023 from RAH
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Dog was here for sedated rads and a TTA surgery next week and her liver values were increased significantly on pre-op BW from the last blood test in February. Liver was enlarged and looked rounded on radiographs today.
<b>BREED</b>	
Mixed	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
S/F	The urinary bladder, trigone, 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.
<b>AGE</b>	
10y, 10m	No evidence of pathology in the area of the aortic trifurcation.
<b>WEIGHT</b>	
80.5	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 5.5 cm in length, yet potential mild size estimation is possible for the left kidney. The right kidney measured 6.7 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Kristie Steele	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, nondisruptive hyperechoic nodules were present primarily in the medial parenchyma and perihilar in location. The capsule was smooth and regular without apparent expansion. An example of a splenic nodule measured 0.77 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Loving Care VH	The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour with generalized mild nonhomogeneous parenchyma exhibiting normal echogenicity with moderate coarse echotexture and mild parenchymal remodeling. Intermittent, nonhomogeneous, hyperechoic, intraparenchymal nodules were present. An example of a liver nodule measured 1.5 cm in diameter.
<b>REFERRING VET</b>	
Dr. Kristie Steele	The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent yet nonorganized gallbladder sediment primarily in the caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal. No evidence of gallbladder inflammatory criteria was noted.
<b>INVOICE</b>	
17092	
<b>DATE</b>	
6/13/23	



**PATIENT**

***Gastrointestinal***

Zoe Hodge

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.

**SPECIES**

Canine

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.

**BREED**

Mixed

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

**SEX**

S/F

***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.

**AGE**

10y, 10m

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

80.5

**ULTRASONOGRAPHIC FINDINGS**

- Static mild age-related kidneys
- Benign splenic nodules - consistent with benign myelolipomas - static
- Enlarged, mildly nonhomogeneous liver exhibiting nonspecific yet subjective benign intraparenchymal nodules - nodules suggestive of lipogranulomas or nodular hyperplasia
- Mild gallbladder sediment (non-mucocele)
- Sonographically unremarkable gastrointestinal tract / colon

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall liver was nonspecific with considerations including vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, mild fibrosis, nonobstructive cholestasis, suspected intermittent benign nodular hyperplasia, or intraparenchymal lipogranulomas. Infiltrative hepatic neoplasia is considered a less likely differential diagnosis. Further assessment may include screening hepatic FNA cytology. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

**IMAGING PERFORMED BY**

Dr. Kristie Steele

**HOSPITAL NAME**

Loving Care VH

**REFERRING VET**

Dr. Kristie Steele

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No overt anesthetic contraindications, assuming no evidence of hepatic dysfunction, i.e., normal albumin, glucose, BUN and cholesterol levels.

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Zoe Hodge

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Canine

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**SEX**

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**AGE**

10y, 10m

**WEIGHT**

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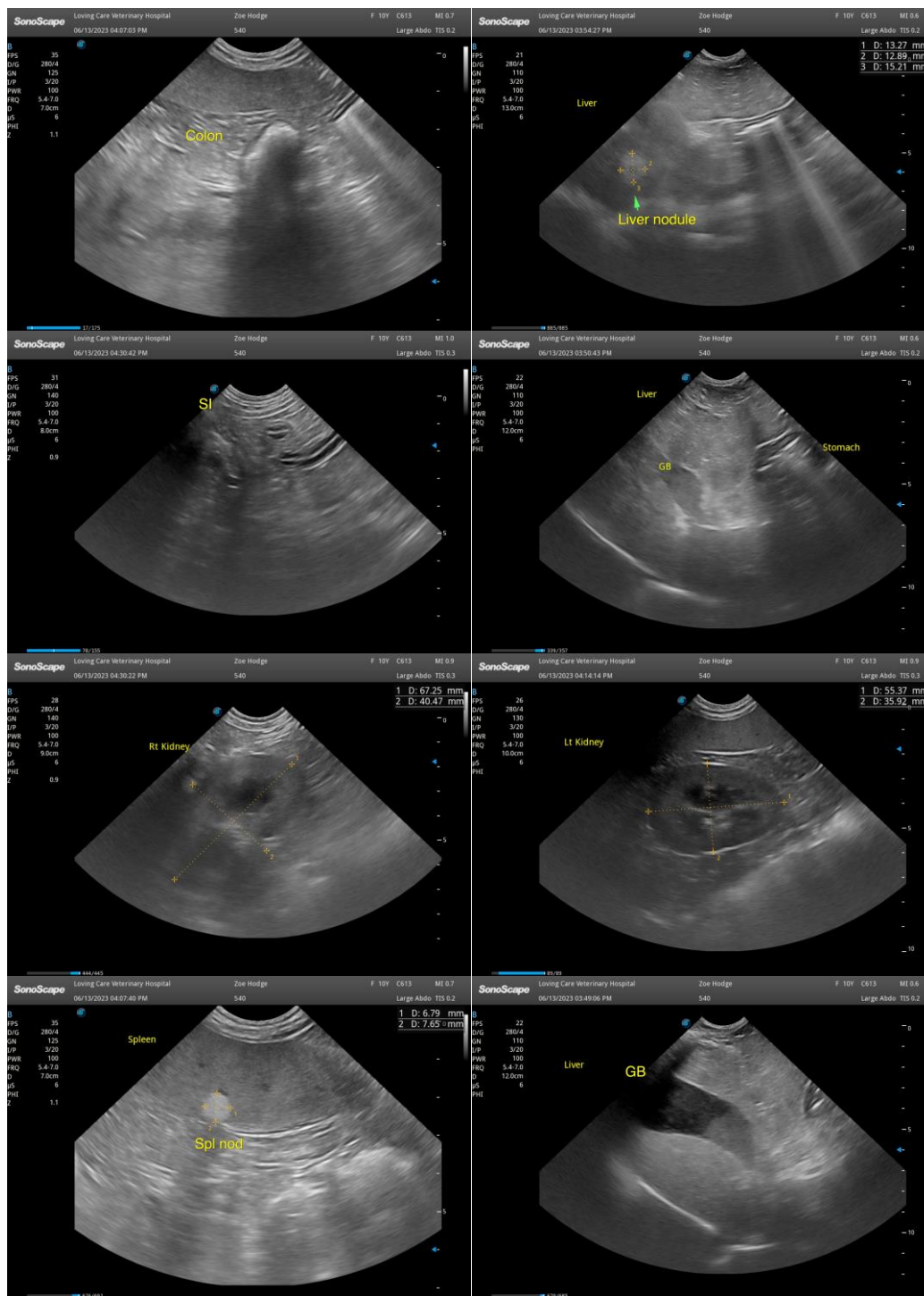
Dr. Kristie Steele

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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.



**PATIENT**

Zoe Hodge

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**

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