

PATIENT

Molly Riscioni

SPECIES

Canine

BREED

Cairn Terrier

SEX

FS

AGE

11 years

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

BetterVet- Eugene

REFERRING VET

Dr. Graham

INVOICE

17144

DATE

6/22/23

PRESENTING CLINICAL SIGNS

No significant concerns, mild dental tartar
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (ALT 178, ALP 480) Otherwise WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and symmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild to moderate loss of corticomedullary border demarcation. Mild increased medullary echogenicity was present in both kidneys. Mild left kidney pyelectasia was noted. The left kidney measured 4.4 cm in length. The right kidney measured 5.1 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 1.8 cm length x 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.39 cm width at the caudal pole.

Spleen

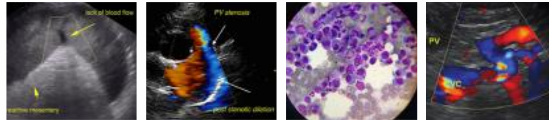
The spleen was normal in size and contour with a primarily finely textured homogeneous parenchyma. A solitary, subtly nonhomogeneous, nondisruptive nodule was present adjacent to the splenic hilus measuring 0.8 cm diameter. No splenic masses were noted.

Liver/ Gallbladder

The liver was subjectively borderline to possibly mildly enlarged yet maintained a symmetrical capsule contour. Normal mild nonhomogeneous hepatic parenchyma echogenicity exhibiting mild coarse echotexture. Normal appearance of the portal vascular borders was noted. Normal hepatic vascular volume was present. No hepatic masses were visualized. The gallbladder was non-distended in size containing primarily anechoic content with mild nondependent nonorganized gallbladder sediment. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

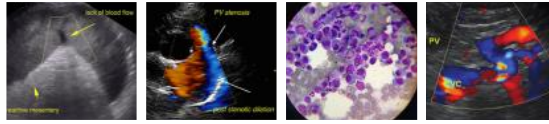
- Chronic renal changes with mild left kidney pyelectasia
- Subtle nondisruptive peri hilar splenic nodule
- Nonspecific yet sonographically benign hepatopathy - vacuolar hepatopathy, low-grade inflammatory hepatopathy, i.e., cholangiohepatitis, hyperplasia, hematopoiesis, or other hepatopathy, no evidence of hepatic neoplastic criteria
- Mild gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, full urinalysis with potential renal staging including screening C/S and baseline UPC level is recommended. Assuming normal clotting status, screening hepatic FNA cytology could be considered for further clarification. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

The splenic nodule, although nonspecific, tends to trend benign with subtle hyperplasia, hematopoiesis, or similar probable. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be ideal.

Given the relatively low-grade hepatic enzyme elevations at this stage, hepatosupportive medications including Denamarin and Ursodiol, with monitoring of hepatic enzymes going forward would be reasonable.



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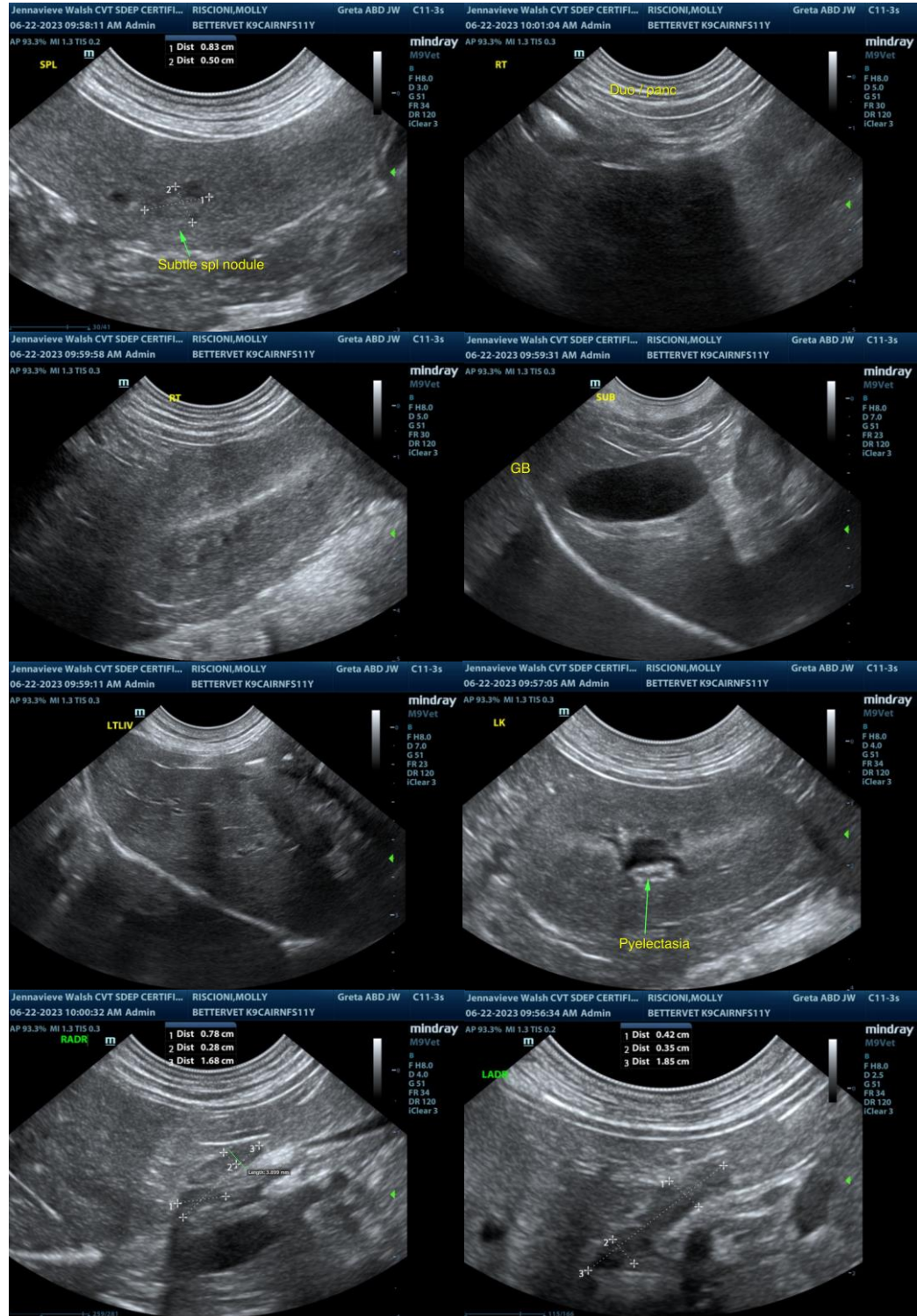
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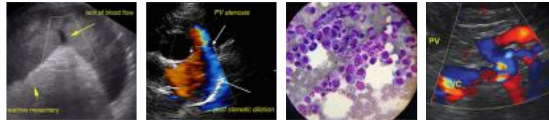
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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