



**PATIENT**

Zeke Riley

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

78 Pounds

suspected IVDD, rads show irregular liver Physical exam findings: tense abdominal palpation Abnormal BW values: ALP 237, Platelet ct 443k, UA- pH 7.5, OPG negative, accuplex neg x 4 Radiograph Findings(email radiographs if available): Radiographic Findings Four views are available including the pelvis and lumbar spine/abdomen. The coxofemoral joints appear unremarkable with excellent congruency and coverage of the femoral heads. There is no degenerative change. Spondylosis of the caudal thoracic spine is minimal. Sites of mild intervertebral disc space narrowing are equivocal including L3-L4 as well as T13-L1 and possibly T12-T13. No endplate lysis is appreciated. No aggressive bone lesions are appreciated. No degenerative changes are noted to the stifles. Within the abdomen, small bowel loops are moderately gas filled. The liver appears to extend slightly caudal to the costal arches and has irregular margination. There is ingesta like content in the region of the stomach. Serosal detail appears adequate. The head of the spleen is not enlarged. Conclusion Unremarkable coxofemoral joints. Trivial spondylosis of the visible portion of the spine. There are equivocal sites of mild intervertebral disc space narrowing which could indicate disc degeneration and herniation. Correlate with clinical impressions. Spinal pain would be expected if this was clinically significant. Appearance of mild hepatomegaly with irregular margination, which is nonspecific and could be benign vacuolar change although other hepatopathy including presence of small nodules is possible. Bowel pattern suggesting a gaseous enteritis. Michele Laurenson, DVM, DACVR | [mlaurensondvm@gmail.com](mailto:mlaurensondvm@gmail.com) | [VMI@RemedyView.com](mailto:VMI@RemedyView.com) 06/17/2022 5:09:59pm Reason for Ultrasound: evaluate liver and pancreas Abnormal PE/Chem/CBC/UA Results: sedated 0.1ml of dex/torb- light sedation

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**INTERPRETED BY**

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

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 6.5 cm.

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**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 0.97 cm at the cranial pole and 0.69 cm at the caudal pole.

**REFERRING VET**

Dr. Robin Janeway

**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

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## PATIENT

Zeke Riley congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

## SPECIES *Liver*

Canine The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary well demarcated non-homogeneous hyperechoic intraparenchymal nodule was present in the caudate liver lobe, measuring 2.9 cm diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge, primarily in the caudal lumen and gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

## BREED

Lab

## SEX

Neutered Male *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.

## AGE

12 Years

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.

## WEIGHT

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## *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.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern with non-specific yet likely benign caudate lobe intraparenchymal nodule.

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- Mild gallbladder debris (non-mucocele)

- Mild age related kidneys

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant hepatic pathology. The caudate lobe intraparenchymal nodule, although non-specific, is most suggestive of benign nodules such as focal lipogranuloma or area of nodular hyperplasia. Neoplastic criteria is thought unlikely. Sonographic monitoring of the nodule for evidence of progression would be reasonable. Hepatosupportive medications including Denamarin and Ursodiol with continued monitoring of ALP levels is recommended. Overall, largely geriatric abdomen without evidence of significant abdominal visceral pathology.

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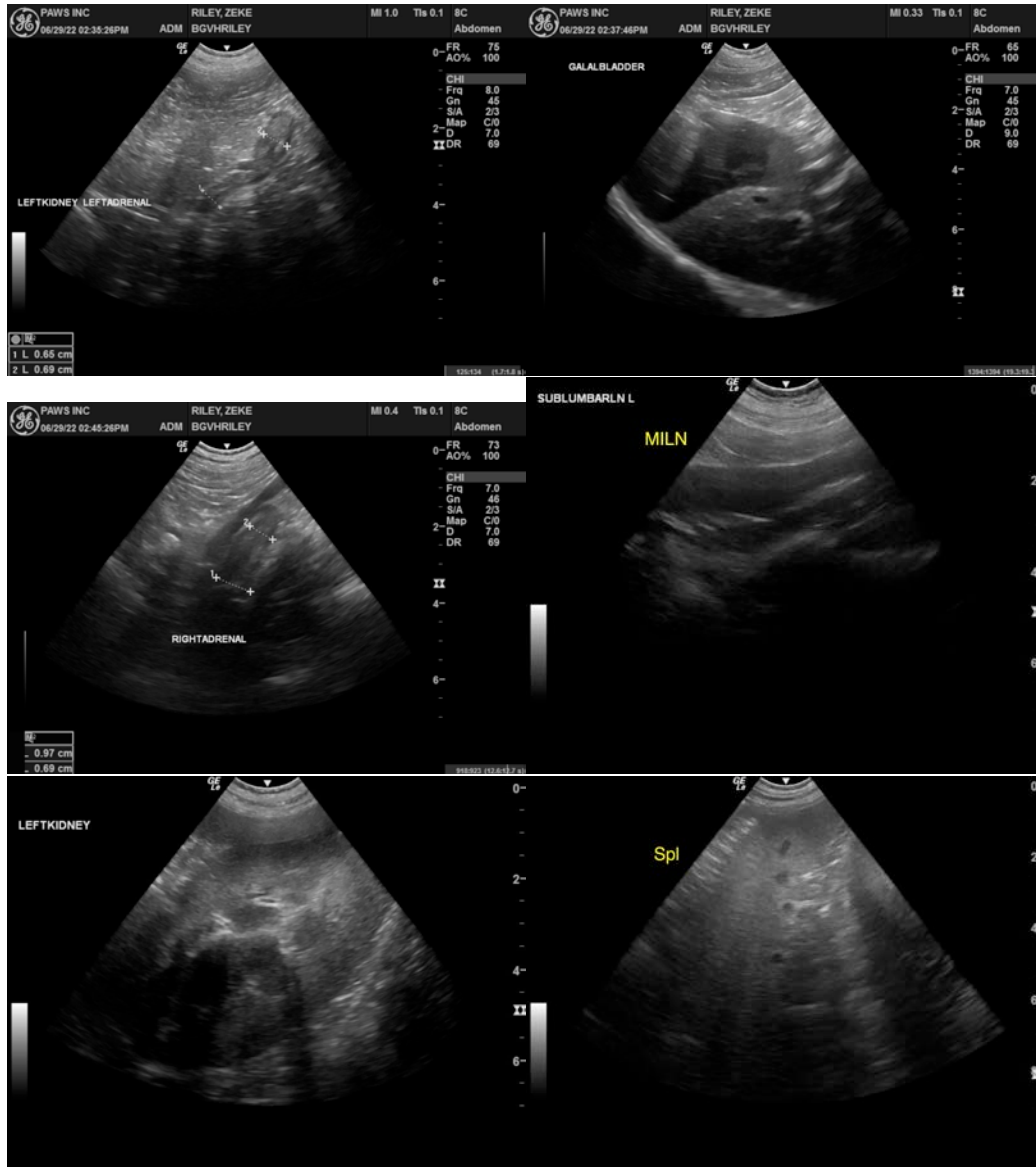
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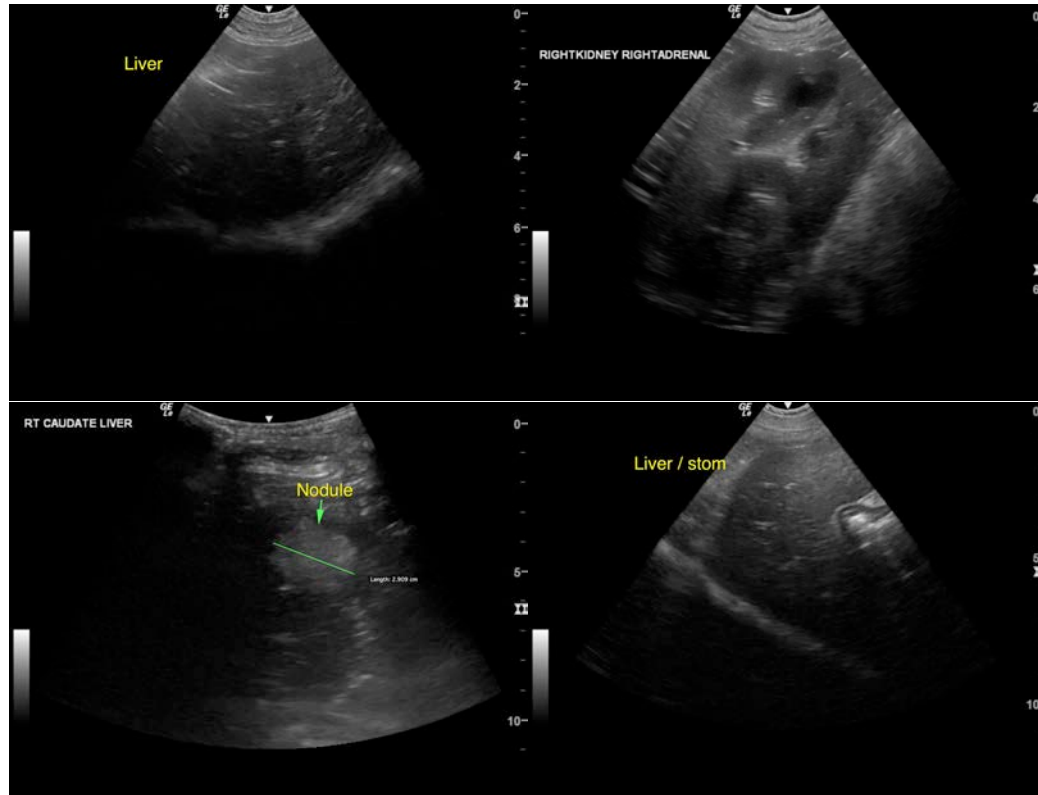
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

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