



PATIENT

Orangina Hubley

SPECIES

Canine

BREED

Dandie Dinmont Terrier

SEX

FI

AGE

9 years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Point AH

REFERRING VET

Dr. James

INVOICE

10760ag

DATE

06/07/2022

PRESENTING CLINICAL SIGNS

History: Severe elevation liver enzymes on pre surgical panel for mamary mass removal

Abnormal PE/Chem/CBC/UA Results: Severe elevation of liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus exhibited no evidence of pathology. The left and right ovaries were overtly normal with the left ovary measuring 0.62 cm in width and the right ovary measuring 0.7 cm in width.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the left cranial adrenal gland with maintained adjacent symmetrical capsule contour. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.9 cm x 0.61 cm. The left adrenal gland measured 0.62 cm cranial pole width and 0.61 cm caudal pole width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 0.49 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 overtly normal in size with potential for mild generalized enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild to moderate coarse echotexture. Subtle increased prominence of portal vascular borders was present. The gallbladder was non-distended in size with subtly prominent walls and moderate congealed yet nonorganized nonmineralized luminal debris. 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.

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Pancreas

Canine

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

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific left adrenal nodule-suspect probable adenoma
- Nonspecific benign hepatopathy-vacuolar hepatopathy, inflammatory/immune mediated disease, toxic hepatopathy e.g. copper or other hepatopathy possible. No overt evidence of primary vs metastatic hepatic neoplastic criteria
- Moderate congealed gallbladder debris-non-mucocele, possible low-grade cholecystitis
- Minor pancreatic remodeling-likely incidental, potential for low-grade pancreatitis or parenchymal remodeling if previous history of pancreatitis
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

An ultrasound guided hepatic FNA using a 25g needle and assuming normal clotting status for screening cytology to assess for and possibly identify inflammatory cell type is recommended. Hepatic functionality is likely normal assuming normal ALB, GLU, BUN and CHOL levels. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if clinically indicated. Bile acid testing for further assessment of hepatic function could be considered.

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Sonographic monitoring of the left adrenal nodule for evidence for progression +/- screening BP to assess for evidence of hypertension is suggested.

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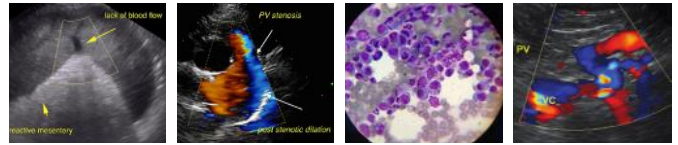
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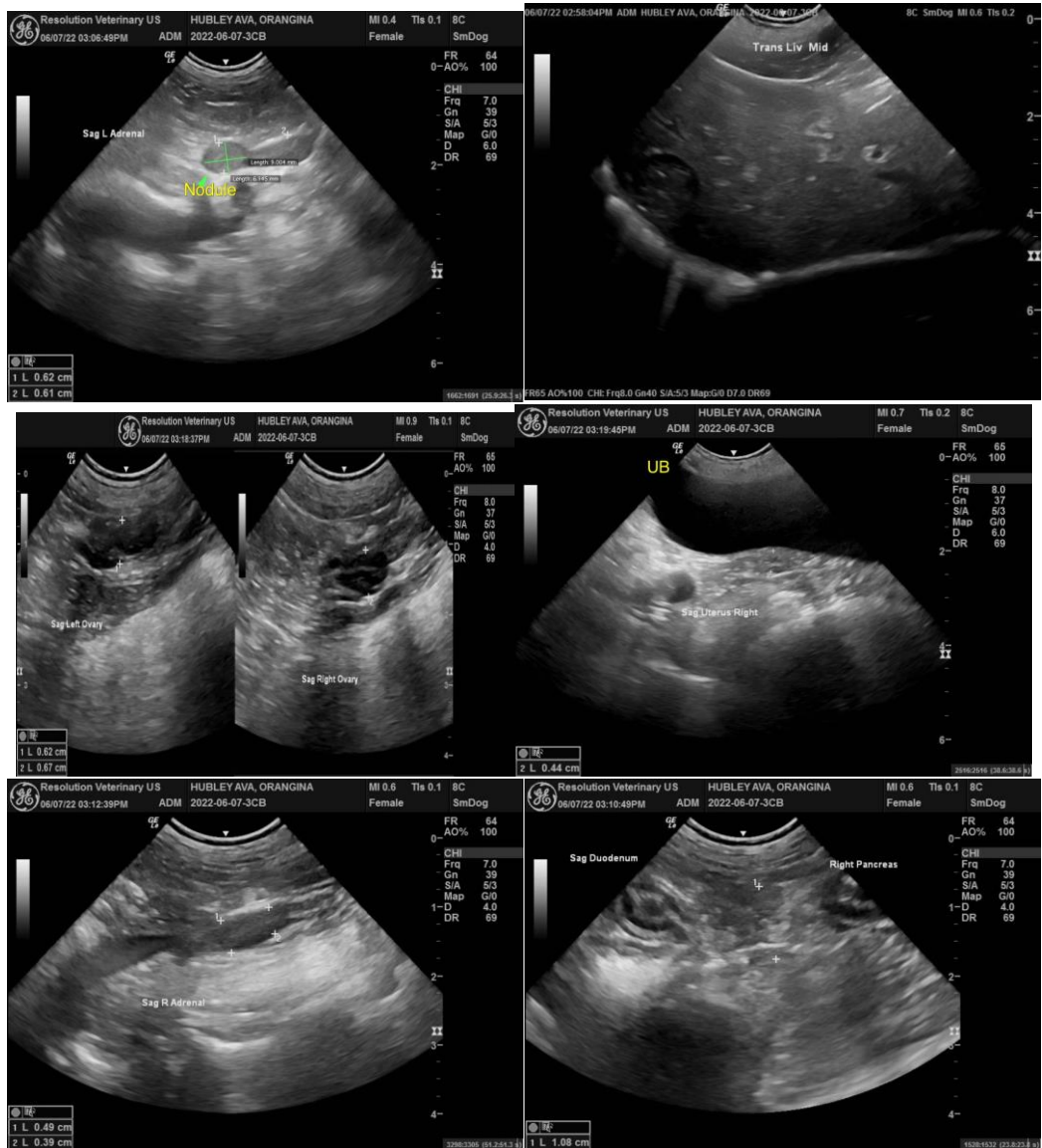
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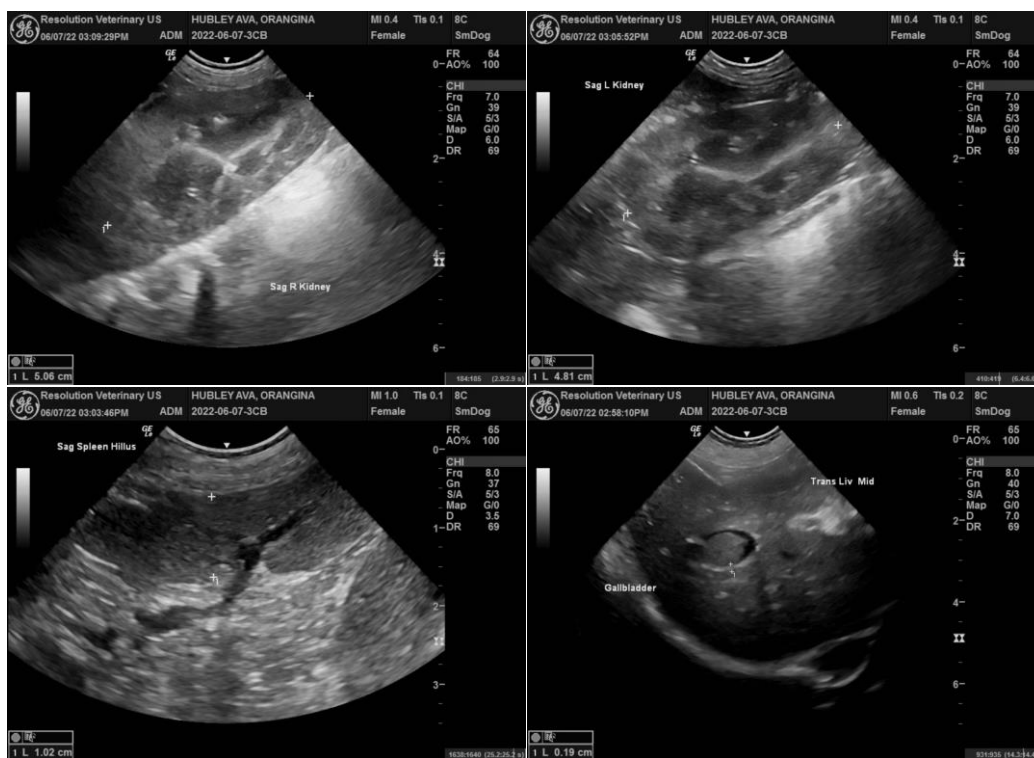
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com