



PATIENT

Eli Talbott

SPECIES

Canine

BREED

Terrier Mix

SEX

NM

AGE

10.5 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate Veterinary
Clinic

REFERRING VET

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INVOICE

14065

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Previous abdominal ultrasounds (2). Liver mass noted previously. Checking to see a year later if mass has grown/spread, etc. Intermittent pancreatitis, GI upset, vomiting, decrease appetite, diarrhea, etc. Abnormal PE/Chem/CBC/UA Results: on 5/16/22 - Alk Phosphatase 802 BUN 23 Creatinine 0.5 BUN/CREAT RATIO 46 CHOLESTEROL 451 TRIGLYCERIDE 627 AMYLASE 544 PrecisionPSL 222 CBC and T4 wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. The calculi were primarily small yet multifocal. The cystitis pattern exhibited mild asymmetrical luminal surface contour. Potential for areas of pinpoint adhered luminal mineral is possible. An example of an echogenicity measured 0.5 cm diameter. The ventroapical urinary bladder wall width measured 0.39 cm.

No overt pathology was noted in the area of the residual prostate.

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. Areas of nonobstructive medullary mineral / small renoliths were present. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland measured 0.78 cm width at the caudal pole. The right adrenal gland measured 0.84 cm width at the cranial pole and 0.70 cm width at the caudal 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/Gallbladder

The liver exhibited subjective mild to possible moderate generalized enlargement with normal 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. Intermittent variably echogenic parenchymal nodules were present. The nodules appeared to be nondisruptive and did not distort the hepatic capsule. An example of a hypoechoic liver nodule measured 1.7 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 echogenic, nonmineralized biliary sludge. The



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gallbladder was otherwise normal. No evidence of inflammatory gallbladder or peripheral gallbladder criteria was noted. The cystic duct and common bile ducts were normal without evidence of dilation.

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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.

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

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Hepatopathy exhibiting parenchymal remodeling and intermittent, variably echogenic, nondisruptive parenchymal nodules
- Mild gallbladder debris (non mucocele)
- Mild pancreatic remodeling - age-related pancreatic change, remodeling, or minor fibrosis owing to previous Inflammation or low-grade to chronic pancreatitis possible
- Bilateral chronic renal changes with nonobstructive medullary mineral / small renoliths
- Urinary bladder calculi with mild cystitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall hepatic presentation continues to indicate a vacuolar hepatopathy pattern with likely areas of intraparenchymal nodular hyperplasia, lipogranulomas, or hematopoiesis. The previously noted left medial liver mass was not definitively evident in this study. This may indicate resolved hyperplasia or potential progression into generalized hepatomegaly. No overt evidence of hepatic neoplastic criteria which is thought less likely.

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Further assessment may include recheck hepatic FNA for screening cytology. Hepatosupportive medications if not currently instituted may prove beneficial.

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Given the patient's intermittent gastrointestinal signs, low-grade to chronic pancreatitis, dietary intolerance / food hypersensitivity, and structurally insignificant inflammatory gastroenteropathy could be considered. Continued as-needed gastrointestinal support and potential empirical conservative therapy for low-grade to chronic pancreatitis may be considered.



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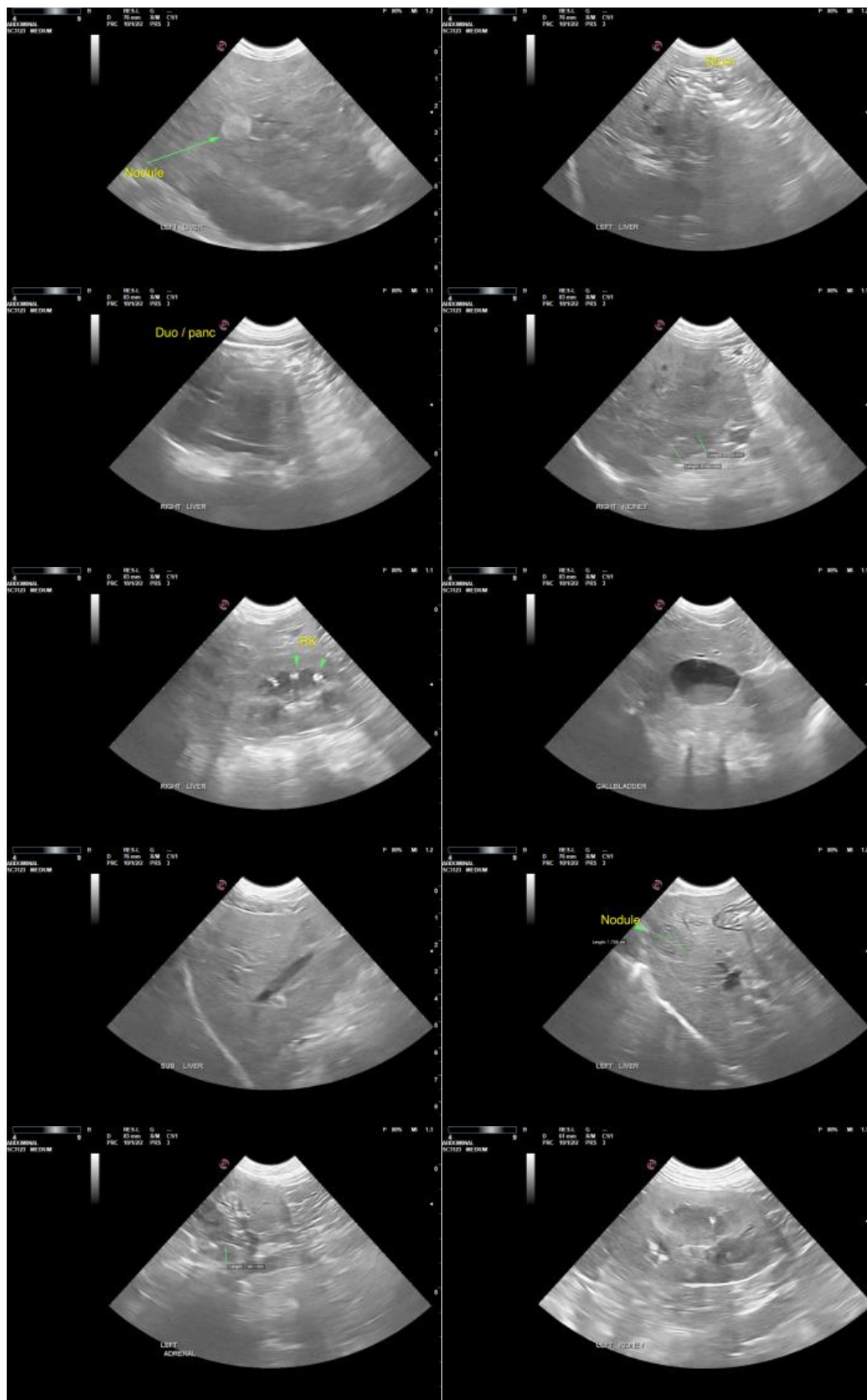
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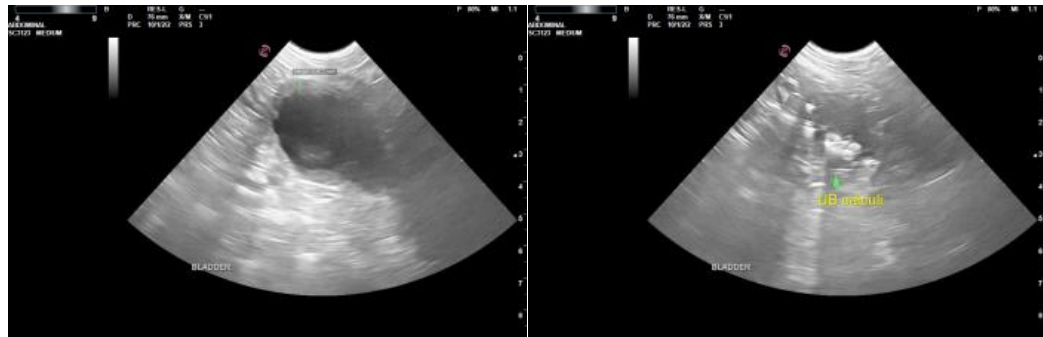
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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