



PATIENT

Jackson Kane

SPECIES

Canine

BREED

ACD

SEX

MN

AGE

9

WEIGHT

41

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Linda Grau

INVOICE

14388

DATE

7/26/22

PRESENTING CLINICAL SIGNS

11/21 ultrasound showed possible hepatoma and nodular R adrenal, mild progression on 2/22 scan. follow up.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and 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.

The area of the residual prostate was free of overt pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology measuring 0.84 cm width at the caudal pole. The right adrenal gland exhibited previously noted mild prominent size specifically in the area of the mid to cranial right adrenal gland exhibiting mild nonhomogeneous to indistinct nodular changes. No evidence of parenchymal mineralization, capsular escape, or vascular invasion associated with the right adrenal gland was noted. The right adrenal gland measured 2.8 cm length x 0.86 cm width at the caudal pole and 1.3 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/ Gallbladder

The liver exhibited generalized enlargement with nonuniform parenchyma exhibiting evidence of generalized mild parenchymal remodeling. Intermittent, non-disruptive, discrete, hypoechoic parenchymal nodules were present in the left and right liver. An example measured 2.0 cm in diameter. Indistinct regional area of lobar swelling to Isoechoic macronodules / small mass was present in the caudal aspect of the left ventral liver measuring approximately 4.5 cm in diameter. This area appeared to exhibit mild asymmetrical caudal hepatic capsule contour. Moderate nondependent variably echogenic yet nonorganized gallbladder debris was present. The gallbladder walls were sonographically normal without evidence of gallbladder or peripheral gallbladder inflammatory criteria.



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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.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with subjectively static variably sized intraparenchymal nodules to caudal left macronodules / small mass
- Static mildly Irregular to Indistinctly nodular right adrenal gland
- Moderate gallbladder debris - not consistent with mature mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, subjectively, the previously noted hepatic and right adrenal abnormalities appear to be overtly static without evidence of significant progression since the previous ultrasound.

As previously mentioned, screening hepatic cytology, as well as monitoring of systemic BP for evidence of hypertension vs. continued sonographic monitoring of the liver and right adrenal gland could be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial if not currently instituted and assumed chronic hepatic enzyme elevations.

Recheck of the gallbladder is also suggested, especially If evidence of increasing cholestasis or cranial abdominal / subxiphoid discomfort on palpation.



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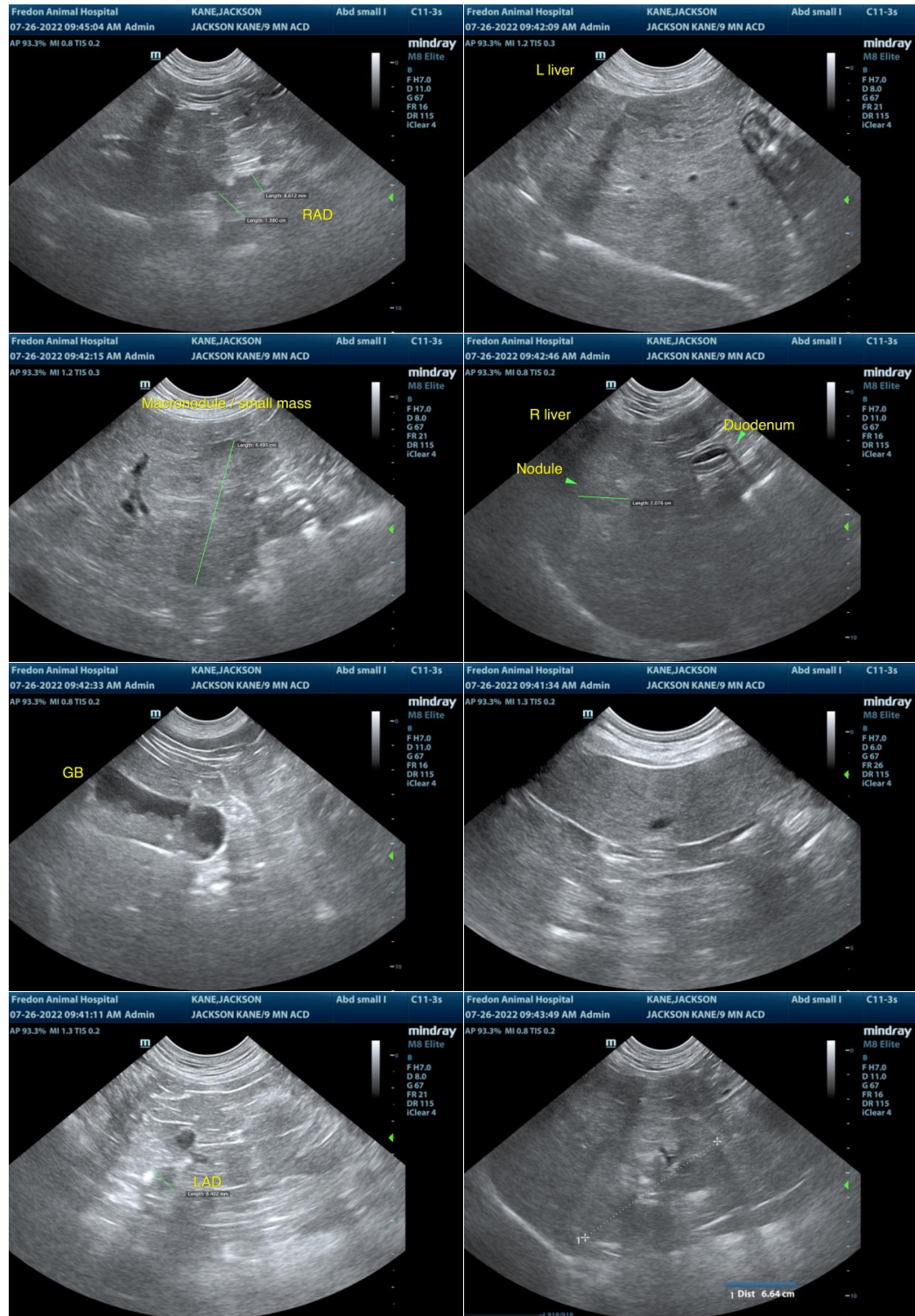
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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