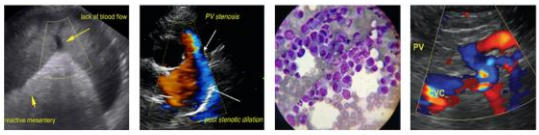


PATIENT

Mac Finizzi

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2011

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

14234

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Bloated abdomen, diarrhea for 2 months, mild improvement with medical management FortiFlora

ALT 65, ALP 91, Calcium 11.3, Albumin 4.6, WBC 3.8 with mild neutropenia and monocytopenia

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.9 cm in diameter.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

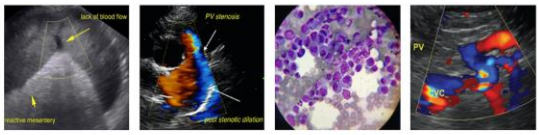
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.48 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling. No evidence of inflammatory or neoplastic criteria was noted.

Liver/ Gallbladder

The liver was mild to moderately enlarged with a primarily maintained symmetrical capsule contour. Generalized mild increased parenchyma echogenicity exhibiting moderate coarse echotexture was present with minor parenchymal remodeling and intermittent nonspecific, nondisruptive, uniform mildly hypoechoic, intraparenchymal nodules. An example measured 1.6 cm in diameter. The



PATIENT

Mac Finizzi

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2011

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

14234

DATE

7/6/22

gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present. A subjective increased amount of intraabdominal fat was noted.

ULTRASONOGRAPHIC FINDINGS

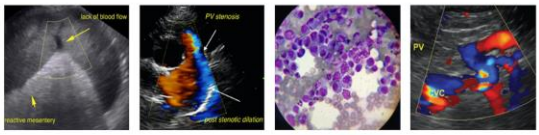
- Hepatomegaly exhibiting parenchymal remodeling and intermittent nonspecific yet nondisruptive intraparenchymal nodules
- Sonographically unremarkable bilateral adrenal glands - no evidence of adrenomegaly or tumors
- Early age-related renal changes
- Sonographically unremarkable spleen - no evidence of splenic masses or neoplastic criteria
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are nonspecific given the lack of hepatic enzyme elevations yet could be consistent with vacuolar hepatic changes, chronic inflammatory hepatopathy with areas of nodular to regenerative hyperplasia, hematopoiesis, and lipogranulomas, with hepatic neoplastic criteria considered a less likely differential diagnosis, although cannot be definitively excluded.

Assuming normal clotting status, ultrasound-guided FNA of hepatic parenchyma and intraparenchymal nodule if accessible could be considered for screening cytology.

In patients with chronic gastrointestinal signs, considerations may include; dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, structurally insignificant inflammatory disease, or less likely infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for or rule out parasitic ova / Giardia is suggested.



PATIENT

Mac Finizzi

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2011

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

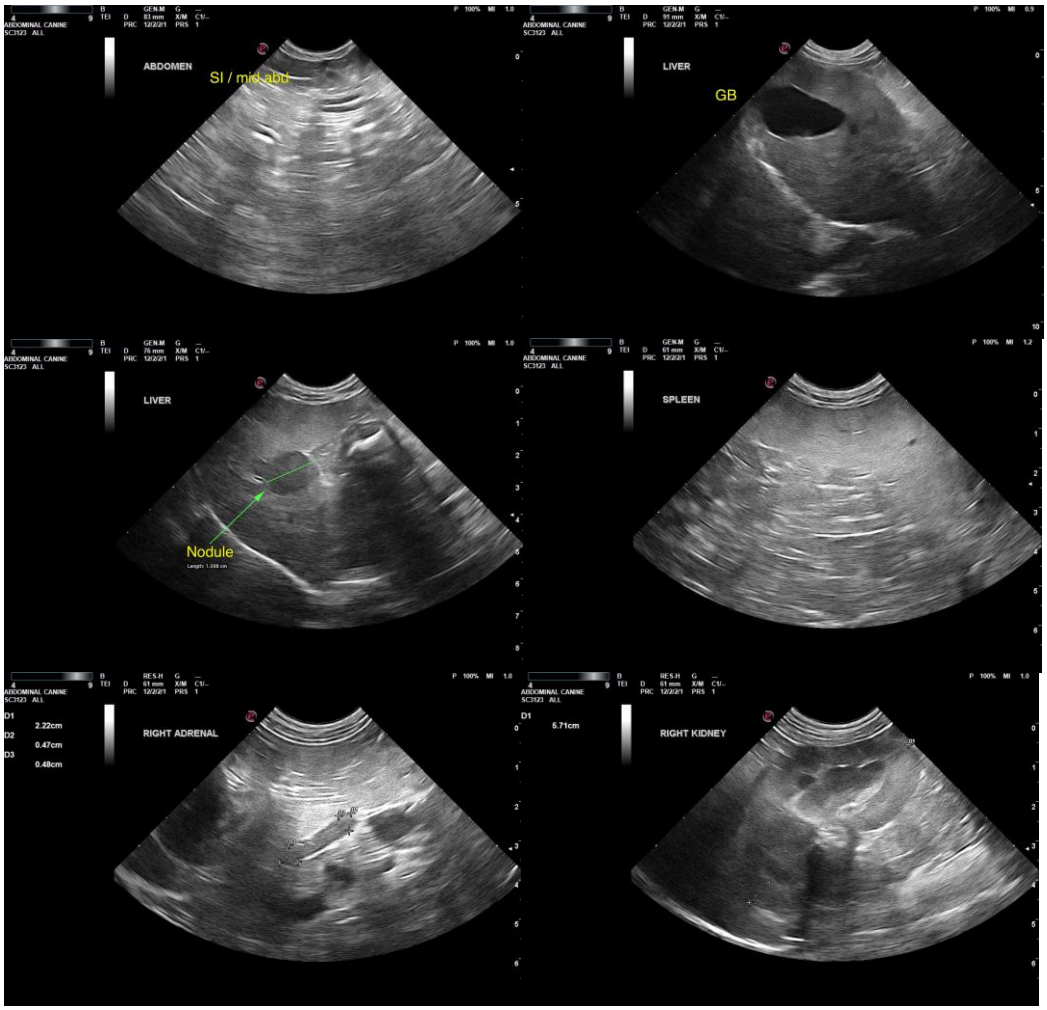
14234

DATE

7/6/22

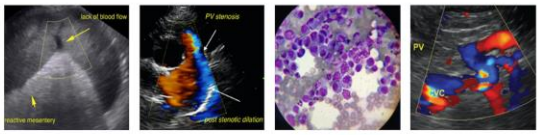
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Protein-losing enteropathy is considered an unlikely differential diagnosis, given the lack of hypoproteinemia.



Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Mac Finizzi

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

2011

WEIGHT

30

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

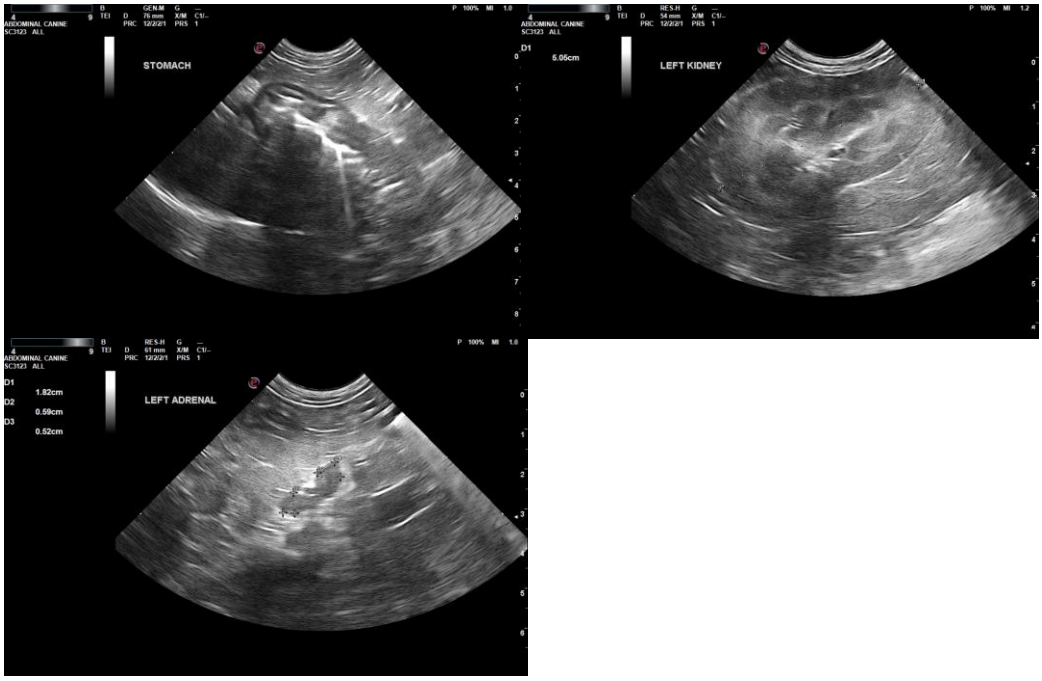
Dr. Eckman

INVOICE

14234

DATE

7/6/22



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)
mac.daniel@sonopath.com