**PATIENT**

Vinny Winter

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

NM

**AGE**

10 years

**WEIGHT**

17 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Bock-Vanaria

**INVOICE**

16516

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

Elevated ALT/ALP/GGT noted on yearly bloodwork since 6/28/21. P has been asymptomatic. Little response to ursodiol therapy.

Abnormal PE/Chem/CBC/UA Results: Mild tartar and gingivitis. Exam otherwise unremarkable.  
6/28/21--Chem: ALT=291 (N 18-121), ALP=665 (N 5-160), GGT=17 (N 0-13); 8/4/21--Chem: ALT=282,  
ALP=402, GGT=0; 12/1/21--Chem: ALT=199, ALP=403, GGT=14; 6/28/22--Chem: ALT=176, ALP=540,  
GGT=34, T.bili=0.5 (N 0-0.3), Unc.bili=0.4 (N 0-0.2) Hemolysis 3+/Lipemia 2+

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 free of pathology.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Minor areas of nonobstructive medullary mineral were present. Left kidney measured 5.1 cm in length. The right kidney measured 4.4 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 1.5 cm 0.54 cm width at the caudal pole.

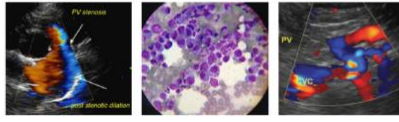
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.85 cm x 0.35 cm width at the caudal pole.

**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 revealed subjective mild enlargement with symmetrical to mildly round hepatic capsule contour. Normal overall hepatic parenchyma echogenicity was noted, exhibiting moderate coarse echotexture. Nonhomogeneous to mild hyperechoic macronodule to mass was present in the ventral right liver lobes, measuring 3.5 cm in diameter. Concurrent nondisruptive variably echogenic

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intraparenchymal nodules noted in the mid and left liver. An example of liver nodule measured 0.76 cm in diameter.

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The gallbladder was non distended in size with mild to moderate congealed yet nonorganized mobile mildly hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal****BREED**

Miniature Schnauzer

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.

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NM

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

**Pancreas****AGE**

10 years

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.

**WEIGHT**

17 lbs.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS****INTERPRETED BY**

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

- Hepatopathy with right ventral lateral nonhomogeneous macronodule/small mass with concurrent separate nondisruptive variably echogenic intraparenchymal nodules
- Mild to moderate congealed yet mobile gallbladder debris (non-mucocele)
- Mild chronic renal changes with minor nonobstructive medullary mineral
- Sonographically unremarkable bilateral adrenal glands

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****HOSPITAL NAME**

SVS Imaging QC

The overall liver, including the macronodule/small mass and concurrent separate intraparenchymal nodules was nonspecific with considerations, including vacuolar hepatopathy, nonobstructive cholestasis, inflammatory/immune mediated disease, areas of nodular hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia or other hepatopathy. Infiltrative neoplasia is considered a less likely differential diagnosis, although low grade neoplasia may present in similar nodular manner.

**REFERRING VET**

Dr. Bock-Vanaria

Assuming normal clotting status, ultrasound guided hepatic parenchyma and macronodule/small mass FNA for screening cytology is warranted. The addition of hepatosupportive medications, such as Denamarin to current ursodiol therapy may prove beneficial. Core or surgical biopsy may be required for a definitive diagnosis. Sonographic monitoring of the liver and macronodule/small mass for evidence of progression with initial recheck in 6 weeks would be a more conservative approach.

**INVOICE**

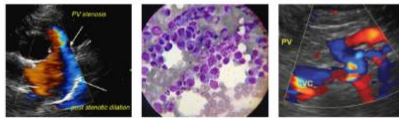
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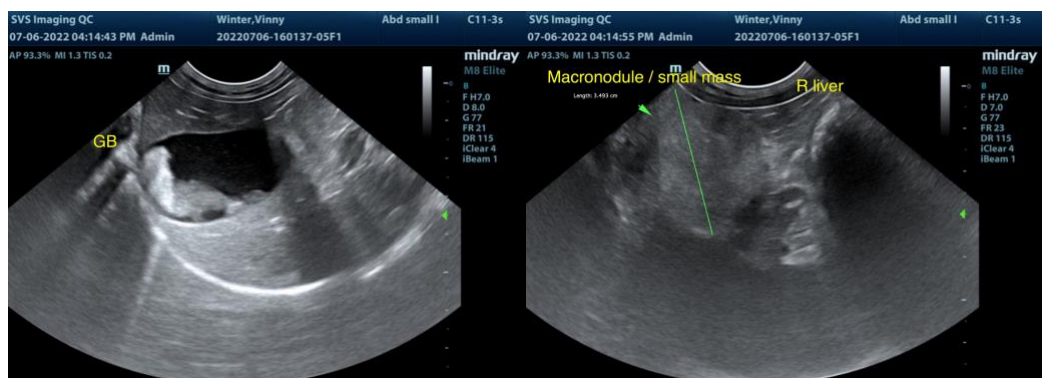
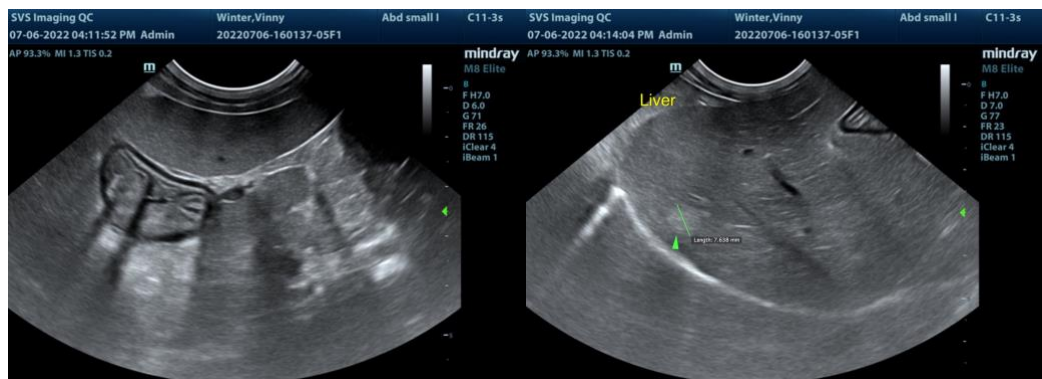
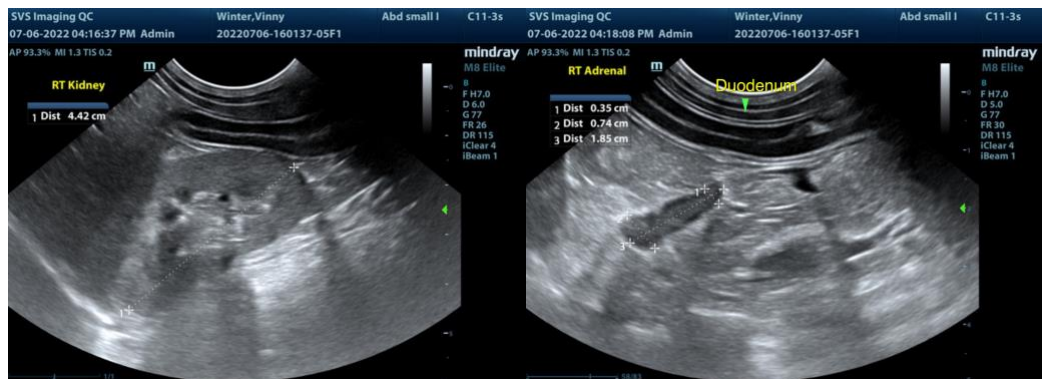
Dr. Bock-Vanaria

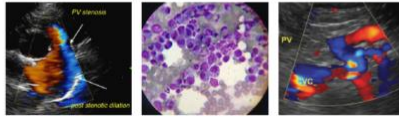
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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