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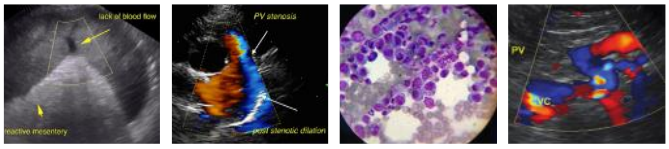
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
McKinley Oregon Coast Humane Society

SPECIES
Canine

BREED
Terrier Mix

SEX
F/S

AGE
7

WEIGHT
15

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

IMAGING PERFORMED BY
Cassidy Braverman, CVT

HOSPITAL NAME
Bush AH

REFERRING VET
Dr. Beyerinck

INVOICE
14475

DATE
8/2/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Moderately overweight, mild dental decay, otherwise healthy appearing. Prior ultrasound (no report available) pursued due to mild increase ALT. Found a "2 cm x 3 c" mass in her liver.
Abnormal PE/Chem/CBC/UA Results: Lab Findings: ALT 223, remainder NSF

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 primarily present in the lumen with minor nondependent particulate sediment and no calculi noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the uterine remnant.

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 4.8 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.65 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with subtle generalized parenchyma heterogeneity. Normal splenic vascularity was evident. No masses or nodules were noted.

Liver/ Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary indistinct mildly nonhomogeneous focally cystic intraparenchymal nodule was present in the deep mid liver adjacent to the gallbladder measuring 3.0 cm diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size containing primarily anechoic gallbladder content with nonorganized mild debris noted primarily along the inner luminal wall. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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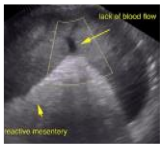
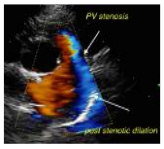
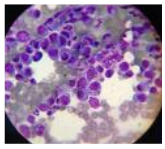
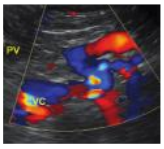

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Gastrointestinal

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

- Hepatopathy with indistinct mildly nonhomogeneous to cystic intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver including the indistinct Intraparenchymal nodule was nonspecific yet suggestive of benign hepatopathy and likely benign indistinct intraparenchymal nodule. Low-grade inflammatory hepatopathy i.e., cholangiohepatitis along with the indistinct area of nodular hyperplasia or indistinct lipogranuloma suspected. Neoplastic nodule is considered a less likely differential diagnosis.

Further assessment may include hepatic parenchymal and nodule FNA if accessible, assuming normal clotting status and using a 25-gauge needle, for cytology.

Cushing's Syndrome is considered an unlikely potential in this case, given the adrenal presentation and lack of concurrent clinical signs such as PU/PD, polyphagia, etc.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of the indistinct liver nodule for evidence of progression is likely ideal.

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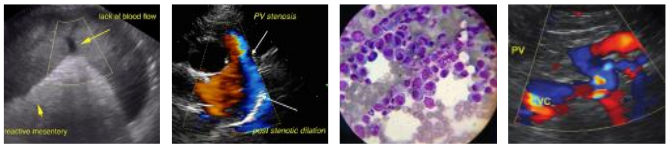

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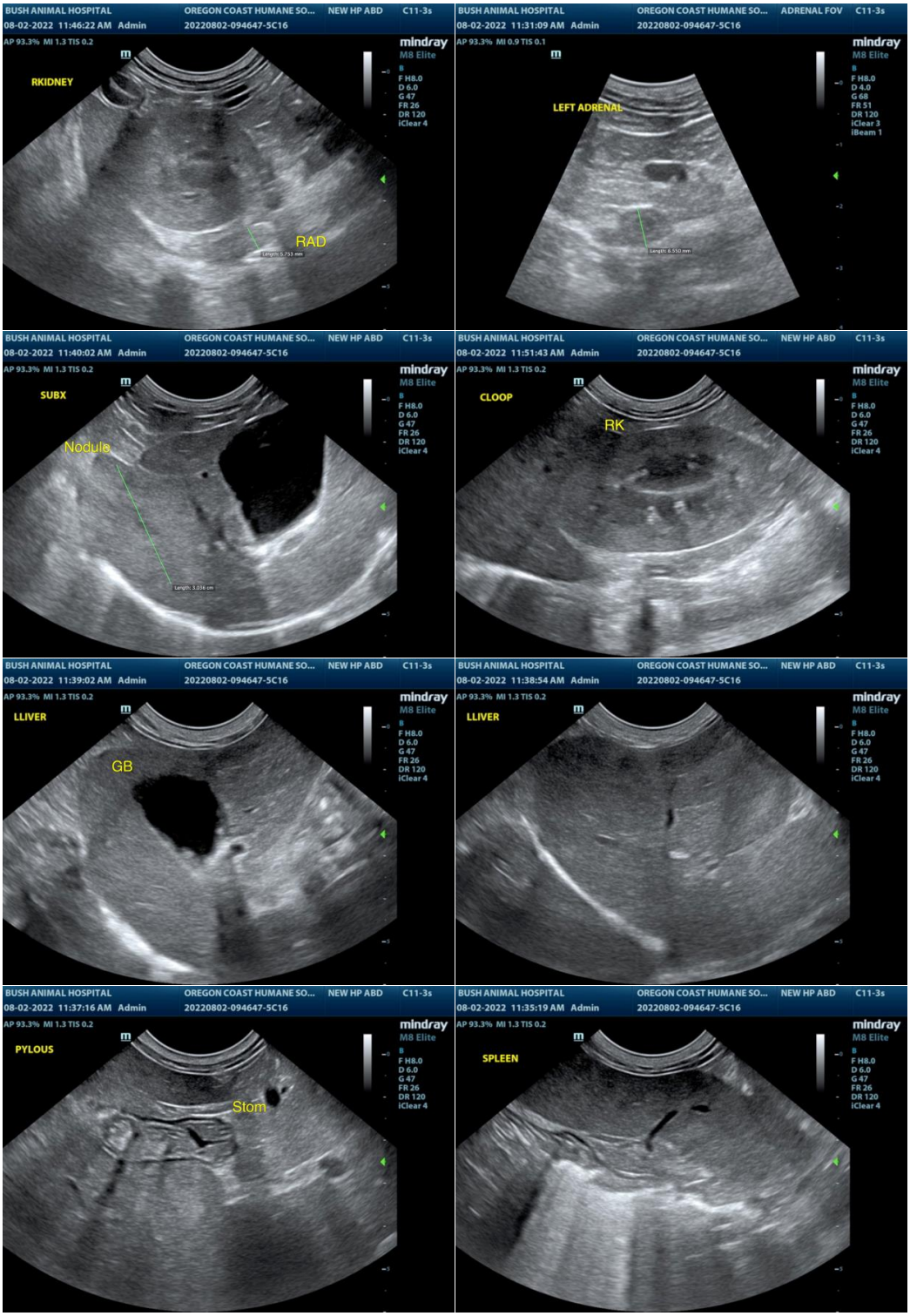

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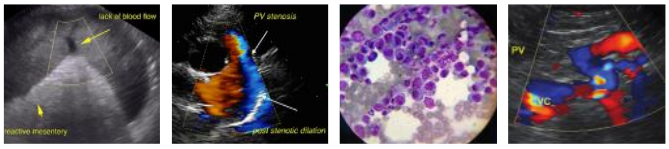

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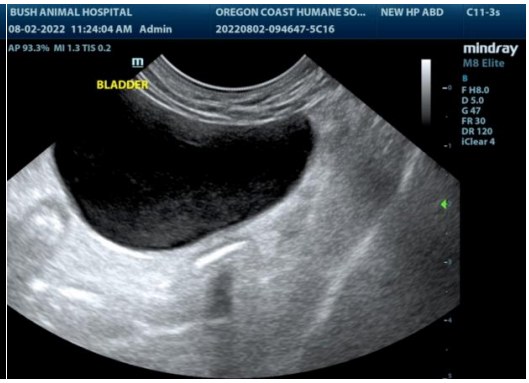

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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