



PATIENT

Axel Tirpack

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

9 years

WEIGHT

67 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. C

INVOICE

14661

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Elevated Alk Phos + behavioral changes. Current meds: trazadone 200mg AM, 300mg PM
Abnormal PE/Chem/CBC/UA Results: Alk Phos 1500

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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 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 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 7.3 cm in length. The right kidney measured 7.2 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 2.3 cm length x 0.77 cm width at the caudal pole.

A discrete, non-expansive, nonhomogeneous to mildly hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.1 cm x 0.81 cm. The overall right adrenal gland measured 2.5 cm length x 0.57 cm width at the caudal pole.

Spleen

The spleen was normal in size and overall contour with subtle hyperechoic nodules in the medial splenic parenchyma adjacent to the medial capsule.

Liver/ Gallbladder

The liver exhibited mild to moderate generalized enlargement. 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, uniform isoechoic mass compared to adjacent hepatic parenchyma was present in the ventral liver adjacent to the gallbladder, measuring approximately 6.1 cm in 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.



PATIENT	The gallbladder was non-distended in size containing anechoic content with mild nondependent, mildly hyperechoic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Axel Tirpack	
SPECIES	Gastrointestinal
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, focally shadowing ingesta, likely consistent with recent meal ingestion without signs of ileus, obstruction or foreign material.
BREED	
Lab Mix	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.
SEX	
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	Pancreas
9 years	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	Free Abdomen
67 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Hepatopathy with ventral hepatoma-like mass • Mild gallbladder debris (non-mucocele) • Minor pancreatic remodeling • Age-related kidneys • Discrete right adrenal nodule - suspect adenoma
Jessica Miller	Secondary Findings
HOSPITAL NAME	<ul style="list-style-type: none"> • Small benign splenic nodules - consistent with myelolipomas or possible areas of medial capsule fibrosis
Tranquility VC	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. C	Overall, the liver presentation, although nonspecific, is suggestive of vacuolar hepatopathy. Inflammatory hepatopathy such as cholangiohepatitis or neoplasia are considered a less likely differential diagnoses. Ultrasound guided hepatic parenchyma, as well as isoechoic hepatoma-like mass FNA for screening cytology are warranted. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
INVOICE	
14661	Assessment of systemic BP for evidence of hypertension, which may allude to an emerging right pheochromocytoma is suggested. Sonographic monitoring of both the discrete right adrenal nodule,
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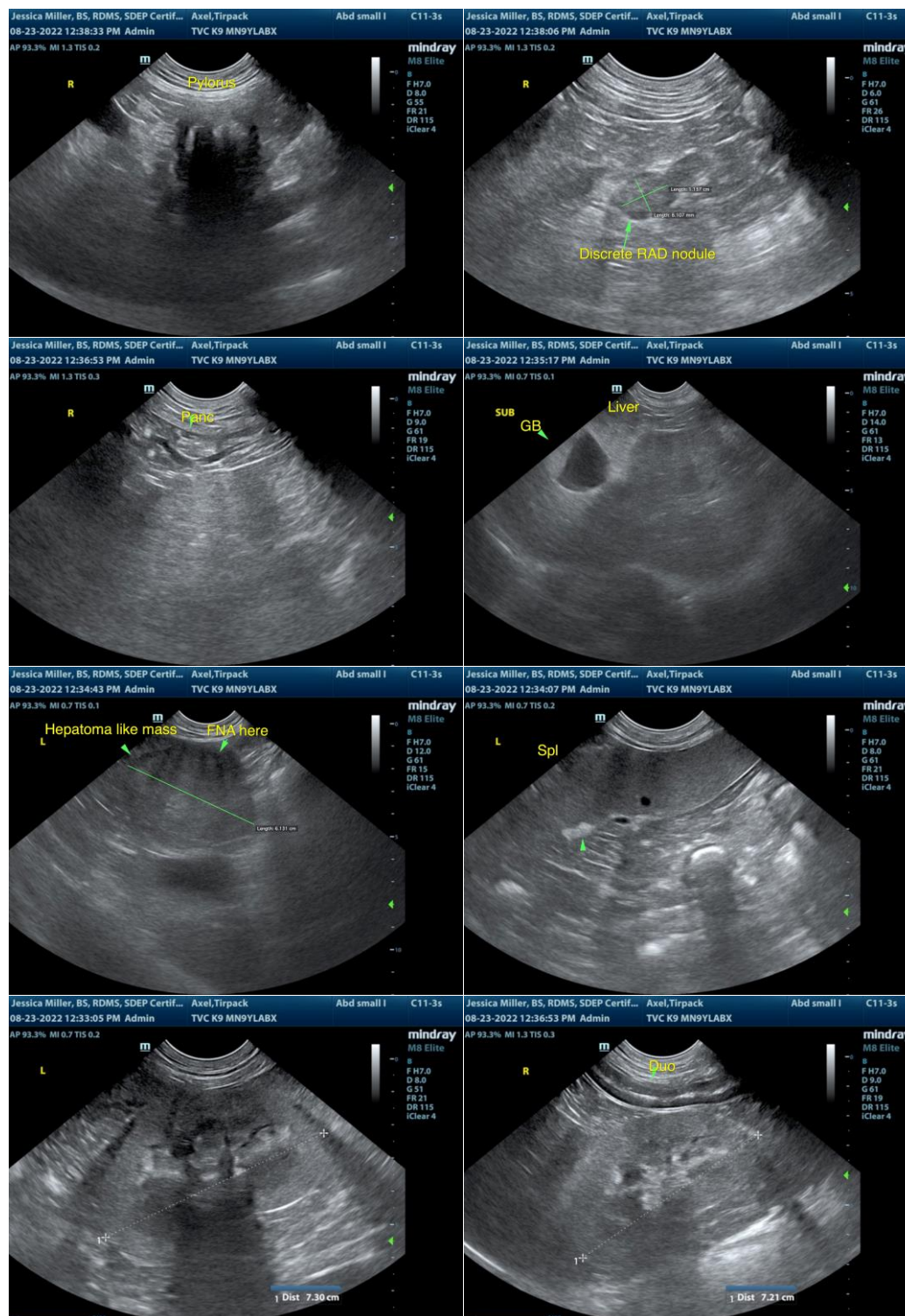
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as well as the hepatoma-like liver mass for evidence of progression with initial recheck in 3-4 months is suggested.





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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