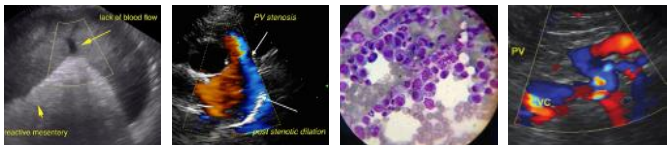

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1-800-838-4268 info@sonopath.com

PATIENT

Archer Miller

SPECIES

Canine

BREED

Vizsla

SEX

MN

AGE

10

WEIGHT

44.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs Veterinary Center

REFERRING VET

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PRESENTING CLINICAL SIGNS

Elevated liver values - patient is otherwise acting WNL. Bloodwork is attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.51 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 0.65 cm width at the caudal pole and 0.68 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

The liver presented mildly enlarged in size. A solitary lobulated-like mass was present in the mid ventral liver, ventrocaudal to the level of the gallbladder measuring ~ 4.6 cm in diameter. The lobulated mass lesion was isoechoic to mildly hypoechoic compared to adjacent parenchyma. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was mildly distorted with no evidence of parenchymal escape. The hepatic and portal vasculature were normal in appearance without signs of congestion.

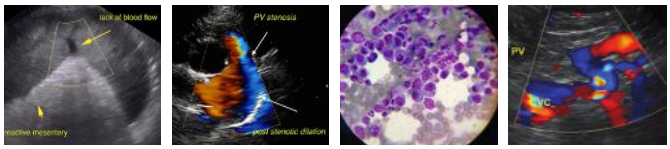
The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic debris primary in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

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.



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy with ventrocaudal lobulated nodular mass/lesion
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidney changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lobulated hepatic mass/lesion is non-specific with considerations including nodular hepatoma, hyperplasia or granuloma while the potential for neoplasia cannot be excluded. Assuming normal clotting status and using a 25g needle a hepatic mass/lesion and hepatic parenchyma FNA is recommended for screening cytology and potential further assessment. The mass/lesion appears to be amendable to resection pending cytology. Otherwise, primarily an age-related abdomen without evidence of additional abdominal visceral pathology.

Three view chest radiographs suggested if not done to assess for thoracic pathology.

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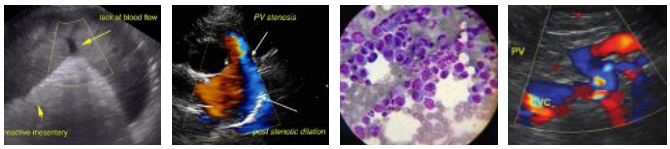

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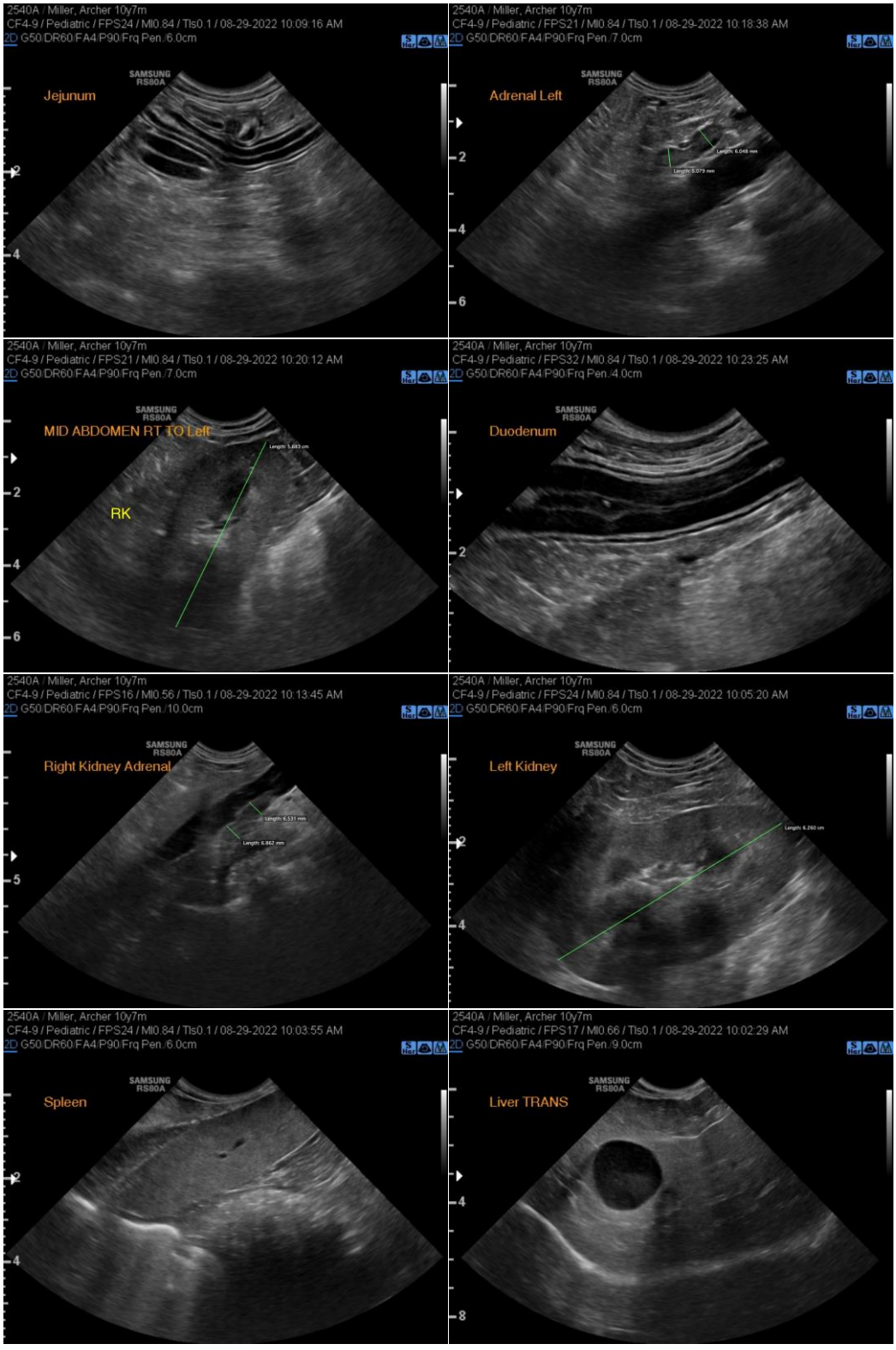

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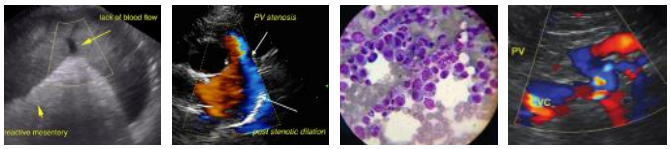

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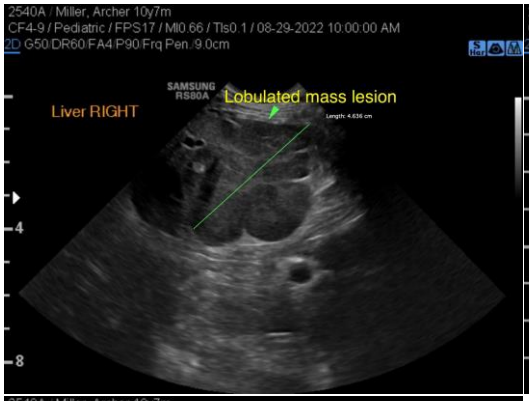

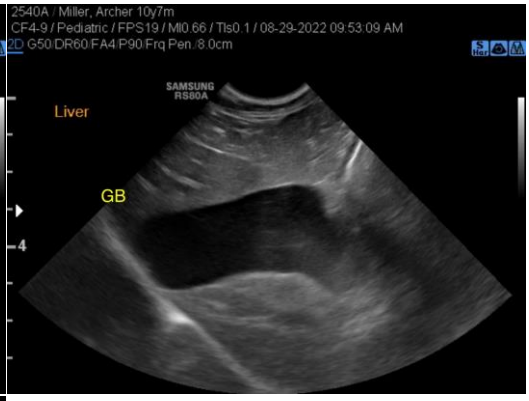

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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