



**PATIENT**

Rylee Gallo

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

68 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

12891

**DATE**

9/1/21

**PRESENTING CLINICAL SIGNS**

History: significant weight loss, 10 lbs in 5 months decreased appetite intermittent cough clear on x ray very enlarged liver previous u/s last year was benign concern that now is cancerous

Abnormal PE/Chem/CBC/UA Results: ALT 151 ALP over 2000, remainder WNK 4dx neg times 3 prev anaplasma positive but treated

**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 were noted. Aortic trifurcation was unremarkable.

No evidence of pathology in the area of the uterine stump.

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 mild 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 6.4 cm in length. The right kidney measured 6.0 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 0.73 cm width at the caudal pole and 0.62 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 0.53 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Echogenic, nondependent yet nonorganized luminal sludge was present. Previously noted isoechoic to uniform mass involving the mid to right caudal liver extending mildly into the area of the stomach. The mass appeared to mildly enlarged in size compared to the previous ultrasound, measuring approximately 8.0 cm x 7.0 cm. No evidence of parenchymal escape or associated perihepatic omental inflammation/effusion. No evidence of concurrent lymphadenopathy.

**Gastrointestinal**

The stomach presented intact yet subjective mild prominent wall layering with mild luminal gas. No evidence of overt retained ingesta, fluid or foreign material. The gastric body wall measured 0.65 cm.



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The visualized small intestine was normal with intact wall layering and maintained 1:3 muscularis/mucosa ratio. The jejunum wall measured 0.41 cm.

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.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Mildly progressive isoechoic to uniform liver mass
- Static hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild age-related kidneys
- Possible mild gastritis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
(Canine and Feline)

The liver mass exhibited similar appearance yet mildly enlarged compared to the previous ultrasound. The mass was essentially isoechoic to surrounding hepatic parenchyma and without evidence of parenchymal mineralization or cavitation. This may suggest similar cytological findings or possible hepatoma like mass based on previous cytology, however, possibility of emerging neoplastic process cannot be excluded.

**IMAGING PERFORMED BY**

Jenn

Assuming normal clotting status, recheck FNA of the hepatic mass +/- hepatic parenchyma, using 25-gauge needle warranted for screening cytology. Aside from the liver mass, no overt evidence of significant abdominal visceral pathology with largely geriatric changes.

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The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Continued gastrointestinal support +/- GI panel to assess serum cobalamin or folate levels given the patients weight loss may be considered. Hepato-supportive medications including ursodiol may prove beneficial.

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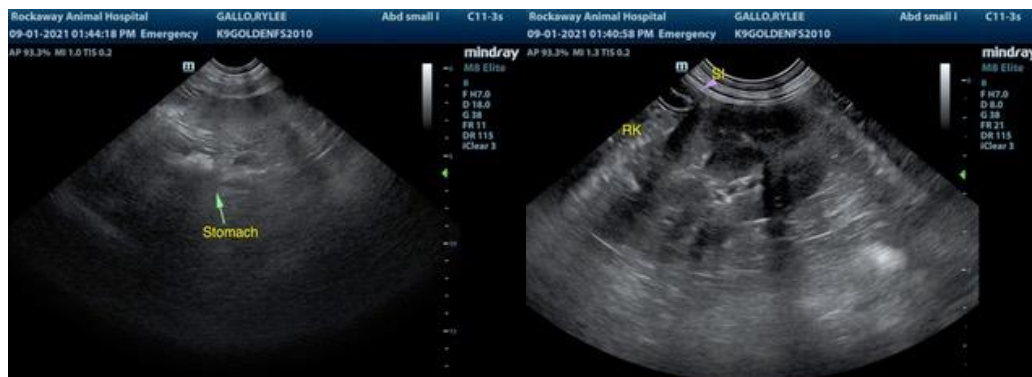
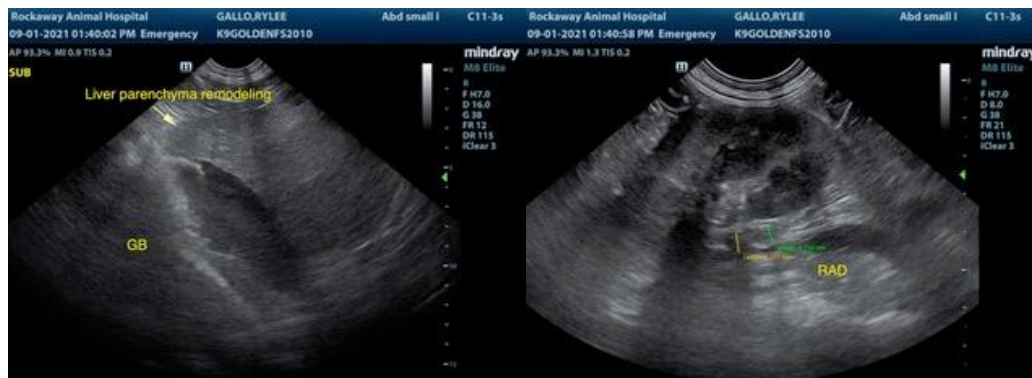
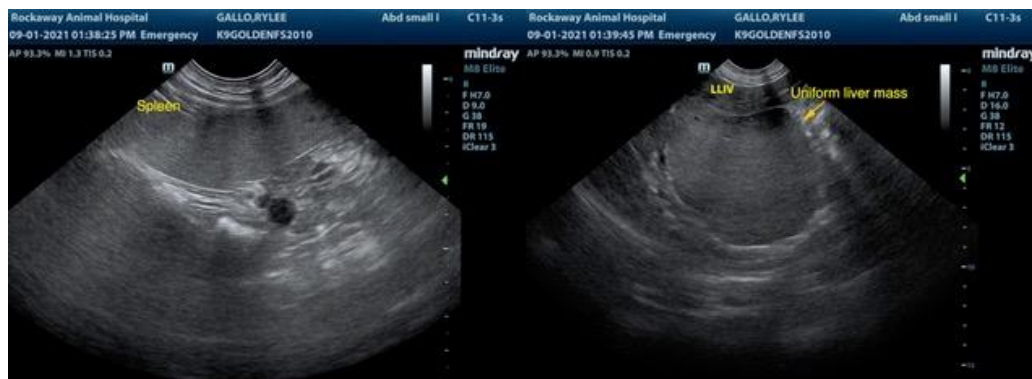
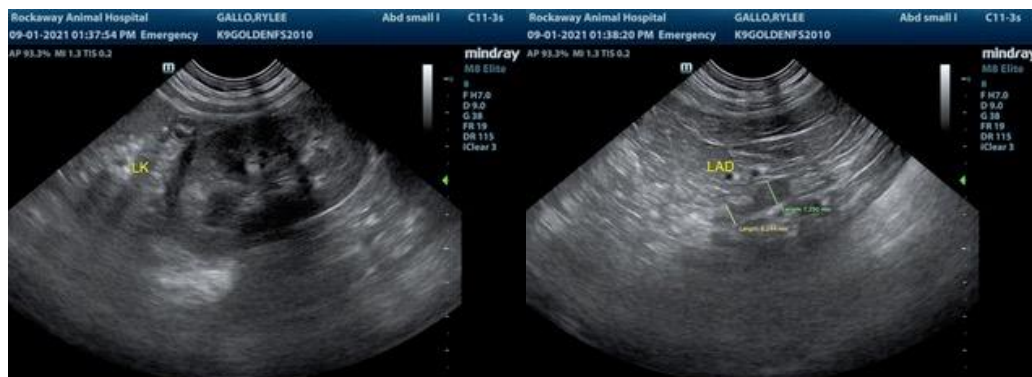
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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