

PATIENT PRESENTING CLINICAL SIGNS

Ella Cooper Presented for exam prior to CCL repair. Routine lab work showed elevated liver values. Otherwise, healthy. On Denosyl 425 mg QD. Sedated with butorphanol/ace
SPECIES Abnormal PE/Chem/CBC/UA Results: ALP 367; ALT 259

Canine

Urinary System

BREED 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 was noted.
Mixed

SEX

The area of the aortic trifurcation was free of pathology.

Spayed Female

AGE

12 years 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 6.1 cm in length. The right kidney measured 6.2 cm in length.

WEIGHT

52 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.40 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. A well-defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.5 cm x 1.5 cm. Overall, the right adrenal gland measured 1.5 cm width in the cranial pole and 0.65 cm width in the caudal pole.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Spleen

HOSPITAL NAME

Wood River AH

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, subtly echogenic, non-expansive medial parenchymal nodules were present. An example measured 1.3 cm in diameter. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

REFERRING VET

Leah Fischer, DVM

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DATE

9/13/21

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. Overall, mild increased hepatic parenchyma echogenicity compared to the spleen and falciform fat with moderate coarse echotexture and evidence of parenchymal remodeling and subtle nodular changes were present. The capsule of the liver was symmetrical in margination. No hepatic masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



PATIENT

Ella Cooper

non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

SPECIES

Canine

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 stomach wall width measured 0.43 cm.

BREED

Mixed

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. The duodenum wall width measured 0.47 cm. The jejunum wall width measured 0.48 cm.

SEX

Spayed Female

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

Pancreas

AGE

12 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

52 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic hepatopathy with parenchymal remodeling - subjectively benign
- Mild gallbladder debris
- Right adrenal gland - suspect adenoma, potential for emerging neoplasia. Pheochromocytoma, adenocarcinoma, or other possible, yet thought less likely at this time
- Heterogeneous pancreas - suspect age-related pancreatic changes and parenchymal remodeling possibly owing to previous inflammation, minor potential for low-grade chronic inflammation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.

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Assuming normal clotting status, hepatic FNA may be considered for screening cytology. Continued hepatosupportive medications including Ursodiol are suggested. Screening blood pressure is recommended. Sonographic monitoring of the right adrenal nodule with initial recheck in 4 weeks to assess for evidence of progression is recommended.

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No overt anesthetic contraindications assuming normal BUN, cholesterol, glucose, and albumin levels.



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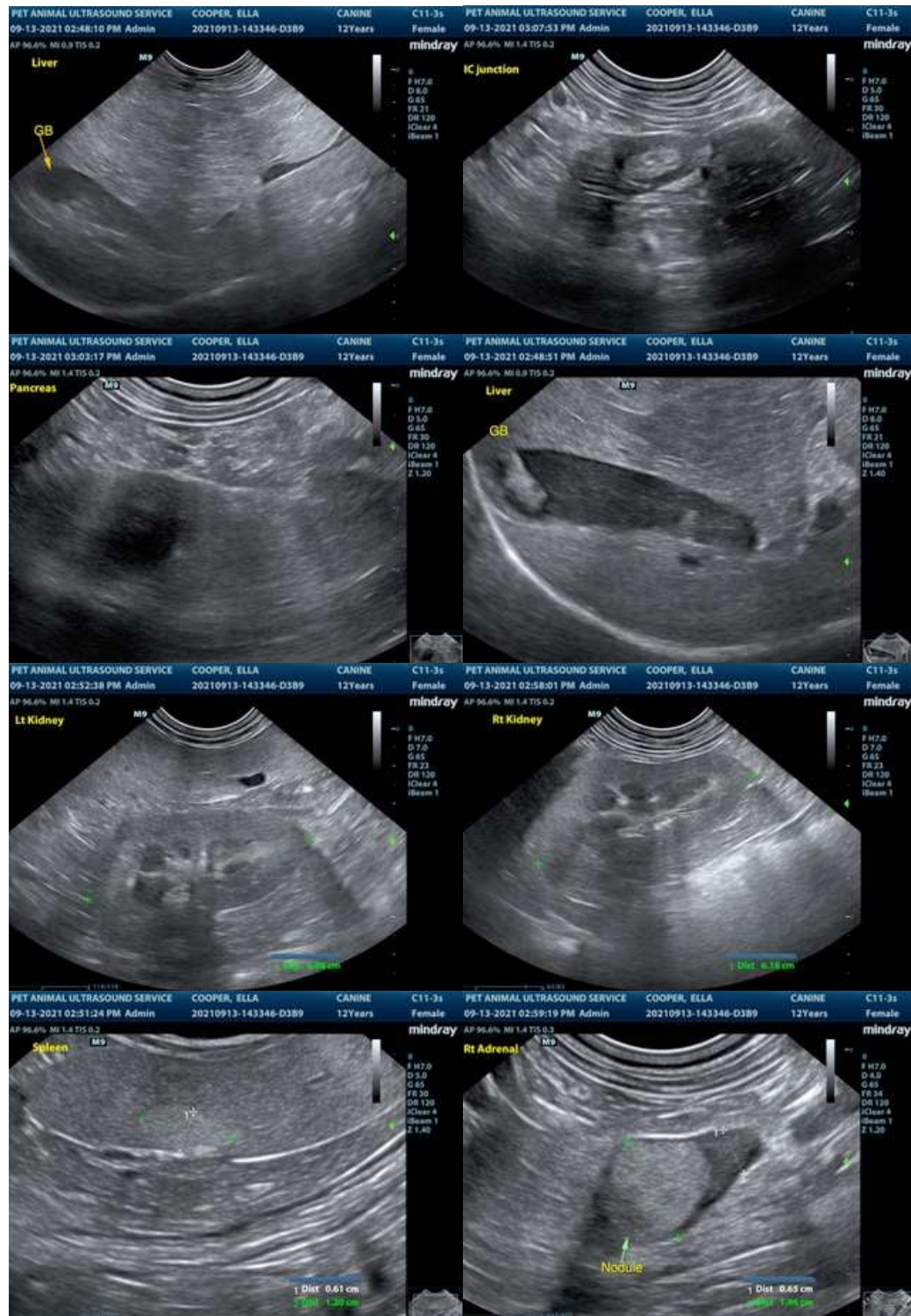
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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