



PATIENT PRESENTING CLINICAL SIGNS

Emma Stillmayer History: Elevated liver values

Medications: Fluoxetine

SPECIES

ALT 890, ALP 859, TBILI 0.3, Albumin 2.4, Glucose 65, BUN 23

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Maltese

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2010

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor areas of asymmetrical renal margination were present in both kidneys. Subtle hyperechoic cortical parenchyma, suggestive of infarcts, were also present. 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 3.2 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

6

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of adrenal tumors was noted. The left adrenal gland measured 0.41 cm width in the cranial pole and 0.44 cm width in the caudal pole. The right adrenal gland measured 0.52 cm width in the cranial pole and 0.43 cm width in the caudal pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

HOSPITAL NAME

Pocono Peak VC

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma with a solitary mildly expansive splenic nodule exhibiting subtle central hyperechogenicity with mildly nonuniform hypoechoic periphery. The nodule did not distort the splenic capsule. The nodule measured 1.0 cm in diameter. Normal splenic vascularity was noted.

REFERRING VET

Dr. Thompson

Liver/ Gallbladder

INVOICE

14891

The liver was normal in size with mild to moderate nonuniform to remodeled parenchyma exhibiting potential for very discrete nodular changes. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild, nondependent, mildly echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

DATE

9-15-22



PATIENT

Gastrointestinal

Emma Stillmayer

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.

SPECIES

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.

Canine

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

BREED

Pancreas

Maltese

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This is likely consistent with age-related pancreatic changes and incidental.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Nonuniform to discretely nodular liver - consistent with chronic hepatopathy
- Mild gallbladder debris (non-mucocele)
- Nonspecific mildly expansive splenic nodule
- Mild chronic renal changes with cortical infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include primary concern for chronic inflammatory or potential immune-mediated disease i.e., chronic hepatitis / cholangiohepatitis, vacuolar hepatopathy, nonobstructive cholestasis, nodular hyperplasia, hematopoiesis, fibrosis, toxic hepatopathy i.e., copper or other hepatopathy with hepatic neoplasia considered a less likely differential diagnosis.

Multiple etiologies are possible for the solitary splenic nodule including hyperplasia, hematopoiesis, granuloma, small hematoma, and focal infection / splenitis, while the potential for emerging neoplastic nodule or possible target lesion cannot be excluded.

Further assessment may include, assuming normal clotting status, screening hepatic parenchyma and splenic nodule FNA using a 25-gauge needle for cytology. Hepatosupportive medications may prove beneficial. If not currently instituted, a hepatic biopsy is likely required for a definitive histopathological diagnosis. Sonographic monitoring of the splenic nodule and liver for evidence of progressive changes with an initial recheck in 4-6 weeks would be a more conservative approach.

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 ARDMS/RVT

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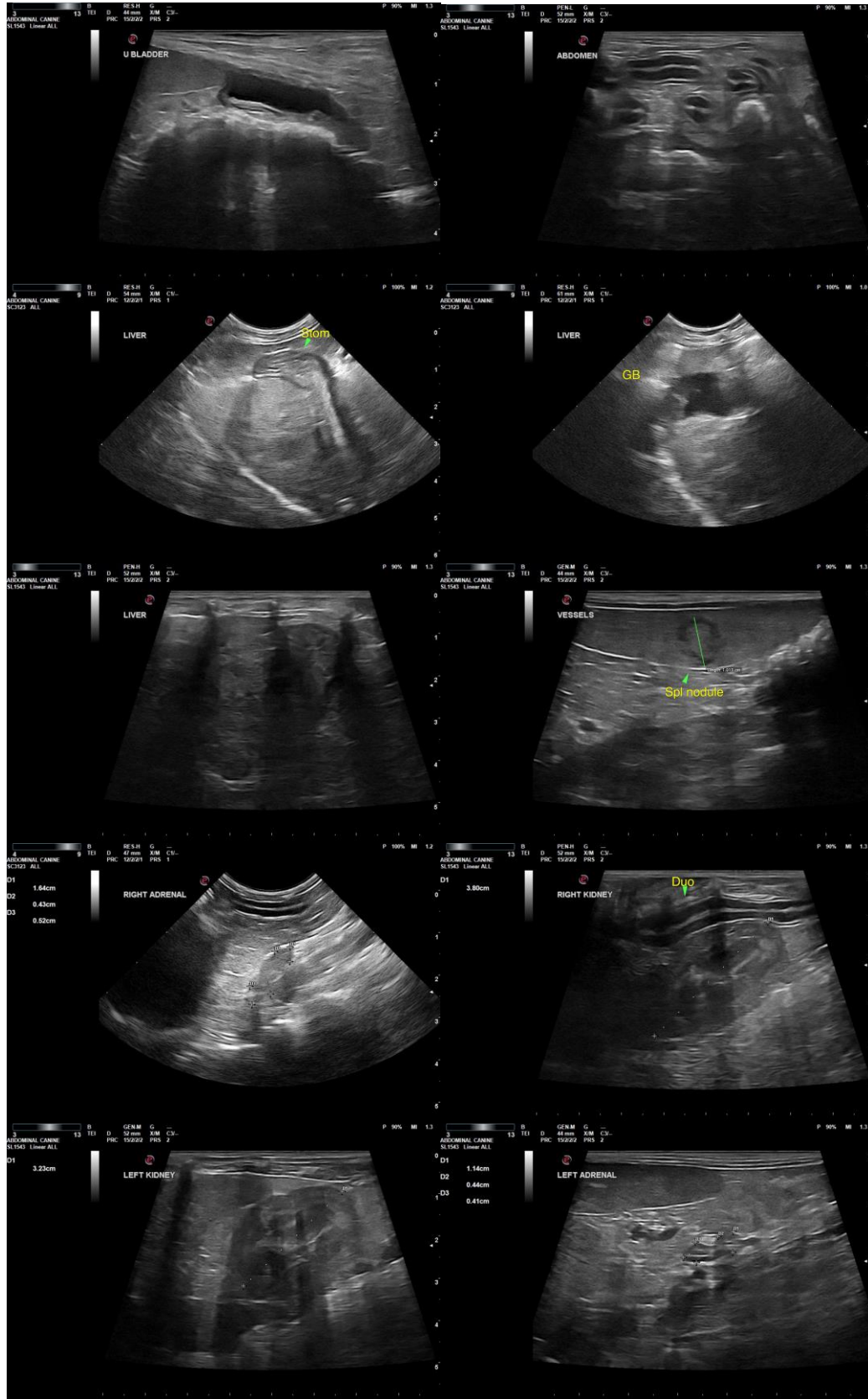
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Canine

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.

BREED

Maltese

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.

SEX

FS

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