



PATIENT

Lexie McMahan

SPECIES

Canine

BREED

Lab X

SEX

FS

AGE

10 years

WEIGHT

63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson

INVOICE

14922

DATE

9/20/22

PRESENTING CLINICAL SIGNS

Weight loss and loss of muscle mass, normal activity, occasional cough has been on Phenobarb for seizure control for many years

Abnormal PE/Chem/CBC/UA Results: CBC - WNL Chem marked elevation in Alk Phos - 535 GGt 23 & ALT 569, mild elation in Triglyceride 197 alk Phos 1502 & Alb 4.2 Phenobarb - 18 Within therapeutic range labs in February 2022 were all WNL Current Medications Phenobarbital Radiographic Findings very full GI track, poor abdominal detail

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 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 6.9 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland was mild enlarged in size exhibiting subtle capsule asymmetry, yet maintained capsule integrity. Nonhomogeneous indistinctly nodular parenchyma was present with no evidence of parenchymal mineralization or overt vascular invasion. The left adrenal gland measured 2.9 cm length x 1.1 cm width at the cranial pole and 1.3 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized owing to patient size and conformation, as well as regional periadrenal increased artifact, without overt pathology. The right adrenal gland subjectively measured 3.5 cm length x 0.86 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A hyperechoic echogenic nodule was present in the medial parenchyma, consistent with benign myelolipoma and incidental. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver/ Gallbladder

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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. Expansive to irregular, mildly nonhomogeneous mass appearing to involve the mid to caudal aspect of the right lateral to caudate liver lobes measuring at least 13.0 cm in diameter, but potentially larger as the entire mass would not fit into a single viewing window. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing minor gallbladder debris, likely incidental. No evidence of gallbladder mucocele was evident. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate to marked, primarily nonshadowing ingesta/ chyme. The area of the pyloric outflow tract was indistinctly visualized owing to the presence of the right lateral to caudate liver mass.

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. Possible mild ventral duodenal displacement owing to the right lateral to caudate liver mass.

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

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Pancreas

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 evidence of peritoneal free fluid was noted.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Hepatopathy exhibiting expansive to irregular right lateral to caudate mass
- Sonographically unremarkable gastrointestinal tract with moderate to marked gastric ingesta, potential mild duodenal displacement
- Mildly enlarged to nonhomogeneous nodular left adrenal gland

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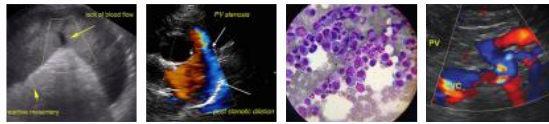
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Secondary Findings

- Benign splenic nodule - consistent with myelolipoma



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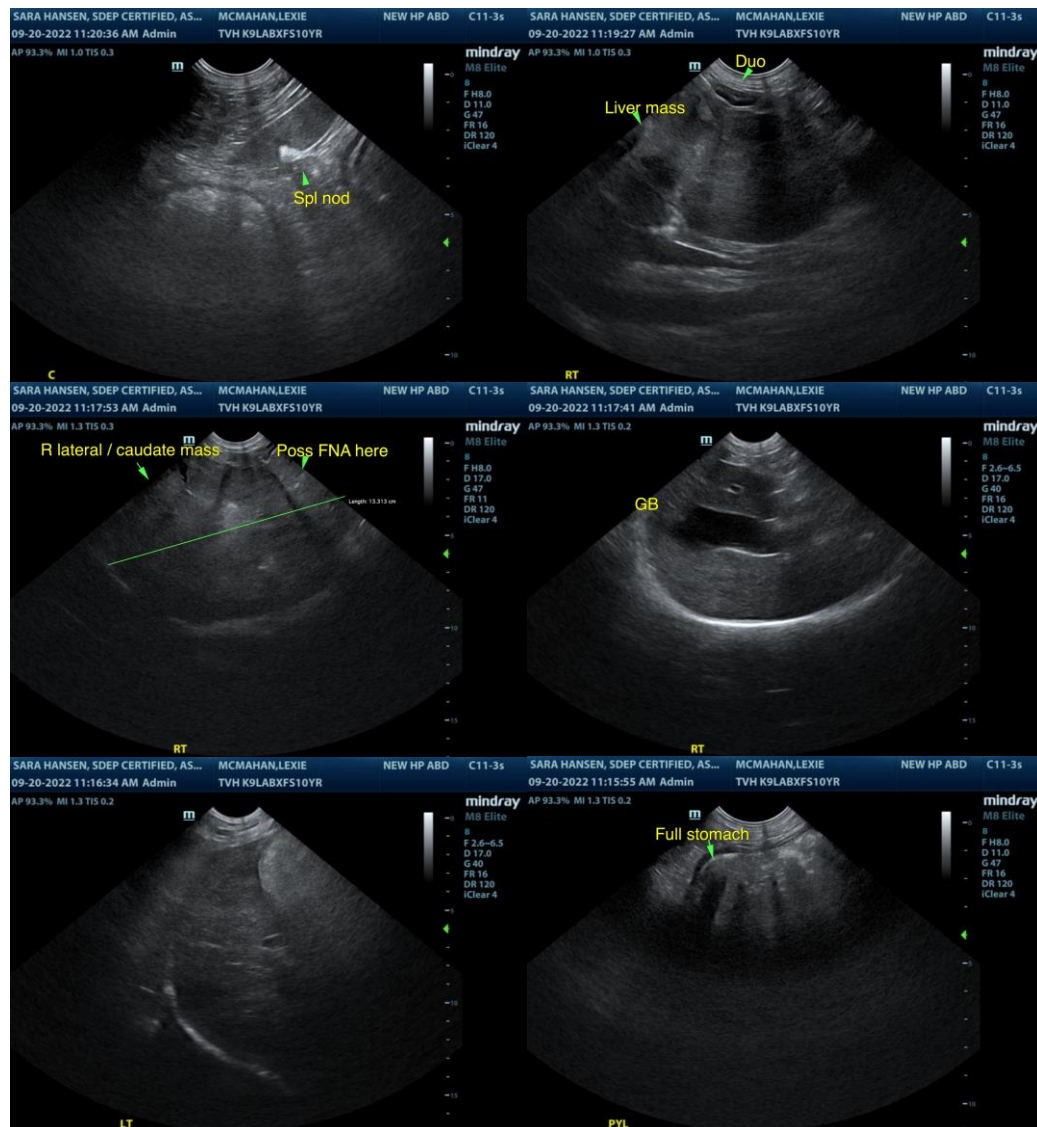
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA of the liver mass is warranted for screening cytology. Neoplasia, asymmetrical to irregular hepatoma, hyperplasia, hematopoiesis, granuloma, or other, possible.

If documented NPO, some degree of possible metabolic gastric stasis or some degree of delayed pyloric outflow potentially secondary to the liver mass could be present.

The mildly enlarged to nonhomogeneous nodular left adrenal gland may indicate benign hyperplasia or adenomatous change, while the possibility of emerging concurrent primary adrenal neoplasia or metastatic disease may be possible. Screening blood pressure to assess for evidence of hypertension which may allude to a left pheochromocytoma is suggested.





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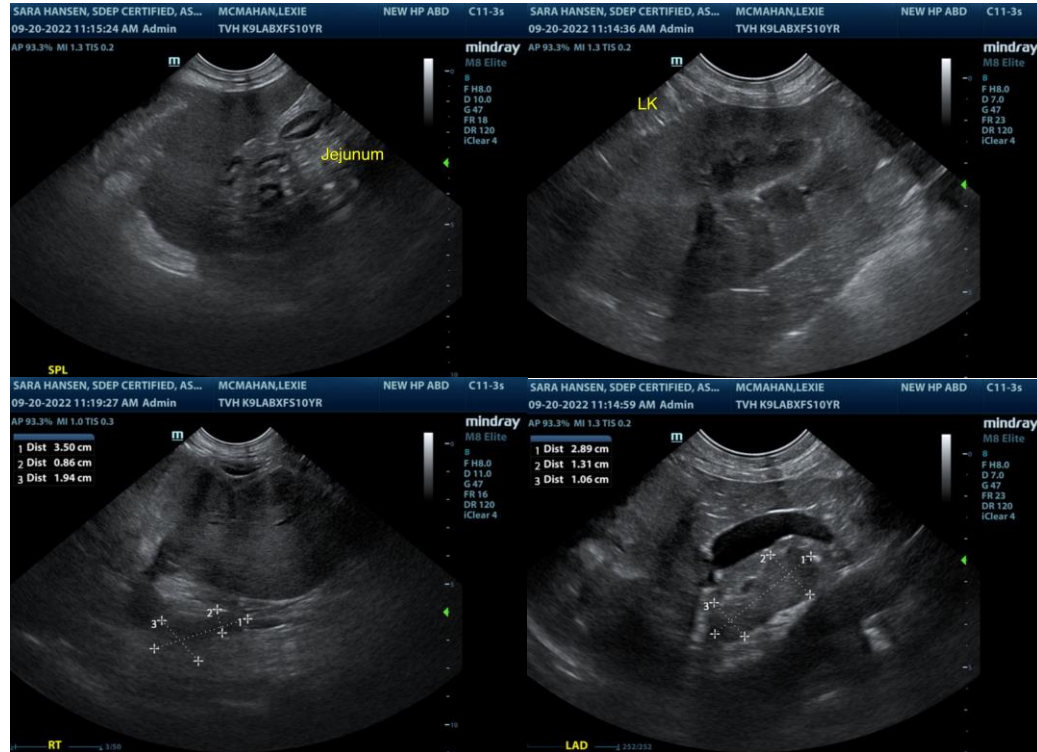
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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