

PATIENT

Nicholaus
Carmichael

SPECIES

Canine

BREED

Terrier

SEX

MN

AGE

15 years

WEIGHT

25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Kris Willaman

INVOICE

12279

DATE

9/22/21

PRESENTING CLINICAL SIGNS

Several week course of decreased to no appetite, mild intermittent abdominal pain. Mild regenerative anemia, mild increase ALT, elevated cPL. P has responded to IV fluids, maropitant but still has decreased appetite. Current Medications maropitant 16mg daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 areas of the residual prostate and aortic trifurcation were free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

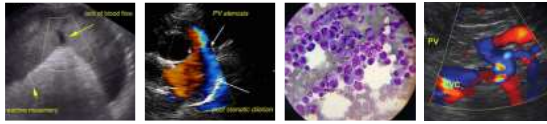
The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.65 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length x 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. No splenic masses or nodules were noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with asymmetrical contour owing to variable parenchymal swelling. Generalized nonuniform echogenic parenchyma, along with a solitary caudoventral, mildly expansive, nonhomogeneous to cystic mass were present. The caudoventral liver mass measured 5.0 cm x 2.6 cm. The gallbladder was non-distended in size with moderate nondependent to inspissated gallbladder debris. The common bile duct was normal.



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Gastrointestinal

The stomach presented mild wall thickening secondary to mild, echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall width measured 0.45 cm. Mild gastric distension with primarily anechoic fluid was present.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with propensity for a mild segmental prominent mucosa. The jejunum wall width measured 0.46 cm. The duodenum wall width measured 0.54 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Mild generalized reactive mesentery was present. No evidence of lymphadenopathy or peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

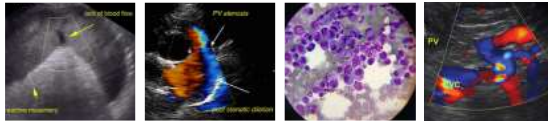
Primary Findings

- Hepatomegaly with nonuniform parenchyma, variable parenchymal swelling, and caudoventral mass lesion
- Moderate to mildly inspissated gallbladder debris
- Suspect low-grade chronic to chronic active pancreatitis and gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for hepatic neoplasia is warranted, although not definitive. Cholangiohepatitis with parenchymal remodeling, variable parenchymal swelling, with caudoventral area of hyperplasia, granuloma, hematopoiesis, or similar is possible yet considered less likely. Assuming normal clotting status, hepatic parenchymal, and mass lesion FNA is recommended for screening cytology.

Empirically, gastrointestinal support and medical therapy for gastroenteritis and chronic to chronic active pancreatitis would be appropriate. A guarded prognosis pending hepatic sampling.



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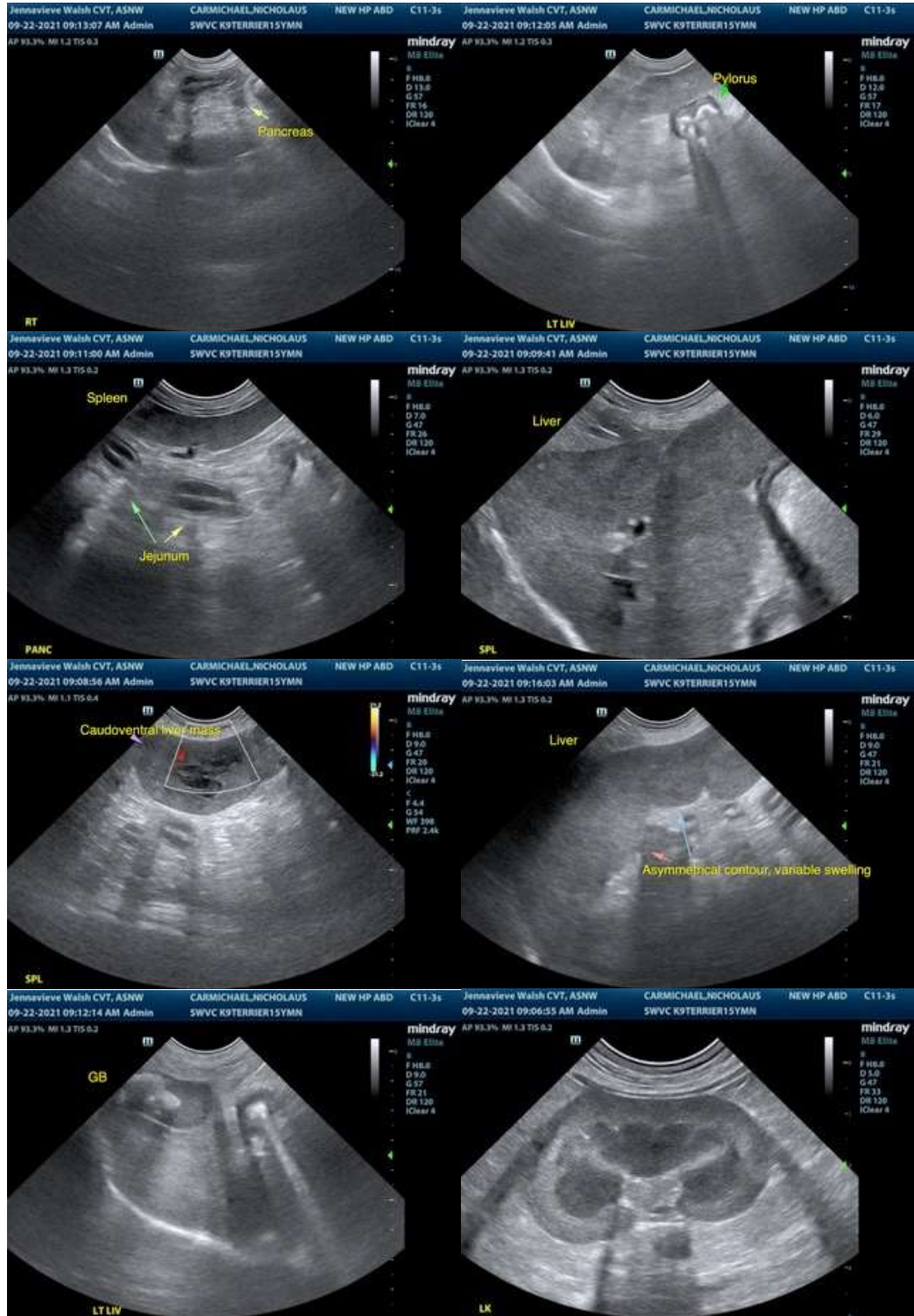
Dr. Kris Willaman

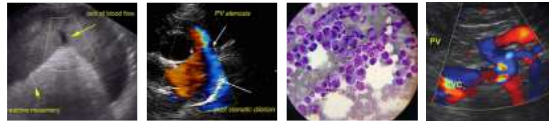
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com