



PATIENT

Gracie McMath

PRESENTING CLINICAL SIGNS

High ALP (1792) suggestive of HAC. No clinical signs. Organomegaly on palpation.

SPECIES

Canine

Current meds: Incurin 1mg SID, Carprofen 75mg BID.

BREED

Mixed

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 was noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

12 y

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. Minor left kidney pyelectasia was present. Intermittent small cortical cysts were present in both kidneys. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

71 lb

Adrenal Glands

The left adrenal gland was mildly prominent in size exhibiting discrete mid to cranial, non-expansive nodule. The left adrenal gland measured 0.93 cm width at the caudal pole and 0.87 cm width at the cranial pole. The left adrenal nodule measured 1.2 cm x 0.8 cm. No evidence of parenchymal mineralization or vascular invasion was noted.

The right adrenal gland was mildly prominent in size exhibiting discrete mid to cranial, non-expansive nodule. The right adrenal gland measured 0.71 cm width at the caudal pole and 1.3 cm width at the cranial pole. The right adrenal nodule measured 1.4 cm x 1.1 cm. No evidence of parenchymal mineralization or vascular invasion was noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Littleton AH

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, discrete, hyperechoic nodules, likely consistent with benign myelolipomas, were present. 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. Normal splenic vascularity was noted. 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

Dawn Brooks, DVM

Liver/ Gallbladder

The liver exhibited generalized enlarged size with normal 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. Focal, thinly-walled cortical cyst dorsal to the gallbladder

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DATE

9-22-22



PATIENT

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was present measuring 2.5 cm in diameter. A solitary, mildly expansive, homogeneous, caudal intraparenchymal macronodule to small mass was also present measuring 3.7 cm in diameter. The gallbladder was non-distended in size containing mild, hyperechoic, nonorganized gallbladder debris present primarily in the gallbladder lumen and gallbladder neck. The cystic and common bile ducts were normal.

SPECIES

Canine

Gastrointestinal

BREED

Mixed

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 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.

SEX

FS

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

Pancreas

AGE

12 y

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

WEIGHT

71 lb

Small pocket of scant anechoic peritoneal free fluid was noted between the cranial spleen and caudal left liver margin. An unspecified mass-like lesion in the left mid abdomen medial to the caudal aspect of the spleen measuring 7.0-7.5 cm in diameter was present. The mass-like lesion exhibited hyperechoic periphery with subjective central anechoic fluid. Subtle evidence of concurrent regional reactive mesentery was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

- Hepatopathy exhibiting generalized nonuniform parenchyma, solitary intraparenchymal cyst, and nonspecific, mildly expansive, homogeneous, caudal intraparenchymal macronodule / small mass
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with minor left kidney pyelectasia and intermittent cortical cysts
- Benign splenic changes with likely emerging myelolipomas
- Bilateral nodular adrenal glands - hyperplasia, adenomas, neoplastic criteria thought less likely
- Nonspecific mass-like lesion mid left abdomen - omental / fat necrosis, chronic abscess, or other, potential for neoplastic criteria cannot be excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Full adrenal workup with LDDST is recommended if clinical suspicion of hyperadrenocorticism. However, given the lack of clinical signs, i.e., PU/PD, polyphagia, etc., the bilateral nodular adrenal glands may be an incidental finding. Screening blood pressure is advised to assess for evidence of hypertension which may allude to a left or right emerging pheochromocytoma.

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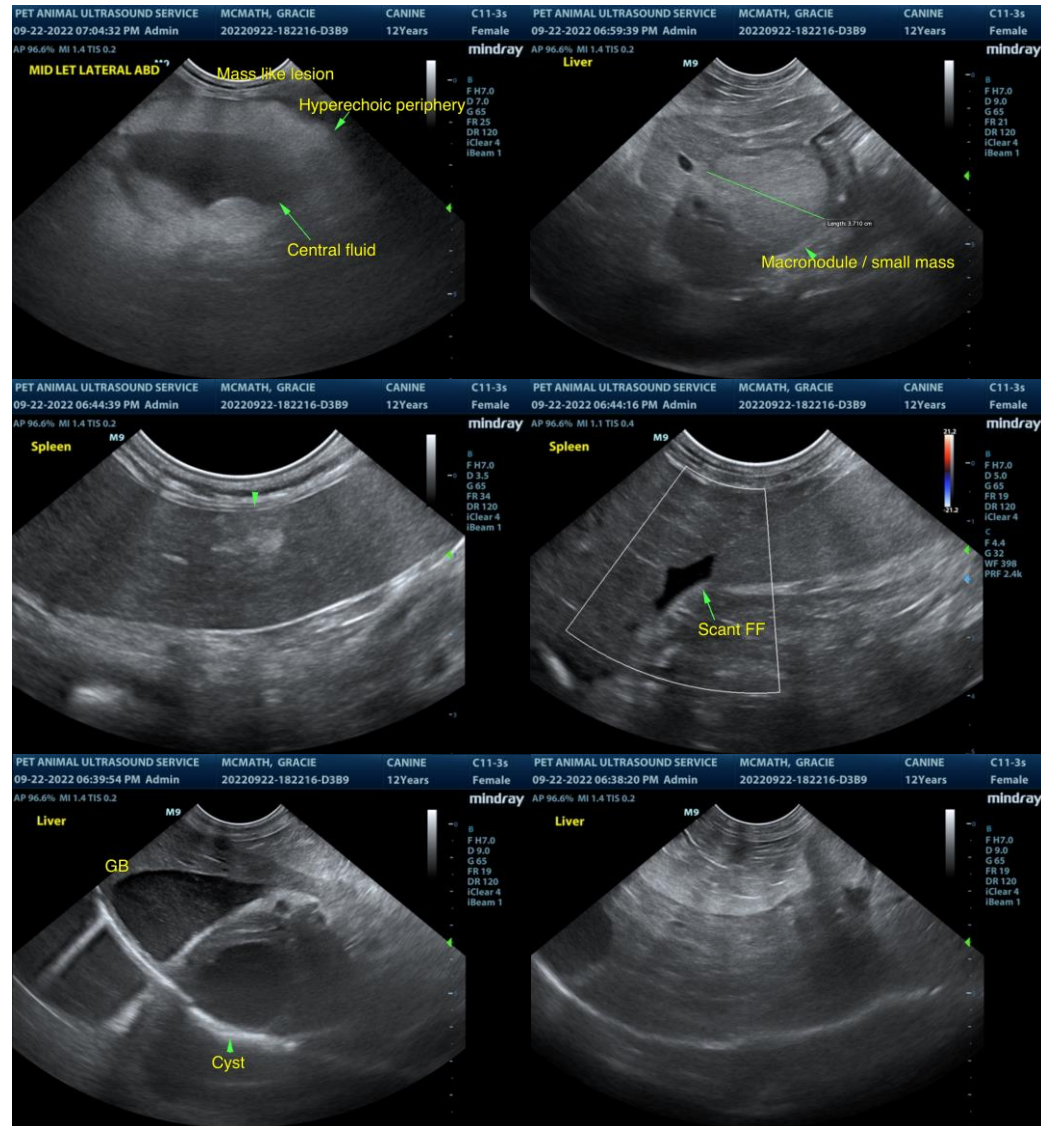
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Screening ultrasound guided hepatic parenchymal and nodule FNA, if accessible, is warranted. Concurrent FNA +/- fluid analysis cytology and/or C/S of the unspecified mid-abdominal mass-like lesion could also be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.





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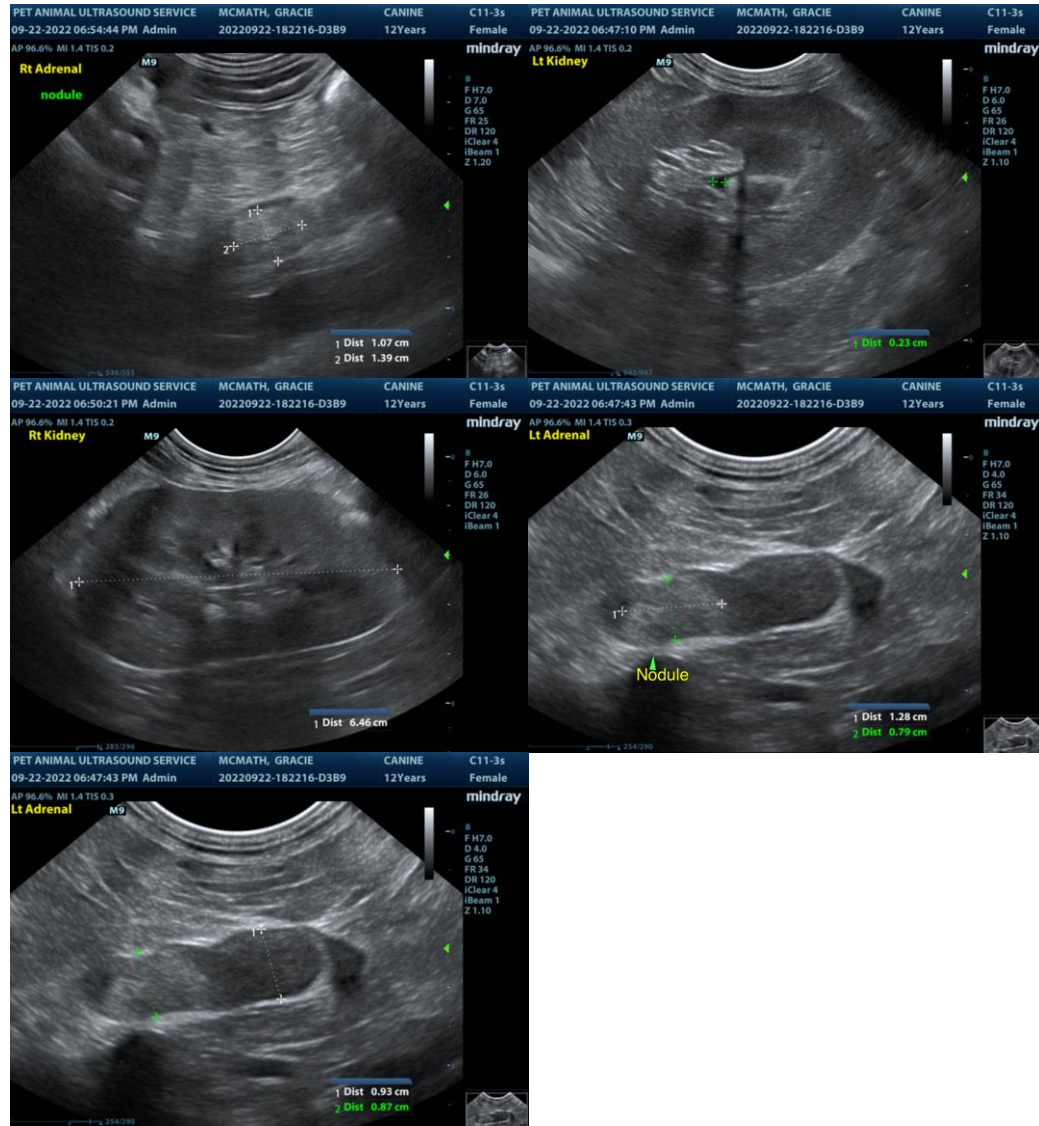
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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