



PATIENT

Georgia Foote

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

13 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Murphy

INVOICE

25784

DATE

9/24/21

PRESENTING CLINICAL SIGNS

Hyporexia for a few days, follow up abdominal ultrasound, last one performed 2/10/2021. History of hyperadrenocorticism, chronic liver disease, chronic arthritis. Current meds: (no meds given in a few days) Trilostane, Ursodial, Denamarin, Tramadol, Gabapentin, Galliprant, Fish oil, and Dasuquin. Abnormal PE/Chem/CBC/UA Results: ALT 223, amylase 461.

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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 7.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.84 cm at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.84 cm at the caudal pole.

Spleen

The spleen exhibited generalized heterogeneity with pinpoint hyperechoic parenchymal foci, which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. 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.

Liver

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. Intermittent uniformly echogenic parenchymal nodules were noted, likely indicative of areas of nodular hyperplasia or lipogranulomas. Ventrocaudal extension of the liver passed the level of the gastric axis with hepatoma like mass effect was present. The area of the hepatoma like mass effect measured approximately 6.8 cm x 2.9 cm. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with non-dependent yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic to focally hypoechoic, yet nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.46 cm.

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. Mild intermittent jejunal mucosal speckling was present.

Normal visible colon wall layers were present with apparent 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 inflammation. No overt evidence of neoplasia.

Free Abdomen

No evidence of omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with ventrocaudal hepatoma like mass effect
- Moderate gallbladder debris (non-mucocele)
- Mild retained gastric ingesta – likely post-prandial presentation, potential for gastric hypomotility or stasis if documented NPO. The appearance of the ingesta is most consistent with food. No overt foreign material.
- Mildly prominent to hypoechoic pancreas – patient or age related variant, potential for low-grade or chronic inflammation.
- Bilateral static mild adrenomegaly – consistent with PDH, no overt neoplasia
- Static benign splenic nodules and hyperechoic foci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The newly noted hepatoma-like mass effect in the ventrocaudal liver was not overtly consistent with neoplastic criteria, yet cannot be definitively excluded. Assuming normal clotting status, ultrasound guided FNA of this mass effect would be warranted for screening cytology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas as well as correlation with spec cPL may be considered. Recheck ACTH stimulation test may be indicated. As-needed gastrointestinal support is suggested.



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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)
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