



PATIENT PRESENTING CLINICAL SIGNS

Spree Baird Increased liver enzymes and bile acids testing showed increased results. This was found on a pre-anesthetic screen for dental cleaning.
Abnormal PE/Chem/CBC/UA Results: ALP 186, ALT 160, glucose 5.9, BUN 4.4, total protein 68.
Fasting bile acids 4.0, post-prandial bile acids 46.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Border Collie

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.

SEX

Spayed Female

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 5.2 cm. The right kidney measured 4.4 cm.

AGE

10 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

23.4 Pounds

The left adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.55 cm at the cranial pole and 0.58 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY

Crystal Hill

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. A solitary, uniform, non-expansive, hypoechoic nodule was noted in the mid to left liver, measuring 2.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Beamsville AH

REFERRING VET

Dr. Song

Gastrointestinal

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.

INVOICE

25174

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.

DATE

9/3/21

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



PATIENT *Pancreas*

Spree Baird The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

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SEX

Spayed Female

AGE

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WEIGHT

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PRIMARY FINDINGS

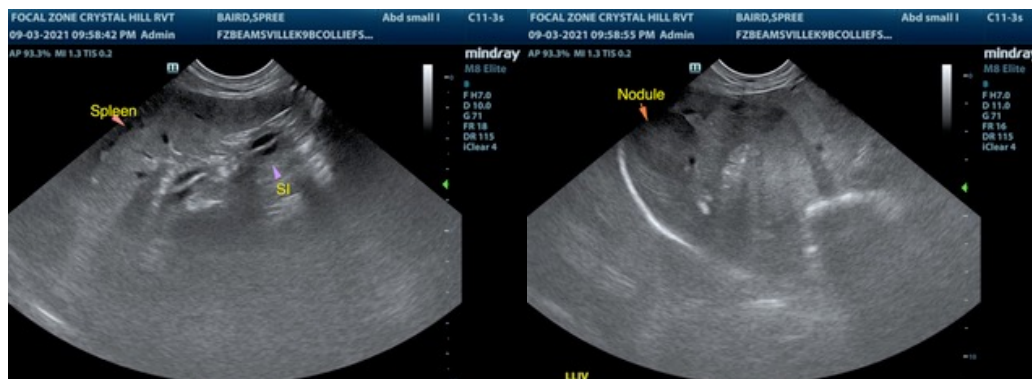
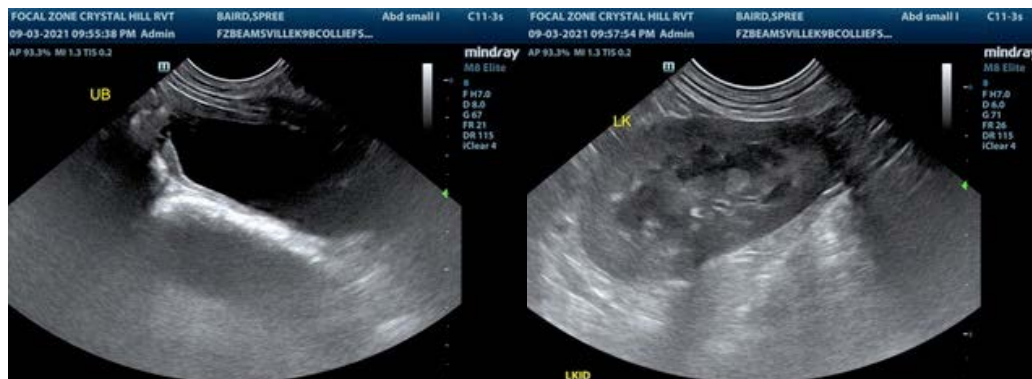
- Hepatopathy with regional mid to left minor parenchymal remodeling and focal non-specific nodule.

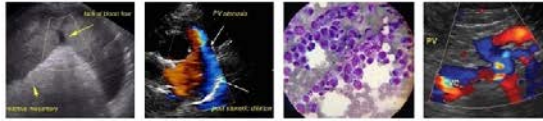
SECONDARY FINDINGS

- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar or inflammatory hepatic changes with minor parenchymal remodeling and focal area of nodular to regenerative hyperplasia, hematopoiesis or granuloma possible. Potential for neoplasia may also be possible. Assuming normal clotting status, and if accessible, ultrasound guided FNA of the hepatic parenchyma and nodule for screening cytology is recommended. No overt evidence of a portosystemic vascular anomaly. Hepatosupportive medications and sonographic monitoring of the liver nodule for evidence of progression would be a more conservative approach. Hepatosupportive medications including Ursodiol (due to its antioxidant and immunomodulatory effects within the liver) may prove beneficial.





PATIENT

Spree Baird

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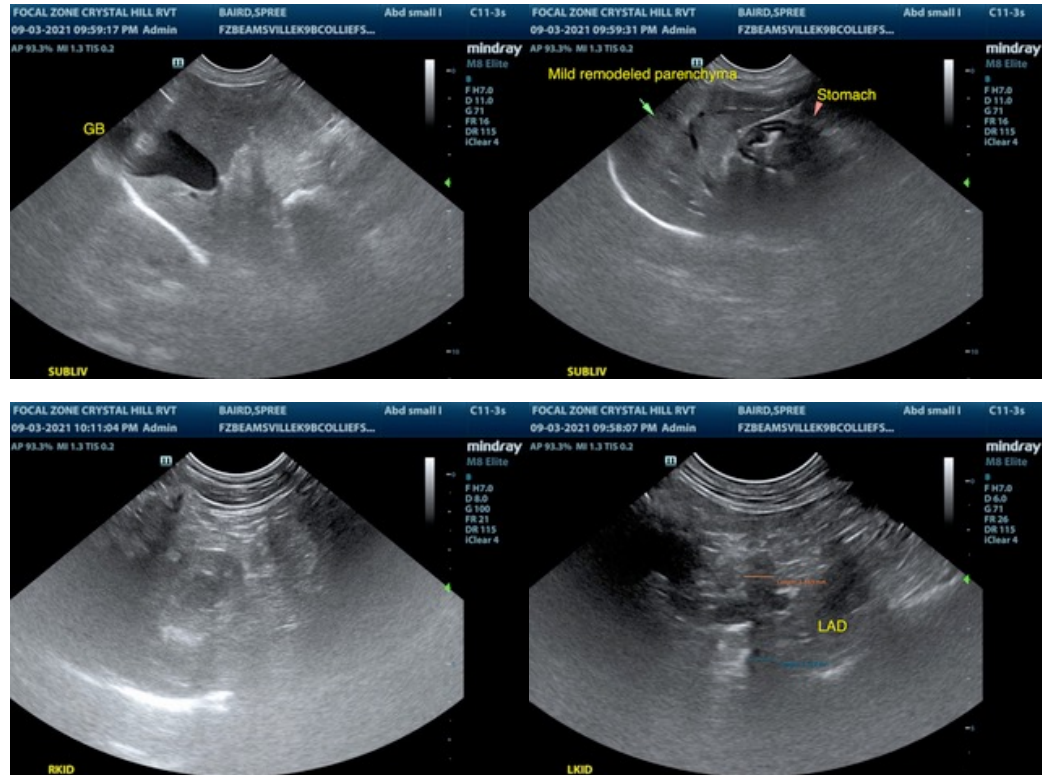
Spayed Female

AGE

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WEIGHT

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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.

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