



PATIENT

Harry Messina

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

13 years

WEIGHT

44 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

12181

DATE

9/7/21

PRESENTING CLINICAL SIGNS

ALT 172, ALKP 311, BUN 37, Creat1.5, PSL 312, glob 4.2. Asymptomatic. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 172, ALKP 311, BUN 37, Creat1.5, PSL 312, glob 4.2

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.

No overt pathology was noted in the area of the residual prostate or aortic trifurcation.

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 6.3 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.9 cm length x 0.78 cm width in the caudal pole.

The right adrenal gland was not definitively visualized likely owing to patient body size.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited generalized mild nonuniform echotexture with subtle increased overall parenchyma echogenicity compared to the spleen and falciform fat. Subjective generalized mild parenchymal remodeling was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. A focal probable parenchymal cyst noted dorsal to the gallbladder exhibiting thin walls and containing anechoic fluid was present. The cyst measured approximately 4.4 cm in diameter. Overt evidence of concurrent cellular component within the cyst was not obvious.



PATIENT	The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Harry Messina	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, echogenic ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
BREED	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.
Mix	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Neutered Male	<i>Pancreas</i>
AGE	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 overt active or chronic inflammation were evident. Potential for low-grade or chronic inflammation which may present as sonographically normal cannot be definitively excluded, given the elevated PSL.
13 years	
WEIGHT	<i>Free Abdomen</i>
44 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Chronic hepatopathy with parenchymal remodeling and focal probable parenchymal cyst • Mild gallbladder debris (non-mucocele) • Sonographically unremarkable pancreas for age • Bilateral mild chronic renal changes
Jessica Miller	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Newton VH	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
REFERRING VET	The overall appearance of the liver was most consistent with chronic hepatopathy. The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded.
Dr. Wyman-Greenwald	
INVOICE	Assuming normal clotting status hepatic FNA using a 25-gauge needle may be considered for screening cytology. Empirically, hepatosupportive medications including Denamarin and Ursodiol, given the relatively low-grade hepatic enzyme elevations, with continued monitoring would be appropriate.
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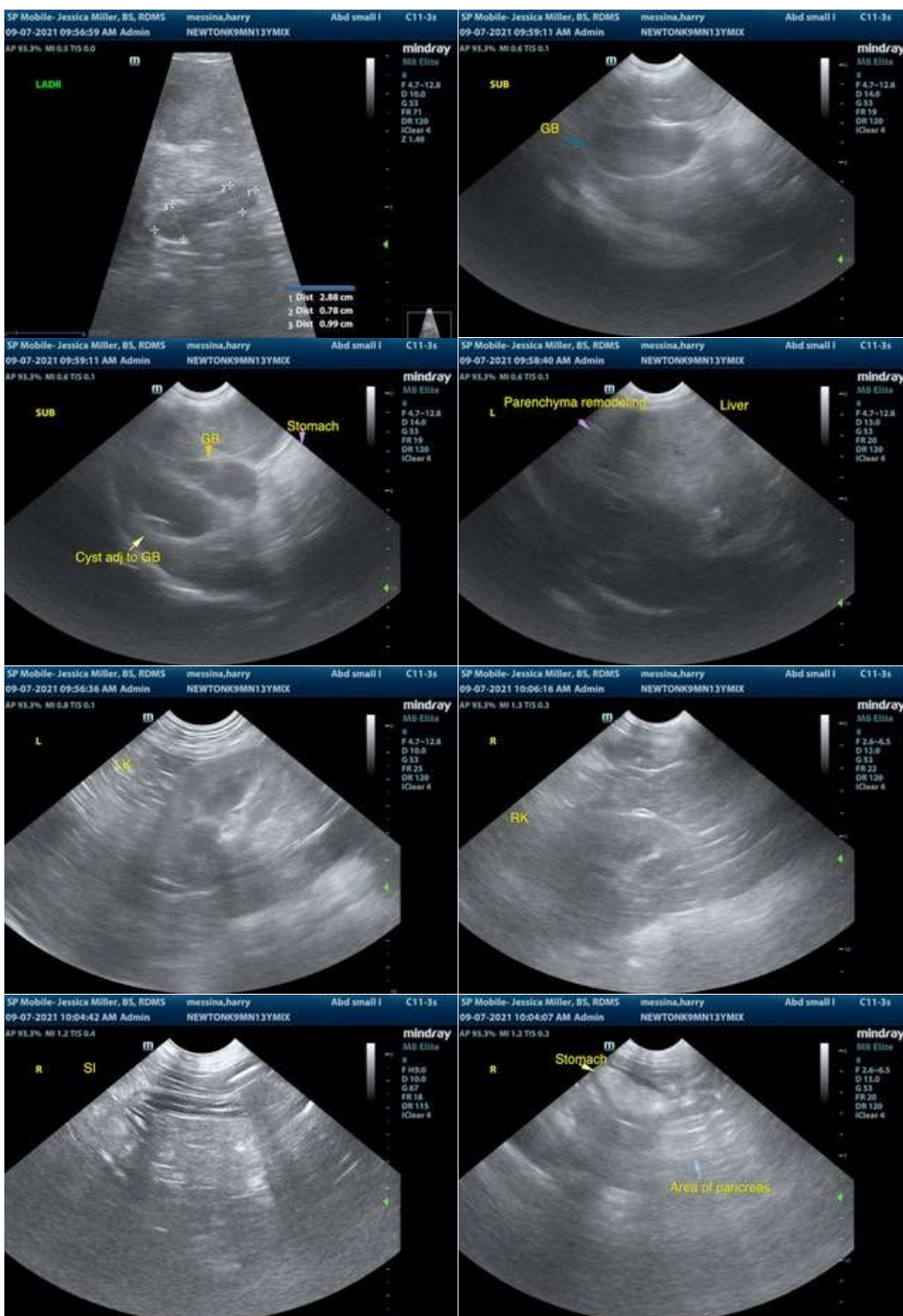
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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