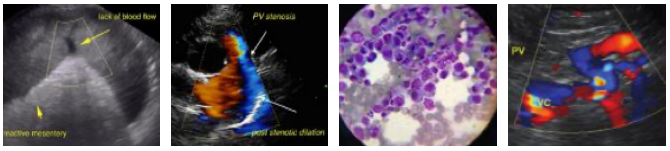
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT
Marlee Panning

SPECIES
Canine

BREED
Rottweiler mix

SEX
Female, spayed

AGE
12 Yrs.

WEIGHT
22.7 kg..

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Jessica Morgan

HOSPITAL NAME
Oxford County VC

REFERRING VET
Dr. Halfon

INVOICE
14309

DATE
12/6/22

PRESENTING CLINICAL SIGNS

History: in for routine dentistry, ultrasound prior to due to elevated liver enzymes; opted to postpone dental based on finding in spleen, patient has several lumps, met check is clear in lungs
Abnormal PE/Chem/CBC/UA Results: ALT 195 ALP 225

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.34 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.03 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is borderline enlarged (0.76 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (2.51 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few irregular myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

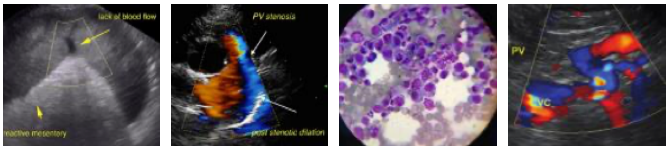
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Marlee Panning

SPECIES

Canine

BREED

Rottweiler mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

22.7 kg..

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Jessica Morgan

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

14309

DATE

12/6/22

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

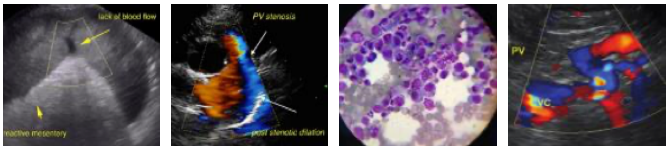
Secondary Findings:

- Minor, age-related renal changes with subtle dystrophic mineralization.
- Borderline left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a conservative approach is desired, consider rechecking liver values in 2-3 months, or sooner if the patient develops clinical signs.
- If a more aggressive approach is desired, consider performing pre- and post-prandial serum bile acids to assess hepatic function. If elevated, more advanced testing (i.e., hepatic tissue sampling) may be warranted. Leptospirosis testing (i.e., blood and urine PCR, serology) can also be considered, particularly if the clinical suspicion for disease is high.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marlee Panning

SPECIES

Canine

BREED

Rottweiler mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

22.7 kg..

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Jessica Morgan

HOSPITAL NAME

Oxford County VC

REFERRING VET

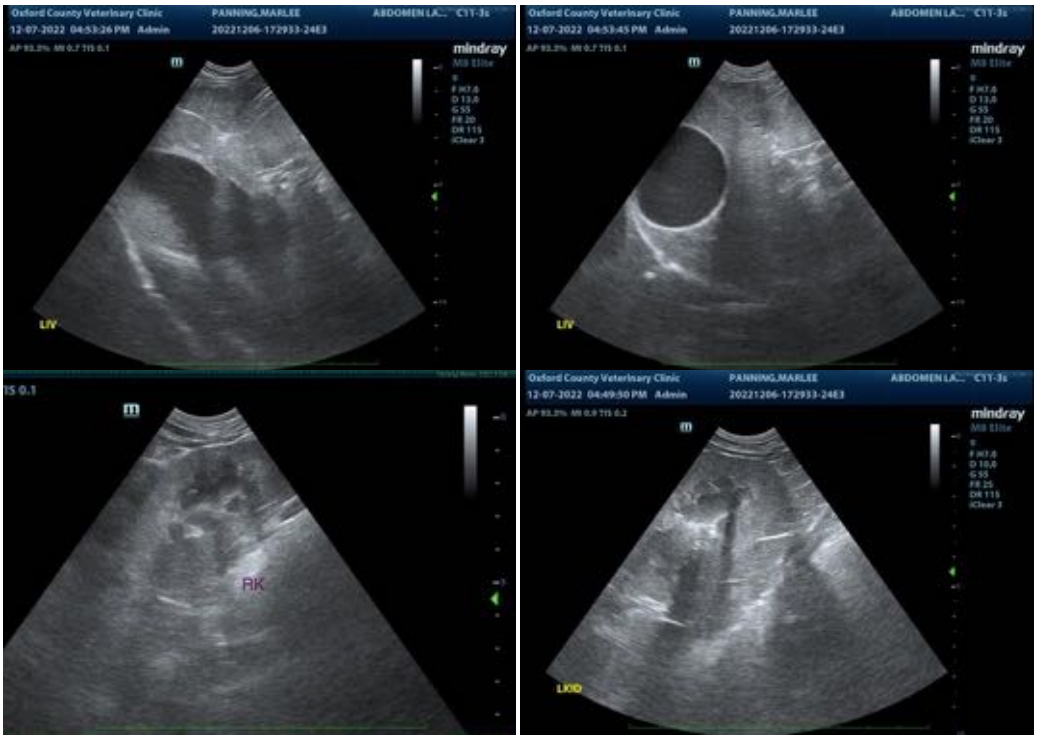
Dr. Halfon

INVOICE

14309

DATE

12/6/22



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com