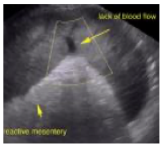
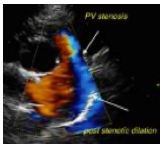
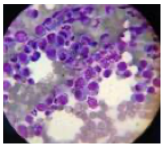
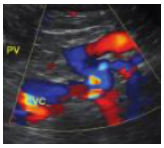
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Leena Ribitzki

SPECIES
Canine

BREED
Samoyed

SEX
Female Spayed

AGE
11 years

WEIGHT
45.4 lbs

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Ringwood AH

REFERRING VET
Dr. Walker

INVOICE
12675

DATE
4.4.23

PRESENTING CLINICAL SIGNS

History: Concern for gallbladder mucocele, more lethargic, increased panting. Current med: Denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 318, ALP 3509, GGT 29, SDMA 17, Na:K 26. U/A: 2+ pZotein, pH 5.5, USG 1.011.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size with (5.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.72 cm at cranial pole) (0.54 cm at caudal pole) (2.90 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is in normal size (0.59 cm at cranial pole) (0.61 cm at caudal pole) (2.12 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.72 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with a few ill-defined hypoechoic areas. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance. An approximately 3.00 cm isoechoic swelling is observed just to the left of the gall bladder. In addition, an approximately 3.70 cm isoechoic nodule/swelling is observed on the right side, adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is mildly distended with ingesta. 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. There is no evidence of an obstructive pattern.

Pancreas
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 hepatic swellings could be consistent with emerging tumors, regenerative nodules, inflammatory foci, other. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), other hepatopathy.

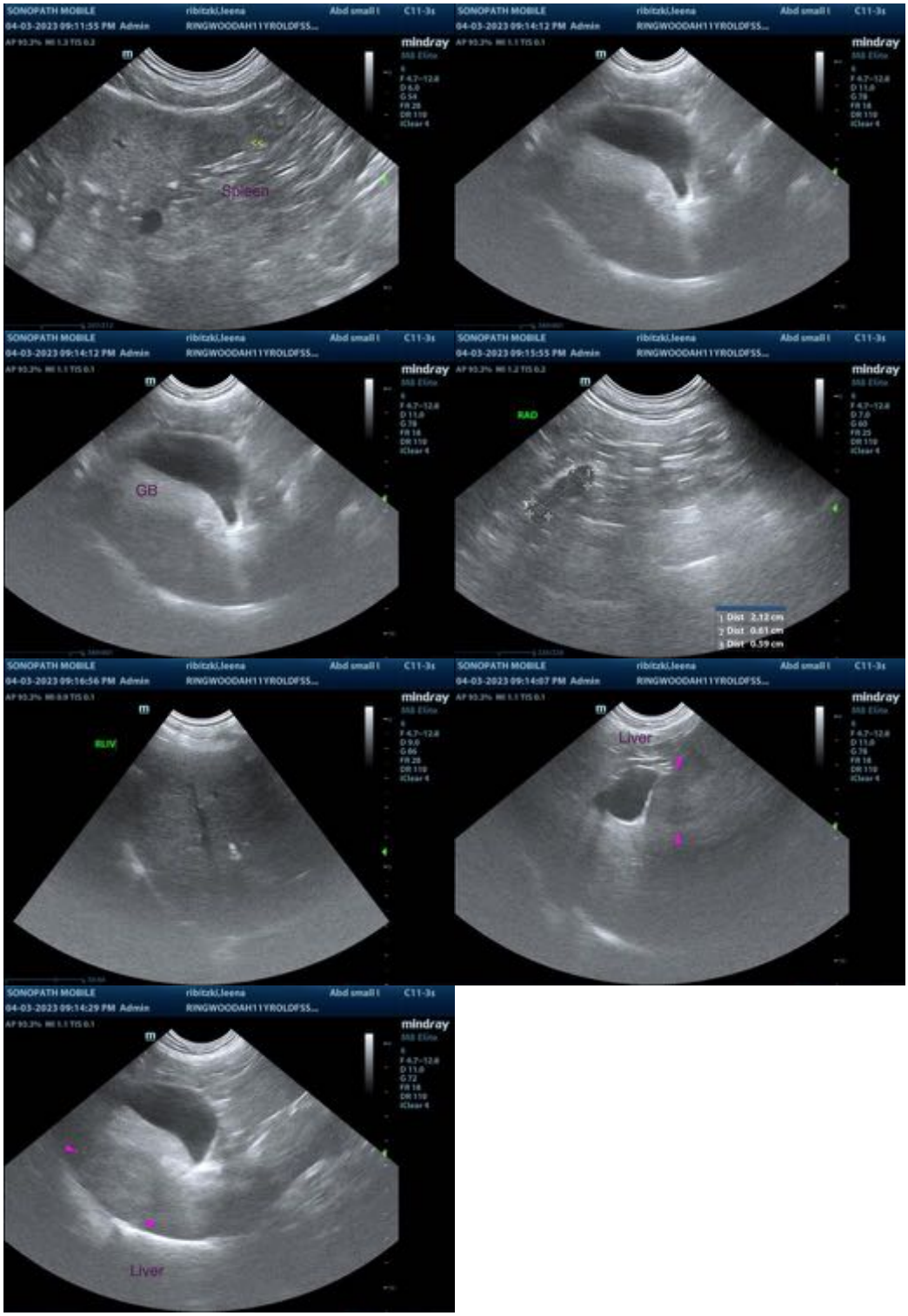
Secondary Findings

- Mild bilateral chronic renal changes.

  *There is no obvious evidence of a gall bladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To better characterize the hepatic lesions, consider and abdominal CT scan or an abdominal exploratory with biopsies/removal of abnormal areas. If biopsies are pursued, aerobic and anaerobic bile cultures are also recommended, along with hepatic copper quantitation. Given the patient's clinical signs, also consider testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test or ACTH stimulation test).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Liver

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