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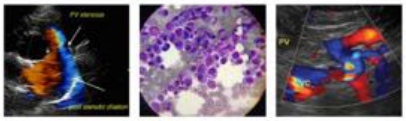
svsimagingqc.net 309-737-3070



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

PATIENT

Chloe Schmidt

SPECIES

Canine

BREED

Welsh Corgi

SEX

Spayed Female

AGE

12 years

WEIGHT

26.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Fear

INVOICE

13716

DATE

7.17.23

PRESENTING CLINICAL SIGNS

History: Having hard time walking, not eating as much, lethargy.
Abnormal PE/Chem/CBC/UA Results: Increase levels such as Neutrophils, ALP, ALT, LIPASE, MCV, MCH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate to large amount of gravity-dependent, echogenic-to-mineralized debris, +/- tiny calculi are observed within the lumen. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (5.58 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several nonobstructive nephroliths are visualized. Mild pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (5.34 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild loss of corticomedullary distinction. A small cortical cyst is seen. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.58 cm at cranial pole) (0.68 cm at caudal pole) 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 are normal.

The right adrenal gland is mildly enlarged (0.75 cm at cranial pole) (0.77 cm at caudal pole) (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 are normal.

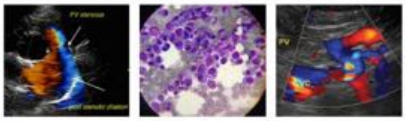
Spleen

The spleen is normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. Pinpoint hyperechoic foci are observed throughout the organ. In addition, a few small myelolipomas are seen. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous with a few small, ill-defined hypoechoic and hyperechoic nodules. The largest hypoechoic nodule measures 1.25 cm in diameter. The largest hyperechoic nodule measures 1.54 cm in diameter. 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. A moderate to large amount of aggregated, echogenic-to-mineralized, partially dependent-to-suspended sludge is observed within the lumen. Some stranding debris is also seen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.17 x 0.37 cm lymph node is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected diffuse hepatopathy, which is nonspecific. If the ALT is substantially elevated, differentials could include inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), other hepatopathy. If the ALP is substantially elevated with a normal or minimally elevated ALT, then a benign age-related process (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, age-related liver remodeling) would be more likely.
- The gallbladder sludge could be consistent with cholestasis, fasting or an emerging mucocele.

Secondary Findings

- Urinary bladder debris/sand +/- tiny cystic calculi
- Bilateral chronic renal changes with nonobstructive nephrolithiasis and left pyelectasia.
- Borderline bilateral adrenomegaly
- The pinpoint hyperechoic foci throughout the spleen are most consistent with dystrophic mineralization. This is typically a benign incidental finding, often associated with endocrinopathies. Splenic myelolipomas are also present.
- Minor age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the degree of liver enzyme elevations, a more comprehensive hepatic work-up (i.e., pre-and postprandial serum bile acids, Leptospirosis testing, hepatic tissue sampling (i.e., aspirates or biopsies with copper quantitation) may be warranted.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for

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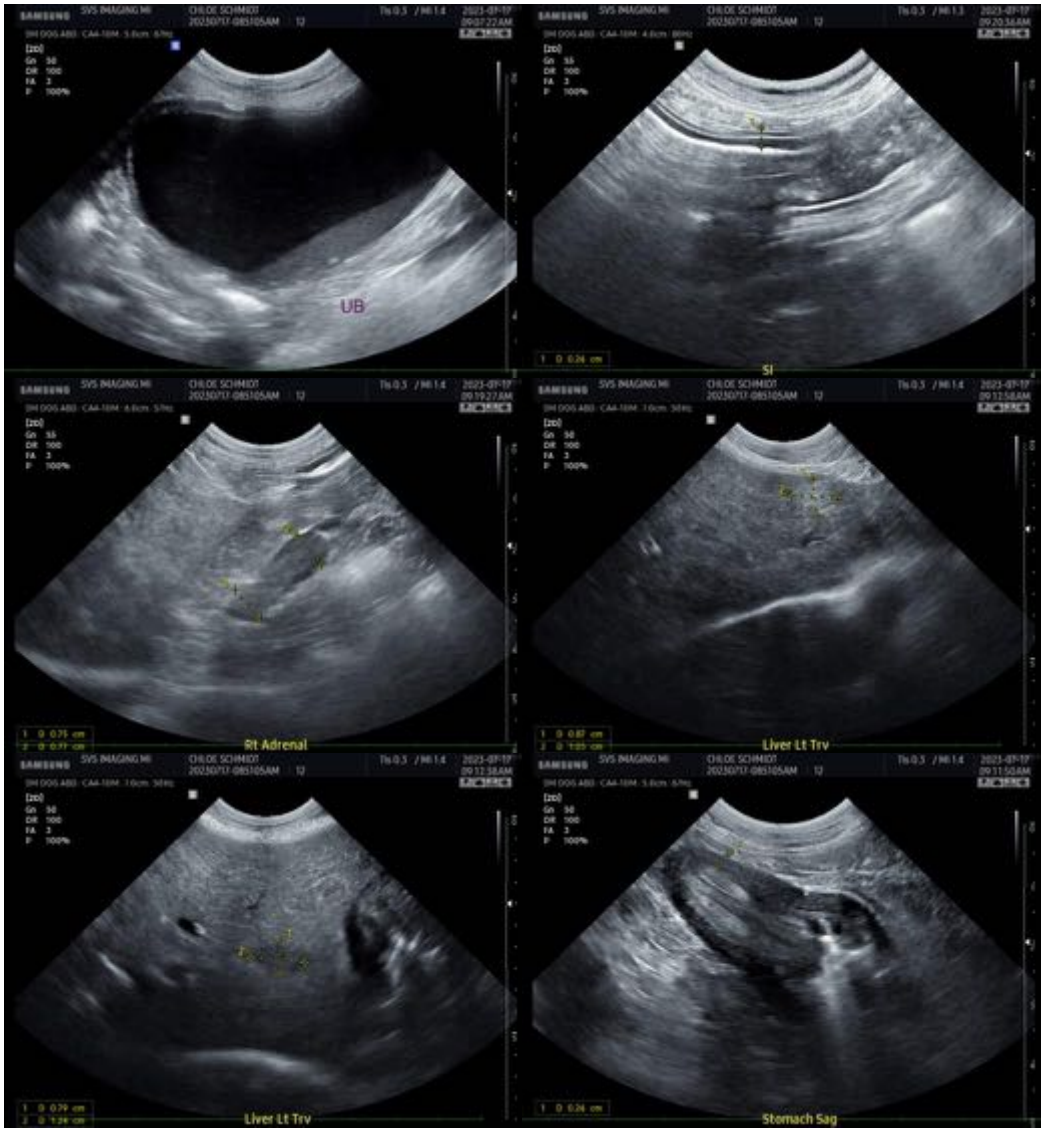
progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

- Given the difficulty ambulating, orthopedic and neurological consultations are recommended.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest, particularly given the vague clinical signs.



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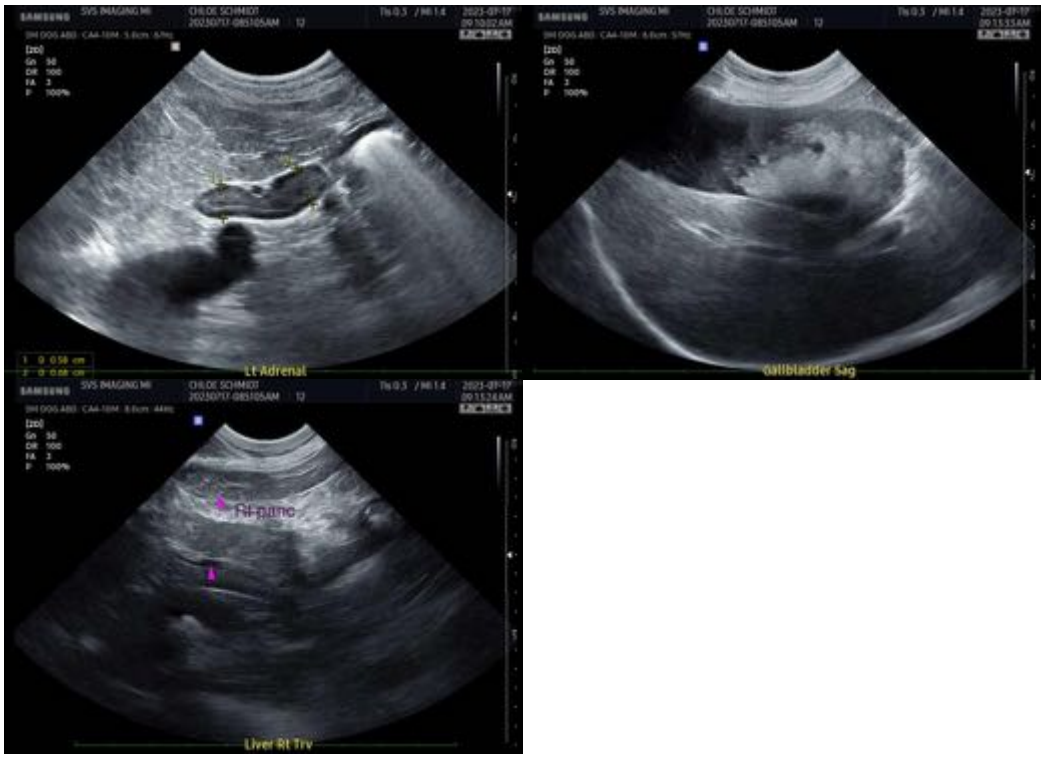

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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