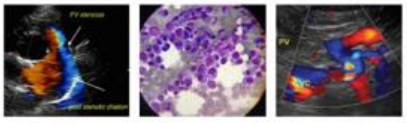
IMAGING PERFORMED BY
svsimagingqc.net 309-737-3070



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

PATIENT

Reilly Ferrans

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 years

WEIGHT

77 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

Town Ctr Vet Assoc

INVOICE

11302

DATE

8.1.22

PRESENTING CLINICAL SIGNS

History: Pet was brought in for annual exam and bloodwork. Clinically normal.

Abnormal PE/Chem/CBC/UA Results: TTO-reported pretty moderate increase in ALP values since last October, generally higher than what I would expect for the normal aging process. Also noted that bilirubin is mildly increased. Possibly this is due to cholestasis vs some obstruction of part of the biliary system (mucocele, mass, etc.), vs insignificant liver changes. Discussed with O either performing an abdominal ultrasound to further investigate the liver, or start some hepatoprotective medications (Denamarin and ursodiol) and rechecking values in 1-2 months. O can also for benign neglect as pt is not clinical. O would like to pursue an abdominal ultrasound. Mondays and Wednesdays work best for him. Pt will need to be fasted 12 hours prior to the ultrasound and be dropped off in the morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (6.68 cm in length); normal shape and architecture with 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.

The **right kidney** is normal size (7.52 cm in length); normal shape and architecture with 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 upper limits of normal size (0.85 cm at cranial pole) (0.84 cm at caudal pole) (2.92 cm in length); normal shape; 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 upper limits of normal size (0.79 cm at cranial pole) (0.89 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

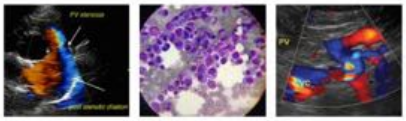
Spleen

The **spleen** is subjectively normal in size (1.99 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely mottled, with numerous, small, ill-defined hypoechoic nodules/areas throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The **liver** is subjectively normal in size with normal contours and structure. The parenchyma is hypoechoic relative to the spleen and exhibits subtle mottling. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** is of normal contours and contains a small to moderate amount of mostly gravity dependent echogenic debris within the lumen. The wall is normal in thickness. No choleliths are



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observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and gas. 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 segmentally dilated with gas and chyme. 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 parenchymal chages are non-specific and could be consistent with regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease is considered unlikely in light of the normal ALT. Infiltrative neoplasia is also considered unlikely given the sonographic appearance.
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, emerging neoplasia (i.e., round cell tumor) is possible.

Secondary Findings

- Borderline bilateral adrenomegaly
- Gall bladder debris – incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

Regarding the splenic parenchymal changes, consider a fine-needle aspirate (if clotting status is appropriate) to help assess for round cell neoplasia. A 25-gauge needle should be used.

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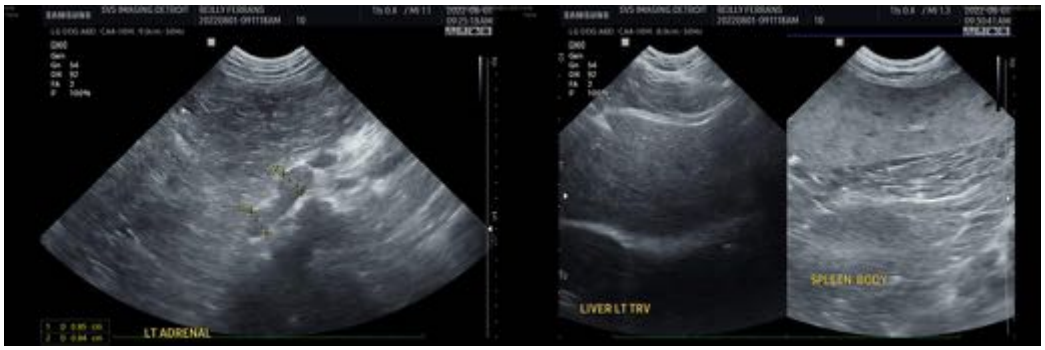

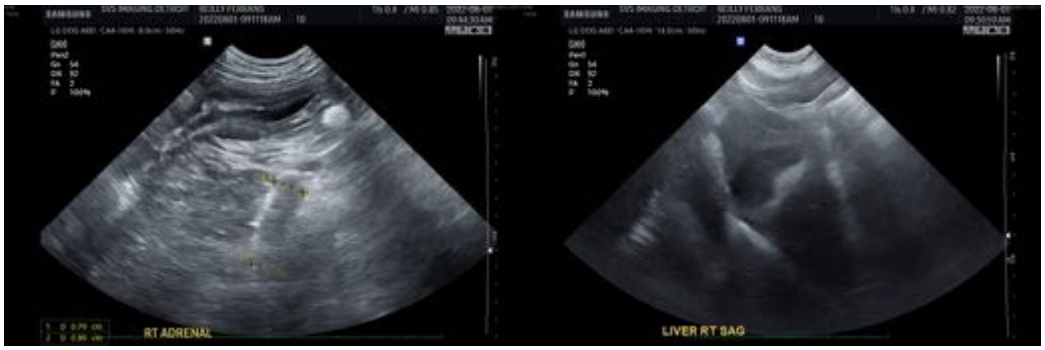

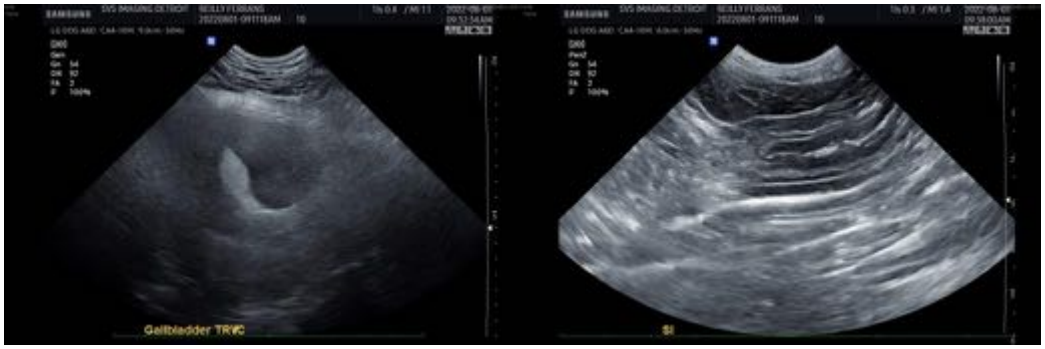

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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