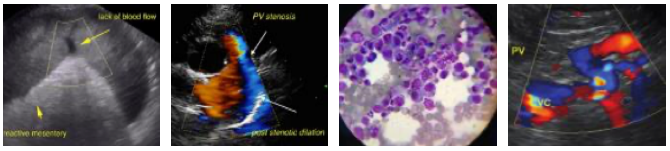
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Vixen Geohaghan

SPECIES
Canine

BREED
American Staffordshire

SEX
Female, spayed

AGE
11 Yrs.

WEIGHT
69 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Animal General on Hudson

REFERRING VET
Dr. Vivian Ng

INVOICE
14126

DATE
10/19/22

PRESENTING CLINICAL SIGNS

History: ALP elevated - clinically ok. Current med: Denamarin.
Abnormal PE/Chem/CBC/UA Results: ALP 1428, PSL 160.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.80 cm) with a slightly irregular mucosal surface. No cystic 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 (7.44 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 size (6.05 cm in length); normal shape and architecture with smooth peripheral margins. 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.

Adrenal Glands

The left adrenal gland is small in size (0.40 cm at cranial pole) (0.35 cm at caudal pole) (2.44 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 small in size (1.17 cm at cranial pole) (0.53 cm at caudal pole) (1.28 cm in length) with a normal shape and smooth peripheral contours. There is normal glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

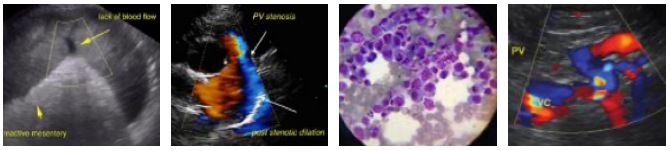
The spleen is normal in size (2.15 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the parenchyma. A 1.73 cm irregular hyperechoic nodule is observed at the cranial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with a slightly irregular peripheral margin at the left caudal aspect. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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



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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

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

Trace free fluid is observed. 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.
- The diffuse splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, emerging neoplasia (i.e., lymphoma is possible. The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia.
- Trace ascites.

Secondary Findings:

- The urinary bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with the patient's urinalysis findings and clinical history is recommended.
- Bilateral age-related renal changes with left dystrophic mineralization.
- The small left adrenal gland may be a normal variant for this patient or could be secondary to atrophy (i.e., secondary to early hypoadrenocorticism- less likely).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALP, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Regarding the splenic parenchymal changes, a fine needle aspirate can be considered (if clotting status is appropriate) to help rule out emerging neoplasia. A 25-gauge needle should be used.
- Given the trace ascites, consider thoracic radiographs to assess cardiopulmonary status.

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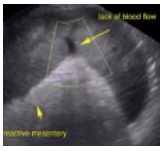
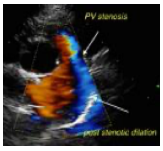
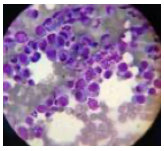
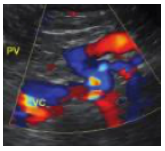

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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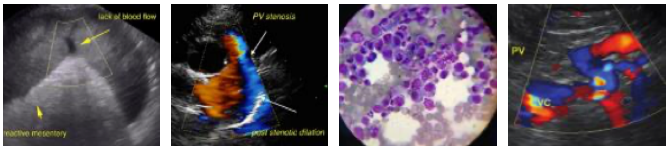

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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