SonoPath
Clinical Sonography & Telecytology
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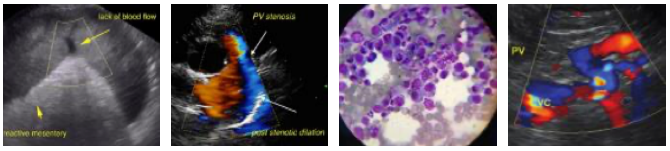

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1-800-838-4268 info@sonopath.com

PATIENT
Molly O'Neill

SPECIES
Canine

BREED
Labrador Retriever

SEX
Female, spayed

AGE
6 Yrs.

WEIGHT
62.6 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Ramapo Valley

REFERRING VET
Dr. Duhr

INVOICE
13953

DATE
9/13/22

PRESENTING CLINICAL SIGNS

History: Patient presents for ADR, lethargy, anxiousness, and weight loss. Elevated liver enzymes on blood work. No history of lepto vaccine.
Abnormal PE/Chem/CBC/UA Results: AST 216, ALT 906, Alk. Phos. 388, T. bili .6, GGT 15. U/A: pH 8.0, 2+ protein, USG 1.032.

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 mildly to 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 (6.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.31 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 normal size (0.74 cm at cranial pole) (0.56 cm at caudal pole) (2.02 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 normal size (0.63 cm at cranial pole) (0.52 cm at caudal pole) (2.25 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.

Spleen

The spleen is normal in size (2.44 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with irregular peripheral contours on the left lateral lobe. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous and nodular in appearance. Approximately mid-liver, a 3.11 x 2.31 ill-defined heterogeneous nodule/mass is visualized. Hepatic vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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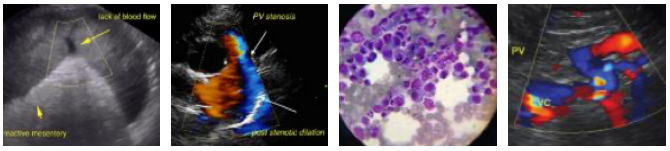

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate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

Pancreas

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

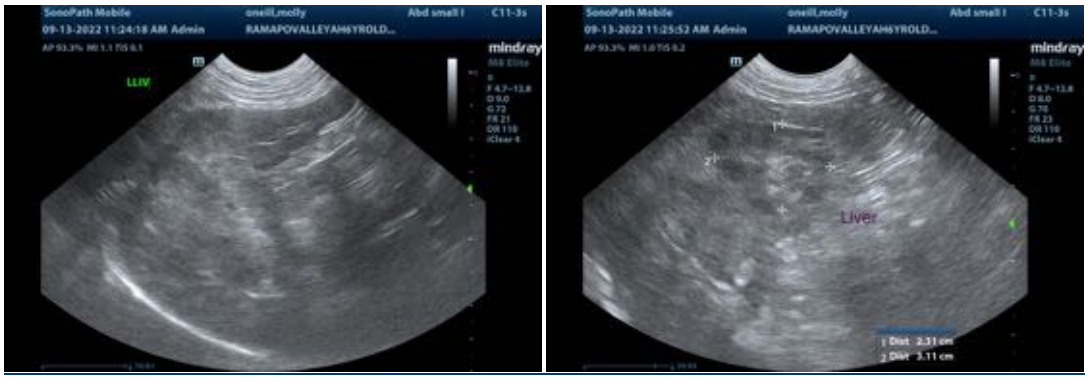
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Diffuse hepatopathy. Differentials include diffuse inflammatory disease (i.e., chronic active hepatitis), infiltrative neoplasia, hepatotoxicity (i.e., copper) +/- concurrent fibrosis. The ill-defined hepatic nodule/mass could be consistent with an inflammatory focus or neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered (if clotting status is appropriate). A 25-gauge needle should be used. If cytology results are inconclusive, surgical liver biopsies are recommended. If pursued, additional hepatic tissue samples for potential copper quantitation should be obtained along with aerobic and anaerobic bile cultures. Three-view thoracic radiographs are recommended prior to any anesthetic event.
- In the meantime, consider initiation of hepatic antioxidants (i.e., Denamarin +/- Ursodiol).



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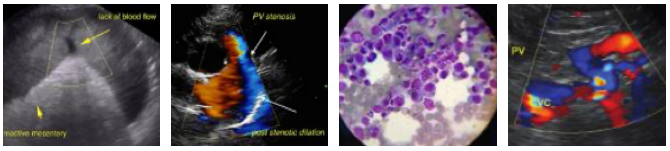

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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