

**PATIENT**

Marley Ledgley

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

10 Years

WEIGHT

93.4 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETFamily Pet Practice –
Dr. Craig**INVOICE**

44066

DATE

1/10/23

PRESENTING CLINICAL SIGNS

Current Medications: Trazodone 150mg 2 tab PO q12h as needed for sedation/anxiety. Give the night before and 3 hours prior to appt. Gabapentin 300mg 1 cap PO the night before and 2 hours prior to appt
 Patient History: NPNC. AUS, rads, DHLPP 2/2 on 1/10/23. AUS recommended due to concerns for liver changes (elevated liver values, large abdomen on PE). ANT cytology and IH CHP performed 12/20/22.

Abnormal PE/Chem/CBC/UA Results: Exam 12/20/22: 2. scars over dorsal skull/muzzle- hx of dog fight 6/7. Normal heart sounds, lungs clear- per O occasional cough noted at home- Recommend thoracic rads/met check (numerous other masses noted over trunk) 8. Numerous masses of variable sizes- created body map today- Cytology of inguinal and sternal masses consistent with lipomas 9/10. large pendulous abdomen - difficult to palpate deeply due to size 13. OBESE- CBC- WNL Chemistry- ALT 228, ALP 279, Chol 328, Tg 260, CI 100 UA- unremarkable T4- WNL Thoracic radiograph- P anxious, plan to return with trazodone premed. AUS recommended due to pendulous large abdomen and mild hepatopathy on bloodwork, Rule-out obesity, hepatomegaly, neoplasia. **See attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (8.97 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (7.95 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.55 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.56 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal**SPECIES**

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Terrier X

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SEX

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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ULTRASONOGRAPHIC FINDINGS

- **Coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver as well as the spleen +/- enlarged mesenteric lymph nodes is recommended if patient's coagulation status is appropriate. Additionally, testing for Leptospirosis is indicated.

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In the meantime, hepatic nutraceuticals +/- a course of broad-spectrum antibiotics could be considered with monitoring of liver enzymes for improvement.

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Given this patient's reported proteinuria, a urine protein to creatinine ratio is also recommended to better quantify the proteinuria and dictate whether or not treatment is indicated, as well as a blood pressure, if not recently evaluated.

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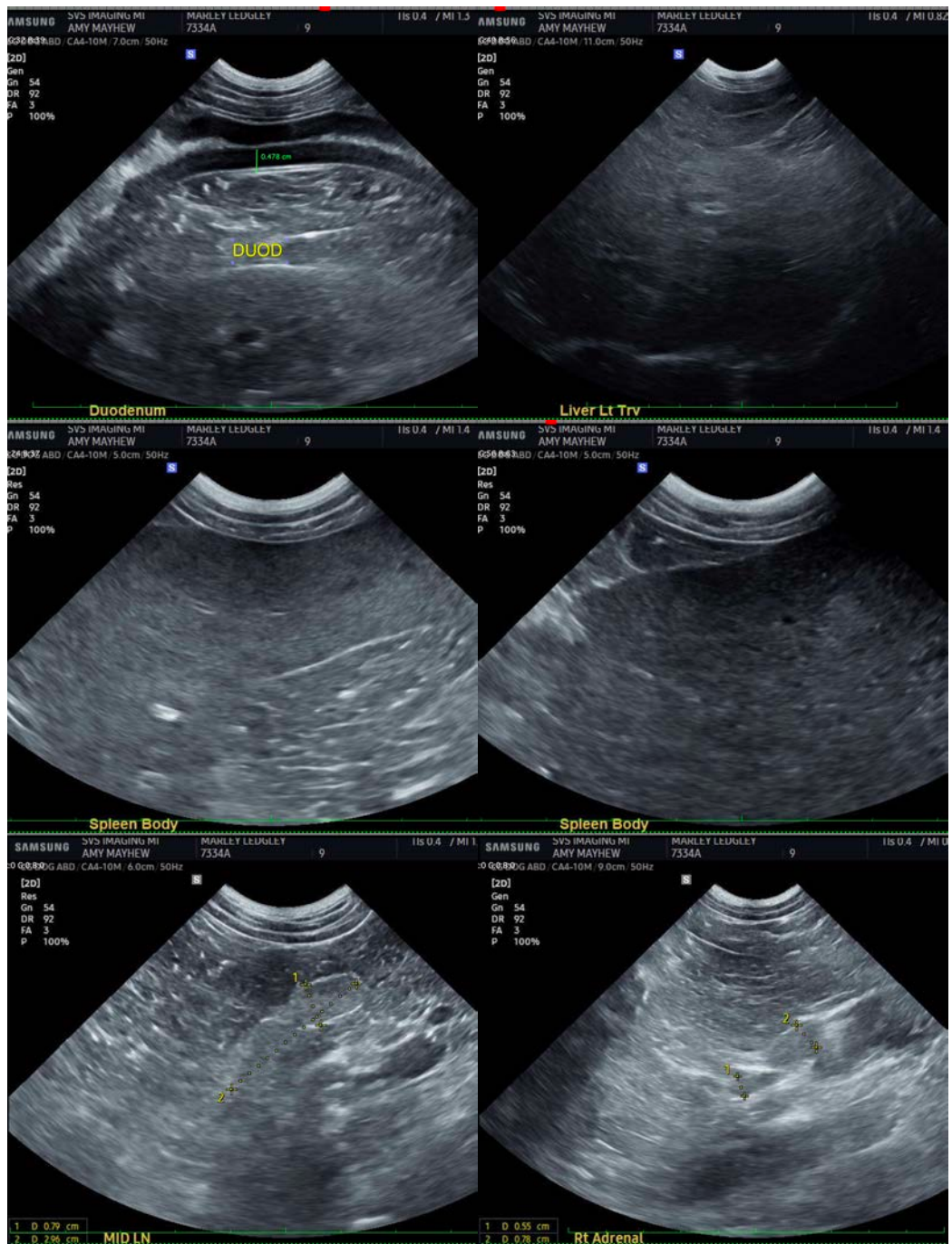
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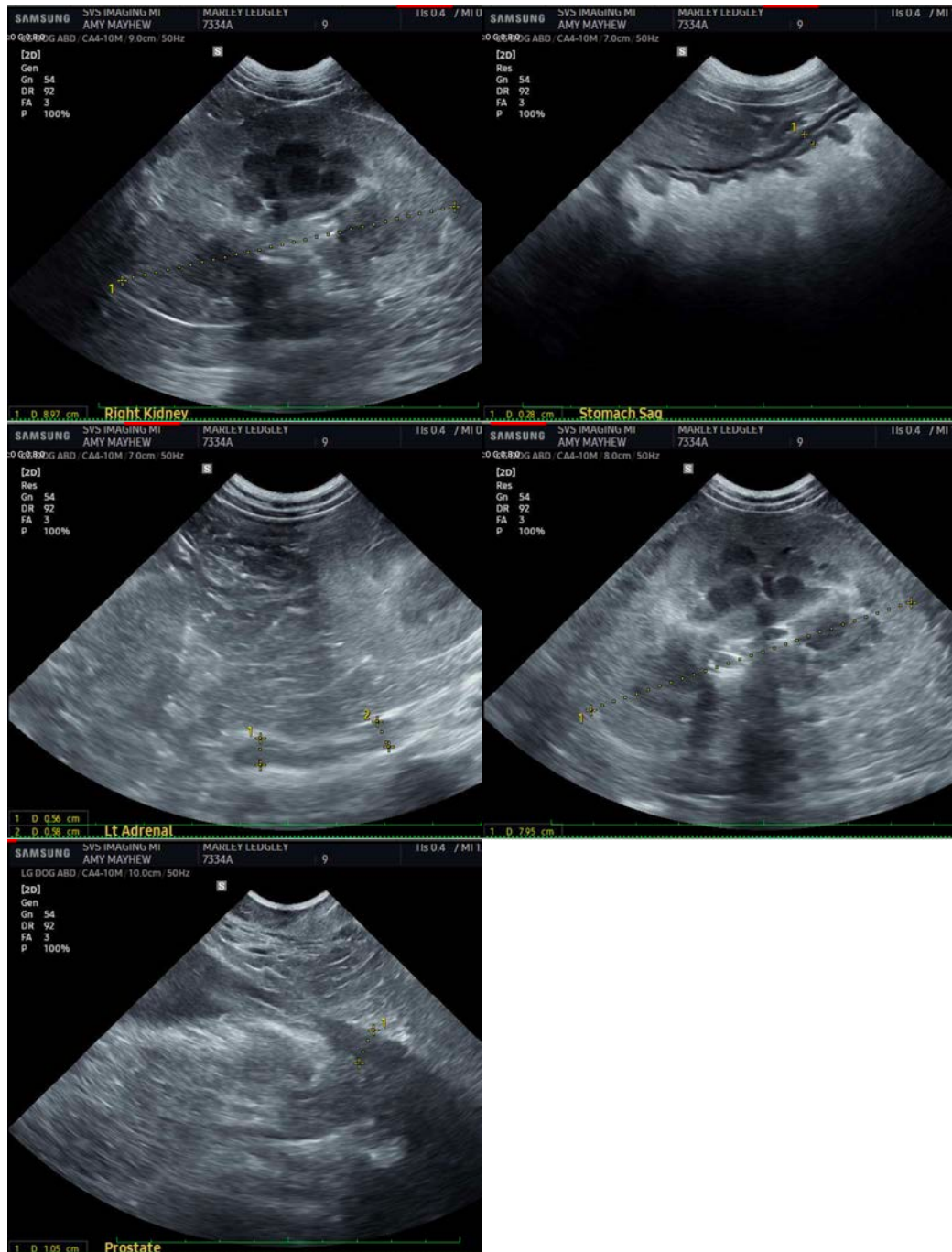
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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