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Clinical Sonography & Telecytology
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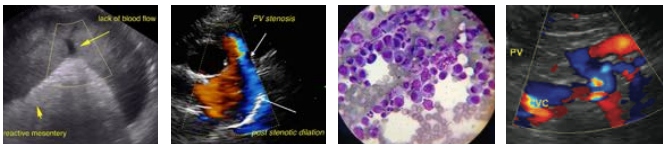


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Teddy Morelli

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
9 years

WEIGHT
19.2 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Westwood Regional VH

REFERRING VET
Dr. Goldman

INVOICE
94956

DATE
1/4/22

PRESENTING CLINICAL SIGNS

Elevated ALT and ALP.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (5.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.85 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (1.86 cm long, 0.46 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.48 cm long, 0.63 at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

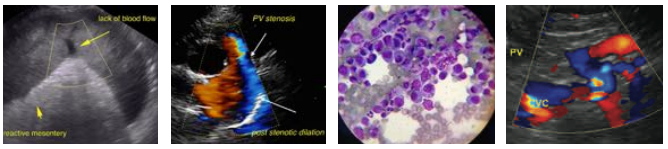
Spleen is subjectively normal in size with normal smooth margins. The parenchyma is diffusely normal in echogenicity, however, coarse/nodular in echotexture. This is characterized by multi-focal, hypoechoic nodules of varying sizes. The splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

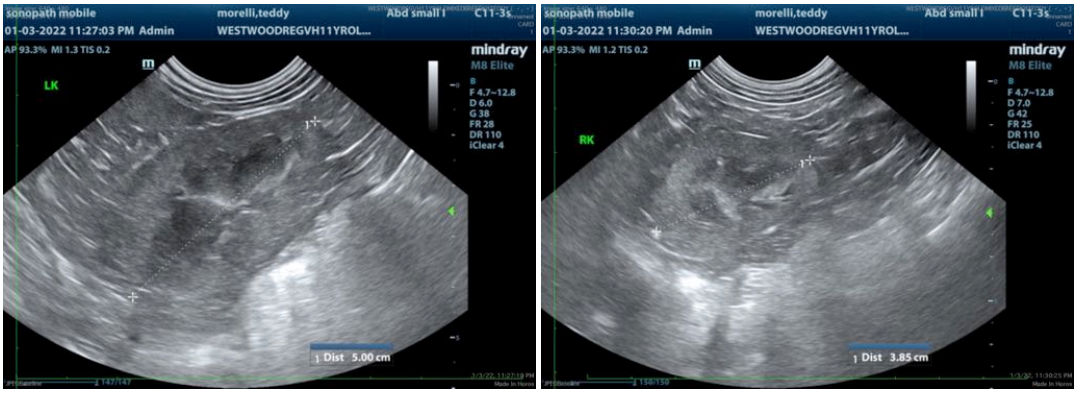
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment (canine) – Urine changes are most consistent with cellular debris or crystalluria. :
- Canine Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Nodular spleen. This is concerning for infiltrative neoplasia. Benign disease such as nodular hyperplasia or extramedullary hematopoiesis is possible, yet considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include thoracic radiographs to further assess cardiopulmonary status as well as look for metastatic disease as well as a FNA of the spleen if the patient's coagulation status is appropriate. Urinalysis and urine culture are recommended given the urinary bladder changes if not already performed. The liver is visibly normal; however, given the concern for infiltrative round cell neoplasia in the spleen and concurrent increase in liver enzymes a FNA of the liver also appropriate.



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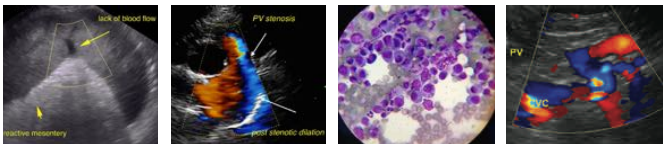

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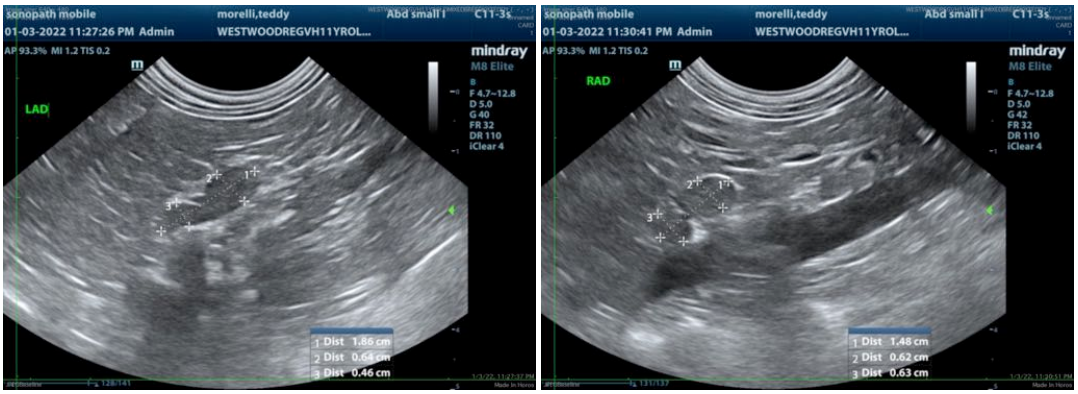

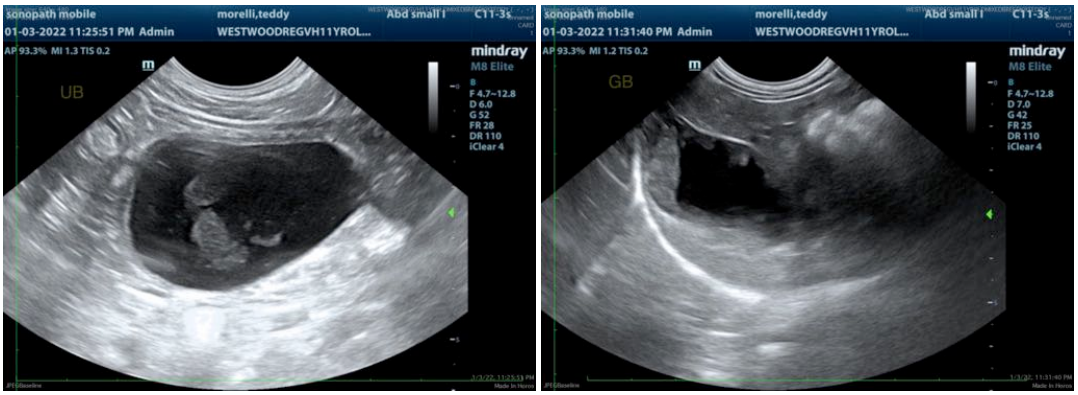

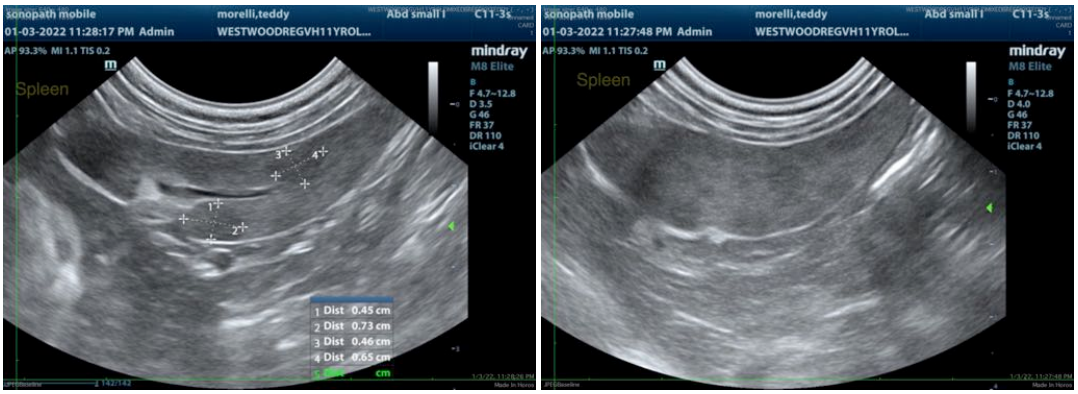

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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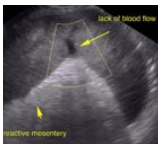

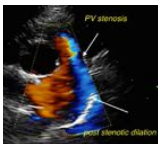

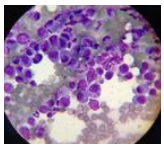
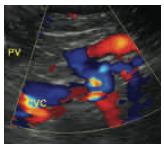

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