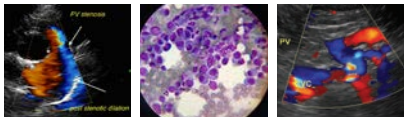
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

10/7/22

PATIENT

Sophia Miller

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

7/1/11

WEIGHT

55.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

41888

PRESENTING CLINICAL SIGNS

Owner reports Sophia looking bloated over the past 2 days. Energy okay, no V or D. Appetite okay also.

Current Medications: None listed.
Lab Results: Full bloodwork being sent to Idexx. Inhouse PCV=43, TP=5.5, BG=102, BUN 5-15.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM requested.

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.

The right kidney is normal in size (6.23 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 (6.2 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 difficult to fully visualize due to the clumped omentum and free fluid, but the caudal pole is normal and measures 0.44 cm.

The left adrenal gland is normal in size (2.5 cm long x 0.60 cm at the cranial pole and 0.60 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 1.5-1.6 cm round, homogeneous, hypoechoic nodule is noted off the head of the spleen. Splenic vasculature appears normal.

Liver

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. No overt nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

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.

Free Abdomen

There is a large amount of anechoic free fluid as well as enhanced hyperechoic and clumped fat and mesentery throughout the abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Hepatic Fibrosis Pattern –** This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).

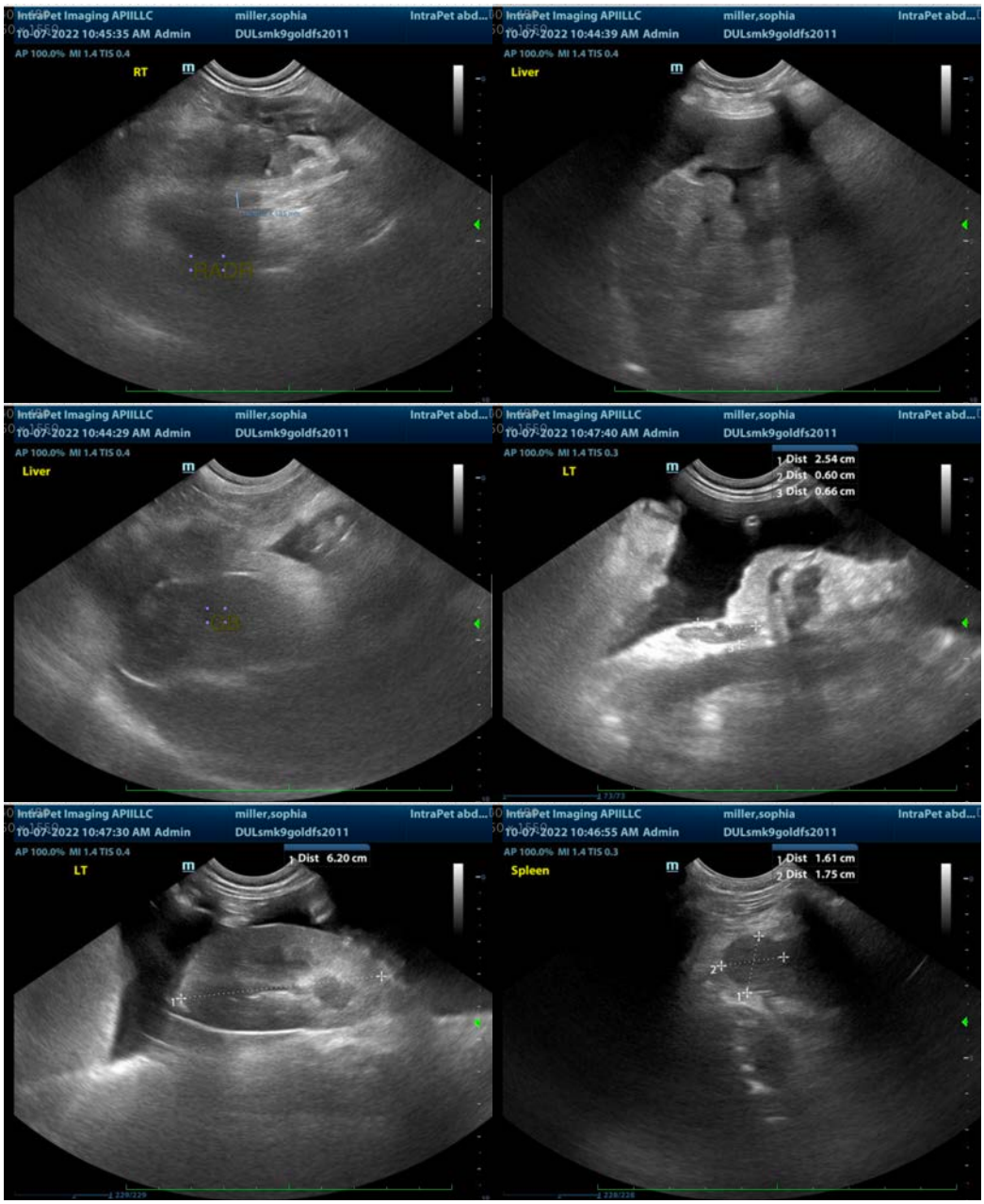
- **Gallbladder debris -** Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

- **Isoechoic splenic nodule –** Differentials include likely benign nodular hyperplasia, extramedullary hematopoiesis, etc. However, infiltrative neoplasia such as round cell neoplasia versus other cannot be definitively ruled out.

- **Large amount of anechoic free fluid –** Likely secondary to portal hypertension given the appearance of the liver. However, if the albumin is low, that can be a contributing factor as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the bilirubin is normal when the lab work returns, bile acids are recommended. A liver biopsy (including copper level assessment and culture and sensitivity) and splenic nodule biopsy are recommended with full assessment of patient's coagulation status advised prior to biopsy. In the meantime, supportive care/medical management of suspected hepatic failure and portal hypertension is recommended while awaiting diagnostic results.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LT
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2 Dist 0.60 cm
3 Dist 0.66 cm
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Spleen
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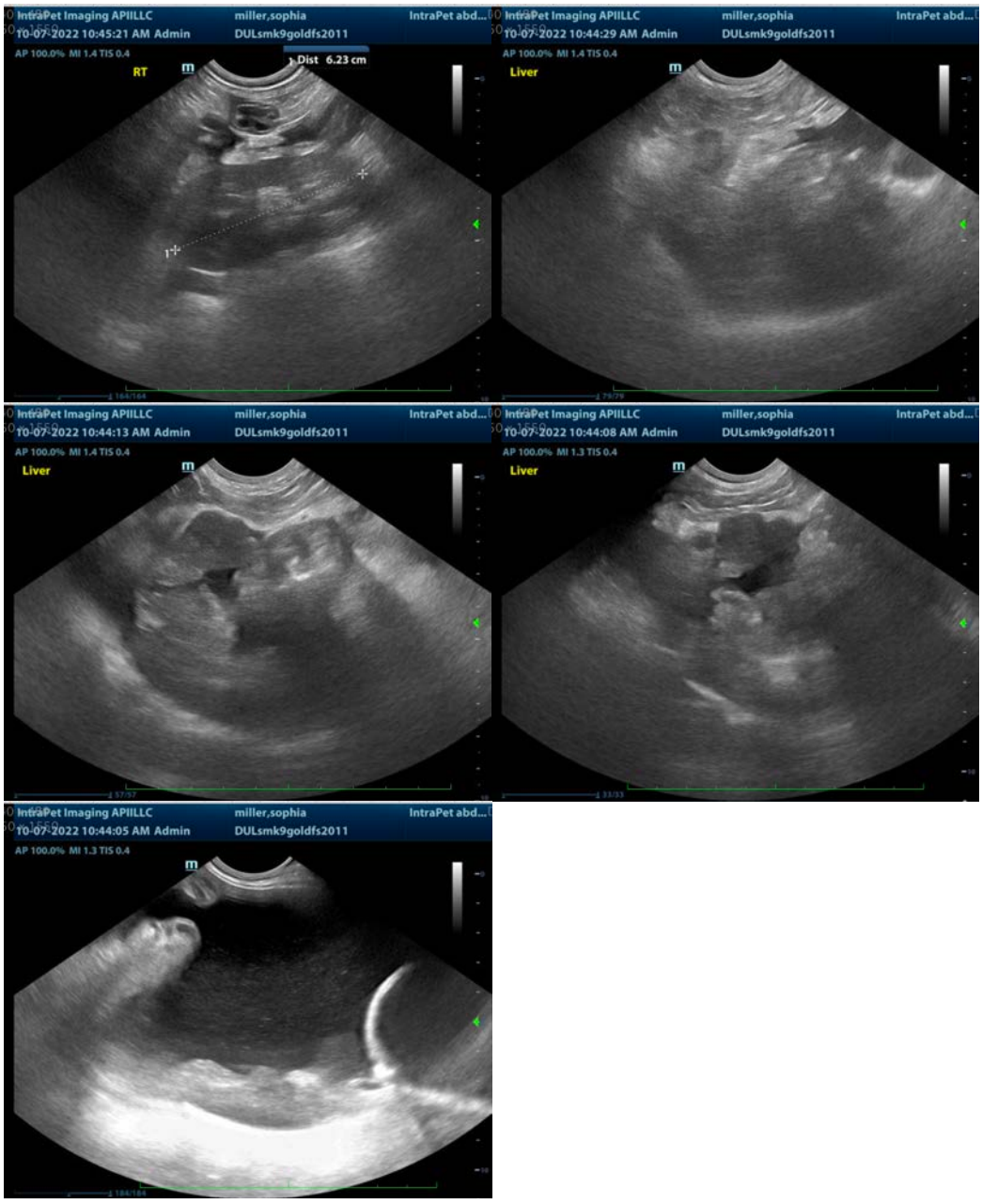
2 Dist 1.75 cm



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com