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|---------------------------------|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Cookie Briscione | Chronic elevated liver enzymes, had U/S on 7/16/20. Occassionally vomits, decreased appetite. Abnormal PE/Chem/CBC/UA Results: ALT 271, Alk. Phos. 227, BUN 40, Ca 11.6. USG: 1.029. |
| SPECIES | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Canine | Urinary System |
| BREED | 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. |
| Cavachon | The right kidney is normal in size (5.23 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. |
| SEX | The left kidney is normal in size (4.67 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A cortical cyst is present. |
| Spayed Female | Adrenal Glands |
| AGE | The right adrenal gland is normal in size (1.71 cm long x 0.98 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| 15 Years | The left adrenal gland is normal in size (1.86 cm long x 0.67 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. |
| WEIGHT | Spleen |
| 27.6 Pounds | 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). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal. |
| INTERPRETED BY | Liver |
| Beth Johnson, DVM DACVIM | The liver is subjectively enlarged. Margins are smooth, but round. Parenchyma is diffusely coarse in architecture with increased portal markings, resulting in an overall slightly hyperechoic appearance. Several non-discrete, varying sized, hyperechoic nodules are noted throughout the parenchyma. Visible vasculature and biliary tree appear normal without distention or congestion. |
| IMAGING PERFORMED BY | GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion. |
| Kelly Vazquez | |
| HOSPITAL NAME | |
| Animal General on the Hudson | |
| REFERRING VET | |
| Dr. Freedman | |
| INVOICE | |
| 35713 | |
| DATE | |
| 2/16/22 | |



PATIENT

Cookie Briscione

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.

SPECIES

Canine

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.

BREED

Cavachon

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

SEX

Spayed Female

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.

AGE

15 Years

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

WEIGHT

27.6 Pounds

ULTRASONOGRAPHIC FINDINGS

- Coarse, hyperechoic hepatomegaly – most consistent with a benign steroid or vacuolar hepatopathy or chronic reactive or idiopathic hepatopathy. Infiltrative neoplasia is possible, but considered less likely.
- Early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.
- Age related kidney change and left renal cortical cyst – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

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Dr. Freedman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of the liver if patient's coagulation status is appropriate, as well as testing for Leptospirosis if not recently evaluated. In the meantime, therapy with liver protectants such as Denamarin combined with Ursodiol (given the gallbladder debris) as well as potentially a course of broad-spectrum antibiotics could be tried empirically with monitoring of the liver enzymes for improvement. If liver enzymes don't improve and/or progress, a liver biopsy could be considered. Recommendations are monitoring of the gallbladder for changes and/or progression to a mucocele with ultrasound again in 3-6 months, sooner if clinical signs worsen.

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Cavachon

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Spayed Female

AGE

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WEIGHT

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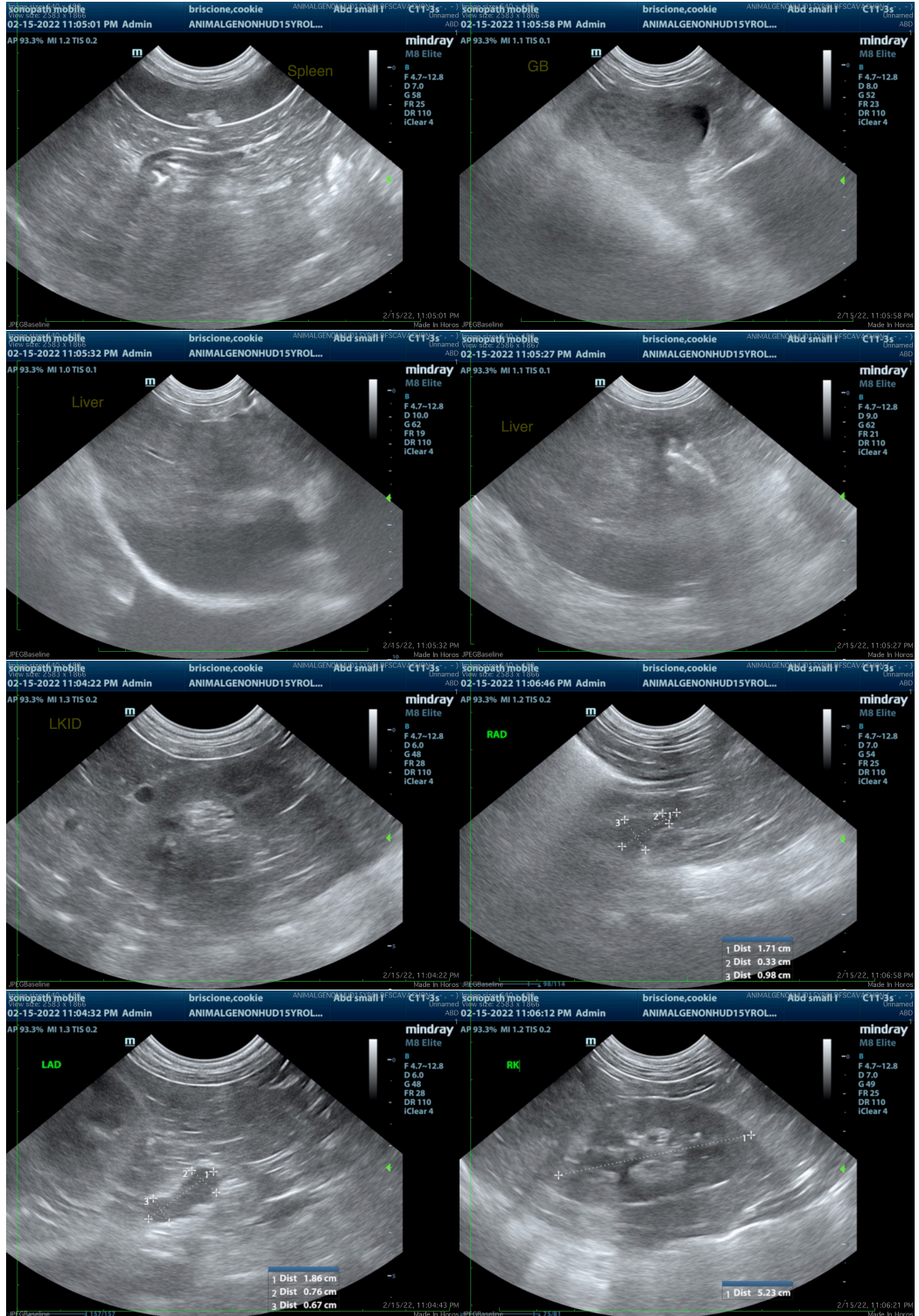
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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