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Clinical Sonography & Telecytology
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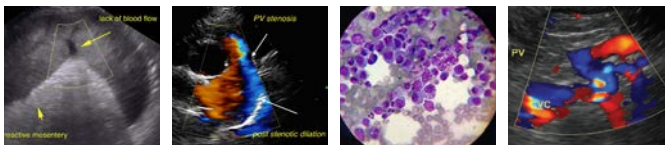


PATIENT
Omar Schragen

SPECIES
Canine

BREED
Yorkie

SEX
Neutered Male

AGE
12 Years

WEIGHT
4.3 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Millburn Vet Hospital

REFERRING VET
Dr. Turowsky

INVOICE
38540

DATE
6/8/22

PRESENTING CLINICAL SIGNS

Several week hx of finicky appetite and often diarrhea/vomiting Current meds: Thyro-tabs 0.05mg BID
Abnormal PE/Chem/CBC/UA Results: WNL

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

The right kidney is normal in size (3.44 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. Small, multifocal incidental cortical cysts are present.

The left kidney is normal in size (3.34 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. Small, multifocal incidental cortical cysts are present.

Adrenal Glands

The adrenal glands are both largely normal in size and shape. However, some parenchymal heterogeneity is appreciated bilaterally, considered normal for a patient of this age. There is a small hyperechoic nodule in the cranial pole of the left adrenal gland. However, there is no evidence of concerning capsular distortion or vascular invasion.

Spleen

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.

Liver

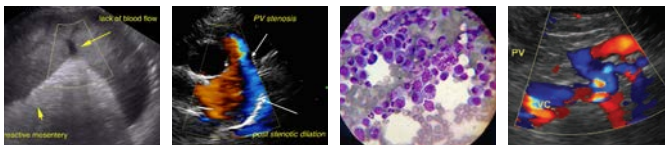
Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The size of the nodules measure between 0.3-0.5 cm. Visible vasculature appears normal.

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

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



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per min). The lumen of the small intestine is empty, except for occasional hyperechoic mucosal speckling noted.

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

PRIMARY FINDINGS

- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy, extramedullary hematopoiesis, or nodular regeneration, as well as infiltrative round cell or metastatic neoplasia.
- Mucosal speckling of the small bowel – Not specific for, but often present with inflammatory bowel disease. It can occasionally be seen as a normal variant in a post-prandial abdomen as well.

SECONDARY FINDINGS

- 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.
- Renal cortical cysts
- Age related adrenal gland changes – likely of no pathologic significance unless clinical signs and/or suspicion of adrenal disease are present and/or develop, at which time testing for hyperadrenocorticism in the form of a low-dose Dexamethasone suppression test could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's gastrointestinal clinical signs and ultrasound findings, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal and pancreatic health. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. However, the nodules are again most consistent with benign disease.

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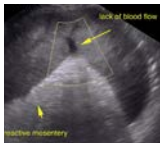
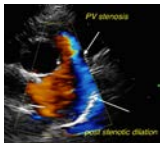
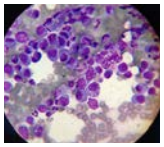
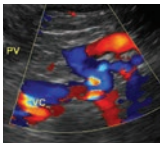

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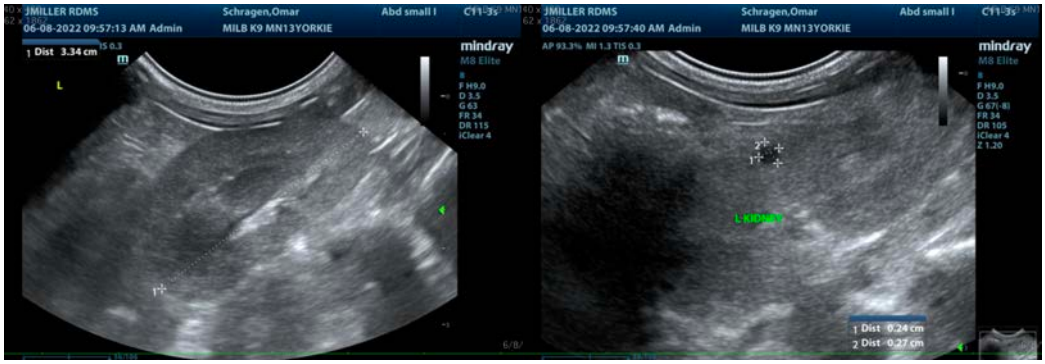

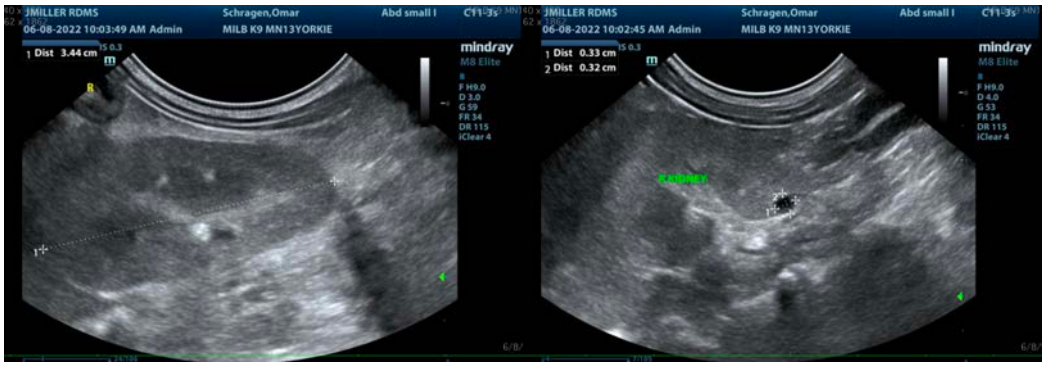

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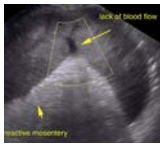
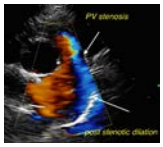
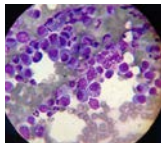
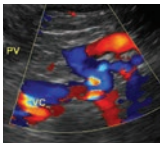

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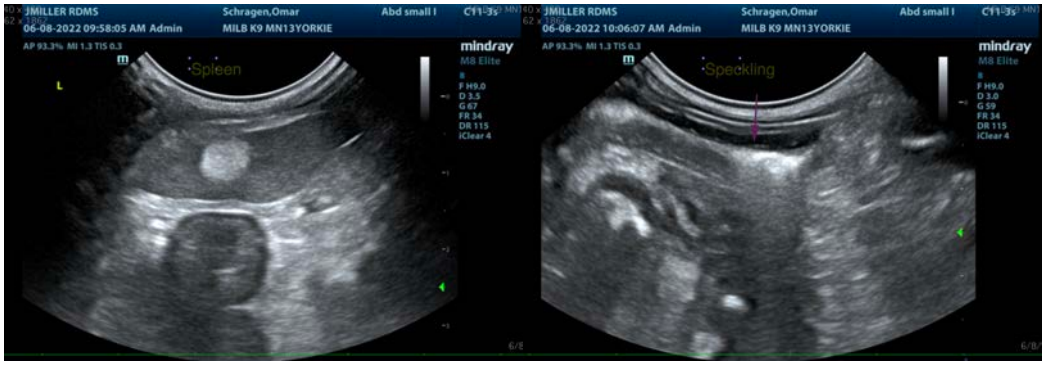

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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