



PATIENT

Major Ainsworth

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

13 years

WEIGHT

11.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gowda

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Gowda

INVOICE

42997

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: P presented for 2 day history of general inappetence. No vomiting noted. P has been on a c/d diet due to historical crystalluria. Mild pain noted on mid- abdominal palpation. Remainder PE WNL ALT 409, ALP 441; remainder WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder muscosal surface was slightly irregular. The trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 6.13 cm and the right kidney measured 5.55 cm.

Adrenal Glands

Adrenal glands were not distinctly visualized.

Spleen

The spleen was enlarged with a somewhat mottled hyperechoic parenchyma with normal splenic vasculature with no signs of congestion or thrombosis. No well defined nodules or masses were visualized. Poorly defined perivascular hyperechoic nodule is likely a splenic lipogranuloma.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate.



PATIENT

Major Ainsworth

There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SPECIES

Canine

Pancreas

BREED

Corgi

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Spayed female

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

AGE

13 years

Free Abdomen

No masses or free fluid were noted.

WEIGHT

11.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Splenomegaly, mottled hyperechoic parenchyma
2. Splenic lipogranuloma
3. Coarse hepatic parenchyma
4. Gall bladder debris
5. Degenerative renal changes
6. Aging urinary bladder with mobile debris

IMAGING PERFORMED BY

Dr. Gowda

HOSPITAL NAME

Lone Mountain AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Gowda

Splenomegaly with hyperechoic parenchyma is concerning for infiltrative disease such as lymphoma or mast cell tumor, and splenic aspirate is recommended. This may be a benign reactive or inflammatory change, or could reflect extramedullary hematopoiesis.

INVOICE

42997

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

DATE

2/27/23



PATIENT

Major Ainsworth

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

13 years

WEIGHT

11.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gowda

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Gowda

INVOICE

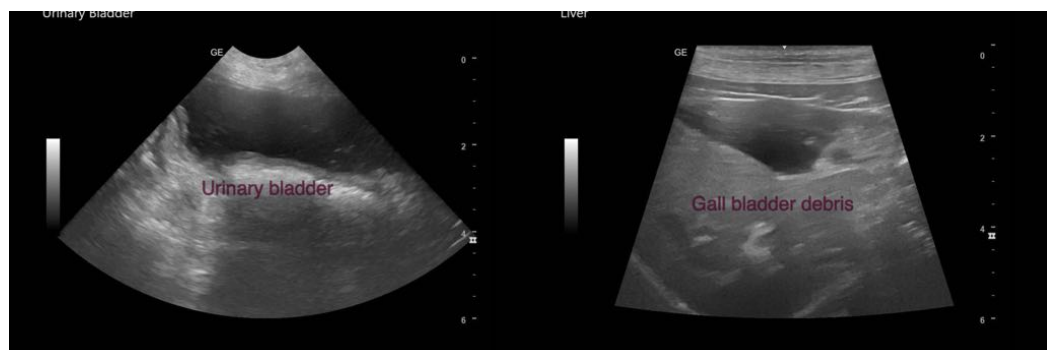
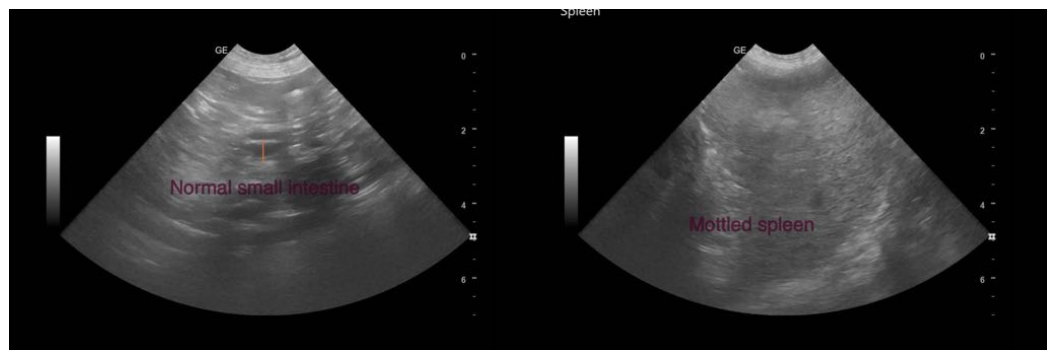
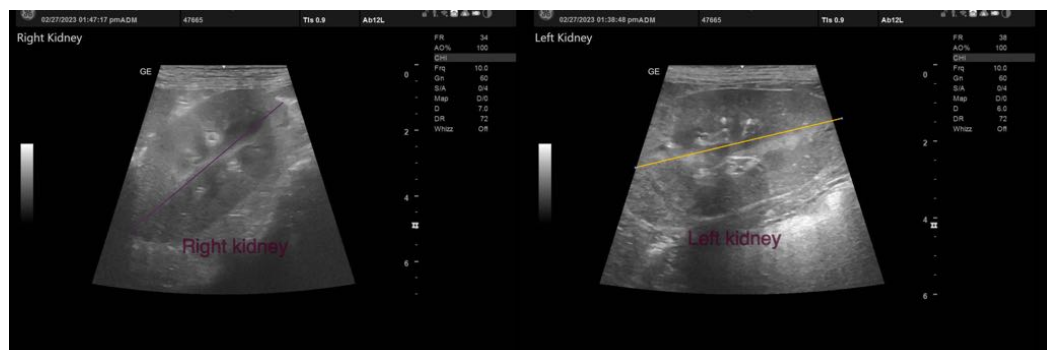
42997

DATE

2/27/23

Gall bladder debris may be an incidental finding given lack of surrounding inflammation. In the face of elevated ALKP and ALT, ursodiol could be given as a choleric along with other empiric treatments (SAM-E, milk thistle, Vitamin E). If liver supportive medications do not improve liver enzymes, a course of empiric antibiotics (clavamox, enrofloxacin) could be considered to cover for infectious cholangiohepatitis, though the lack of surrounding inflammation makes this less likely. Imaging should be rechecked on a routine basis for monitoring (q3-6mo) or if further significant increase in liver enzymes and/or new clinical signs are noted. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.

Correlate clinical significance of urinary bladder changes with blood work/urinalysis findings and clinical signs. Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





PATIENT

Major Ainsworth

SPECIES

Canine

BREED

Corgi

SEX

Spayed female

AGE

13 years

WEIGHT

11.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gowda

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

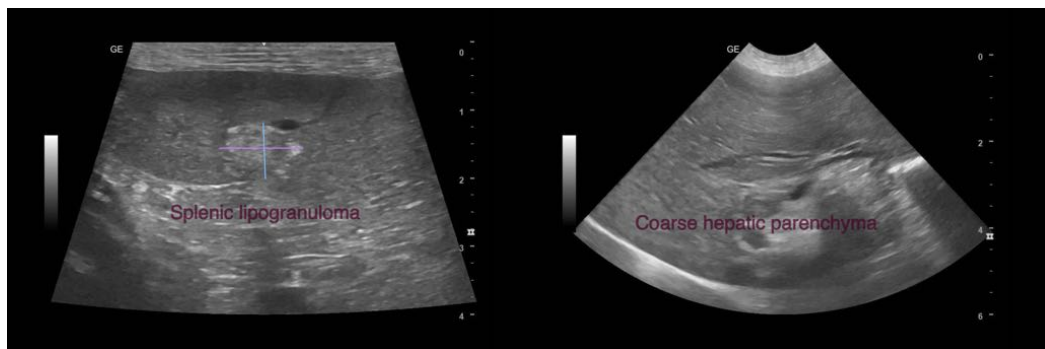
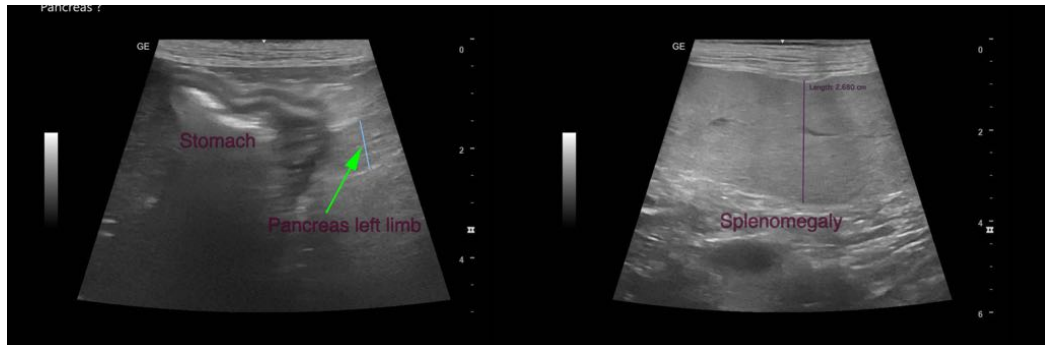
Dr. Gowda

INVOICE

42997

DATE

2/27/23



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com