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Clinical Sonography & Telecytology
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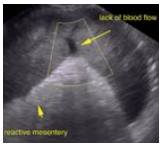

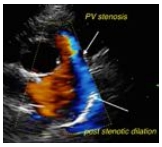

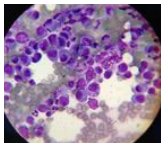
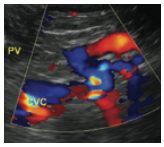

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1-800-838-4268 info@sonopath.com

PATIENT
Aily Chan

SPECIES
Canine

BREED
Corgi

SEX
Spayed female

AGE
14 years

WEIGHT
27.9 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Carpenter

HOSPITAL NAME
Pennridge AH

REFERRING VET
Dr. Makem

INVOICE
46705

DATE
8/22/23

PRESENTING CLINICAL SIGNS

History: 14.3 yo FS Corgi 27.9 # Sedated with Butorphanol Hx of liver lobectomy and splenectomy in 2021. Biopsy confirmed hepatocellular carcinoma and splenic hematoma. Recent increase in liver enzymes 7/6/23 HCT 41.5% WBC 19.3 k/uL (H) Lymphocytes 7.5 k/uL (H) Eosinophils 1.7 K/uL (H) ALT 151 (H) ALP 212 (H). Tx with 3 weeks of zeniquin and liver protectants. Recheck 8/14/23 WBC 19.8 k/uL (H) Neut 7.7 k/uL (N) but bands suspected Lymphocytes 7.7 k/uL (H) Monocytes 3.8 k/uL (H) ALT 187 (H) ALP 97 (N). Here for follow up AUS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic shadowing in renal pelvis with no dilation consistent with non-obstructive nephrolithiasis. No evidence of pelvic dilation was present. The left kidney measured 5.29 cm and the right kidney measured 4.88 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.1 cm in length and 0.59 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 2.19 cm in length, 0.46 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The spleen was not visualized as a splenectomy was previously performed.

Liver

Visualization of liver parenchyma was somewhat limited by the intracostal location and overlying lung causing gas shadowing. The visible liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and generally anechoic contents. Shadowing gravity dependent debris with a curvilinear surface is present most consistent with a cholelith. Common bile duct is non-distended and tapers normally. No signs of gall bladder distension or obstruction are present.

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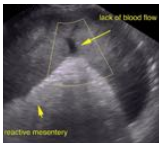
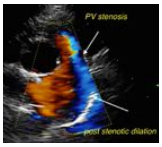
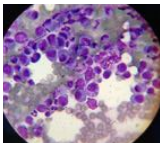
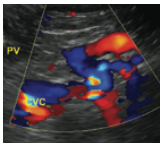

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Gastrointestinal

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. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Cholelith
2. Degenerative renal changes
3. Previous splenectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of shadowing debris and cholelith is the likely explanation of reported mild liver value elevations. Choleliths are often an incidental finding and in the absence of significant clinical signs, monitoring is recommended. Their presence can cause inflammation and may cause subclinical or clinical cholangitis which can cause elevations in liver values. GI signs of inappetence or vomiting may be seen as their presence can cause intermittent abdominal pain and nausea. Their presence may act as a nidus of infection and predispose to cholangiohepatitis. They have the potential to move into the common bile duct causing obstructive cholangitis. Abdominal radiographs may be of use to further visualize choleliths.

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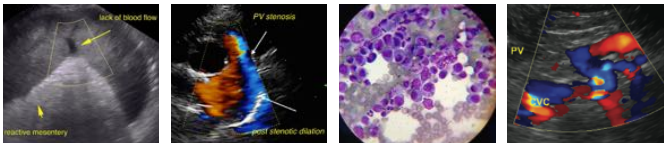

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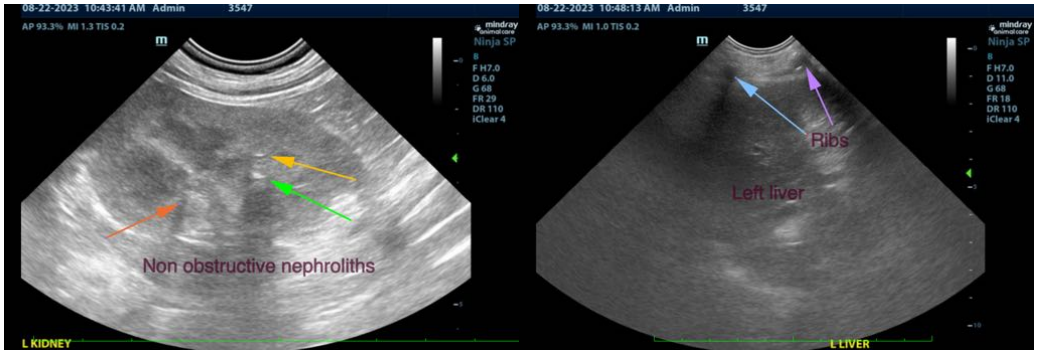
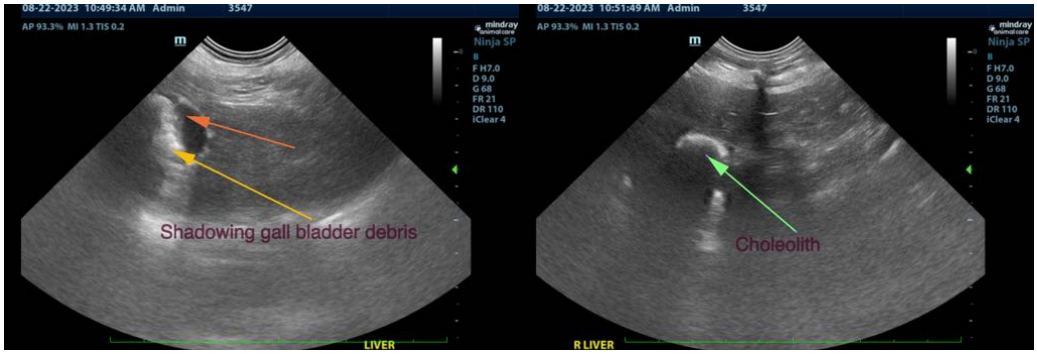
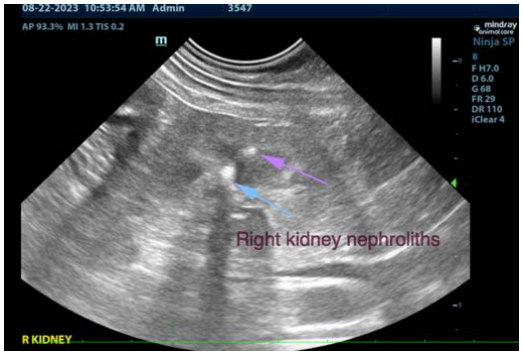
Renal changes are likely age related degeneration. Continue to correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.







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.

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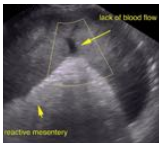

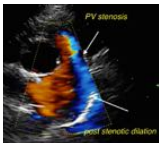

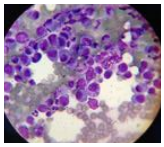
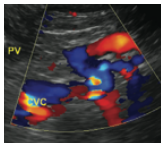

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