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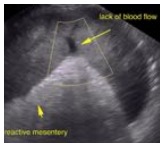
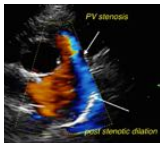
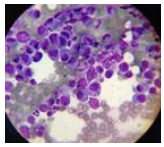
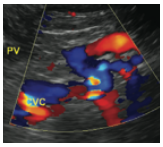
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Socca Macomber

SPECIES
Canine

BREED
Mix

SEX
Spayed feamle

AGE
12 years

WEIGHT
24 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. O'Hara

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Ebersole

INVOICE
42115

DATE
1/13/23

PRESENTING CLINICAL SIGNS

History: Weight loss and decreased appetite. Very anxious. Bile acids profile being done today.
Current meds: Fluoxetine and Cerenia.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3-4/9 ALT 267, AST 77, GGT 20, CK 209 (down from 407). WBC 4.8k, lack of stress leukogram. Na:K 30. Lepto Antibody +, Lepto PCR pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.5 cm. The left kidney measured 4.7 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 0.78 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 1.58 x 1.22 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Hypoechoic nodular changes were noted in the liver. The gallbladder was over distended with a moderate amount of sand and coalesced bile with mild over distension and striation. This is consistent with emerging mucocele.

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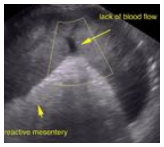
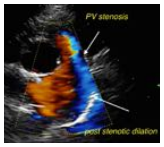
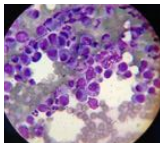
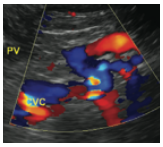

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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

Motility Study

Gallbladder motility study was performed.

Time 0: Original right parasternal SDEP 12 approach demonstrated maximum width of the gallbladder measuring 1.78 cm at the neck of the gallbladder and cystic duct measured 1.25 cm.

Time 30 minutes post prandial SDEP 12: The gallbladder reduced in size to 1.45 cm with persistent dilated cystic duct at 1.3 cm. This represents mild gallbladder motility and gallbladder function is likely compromised in this patient. However, some gallbladder reduction in size has occurred. However, the neck of the gallbladder appears to be persistent, yet the body of the gallbladder appears to have minor movement.

ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory hepatopathy. Fibrotic pattern with likely emerging early cirrhosis.

Various nodular changes were noted.

Emerging gallbladder mucocele.

Gallbladder hypocontractility, suggestive for immature mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy would ideal. Supportive care with nutraceuticals as well as a liver oriented diet is indicated. FNA may provide for inflammatory cell type. However, core biopsy would be ideal for structural assessment. There was no overt evidence or suspicion of neoplasia.

Ursodiol therapy is warranted as well as nutraceuticals and a liver oriented diet.

Eventual cholecystectomy would be necessary in this patient. Liver enzymes particularly ALKP should be monitored carefully as well as bilirubin.

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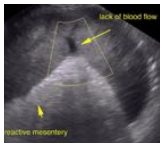
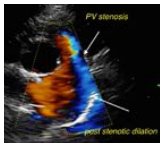
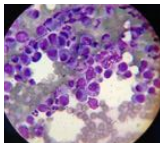
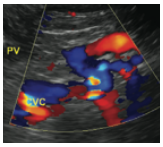

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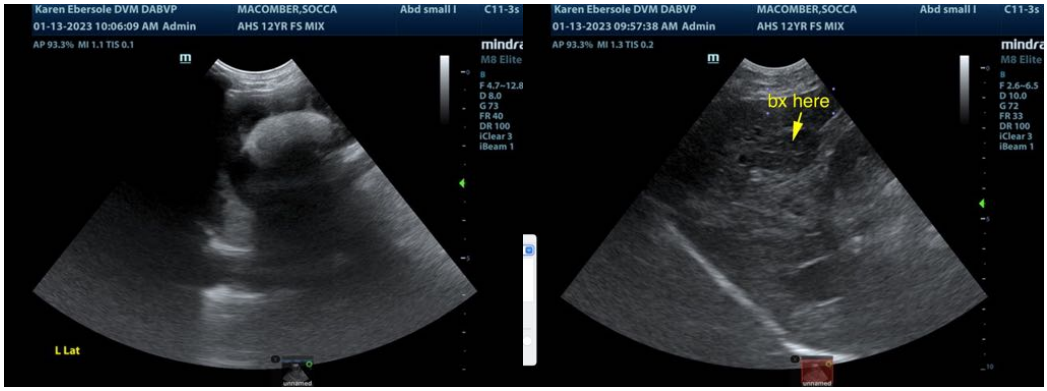

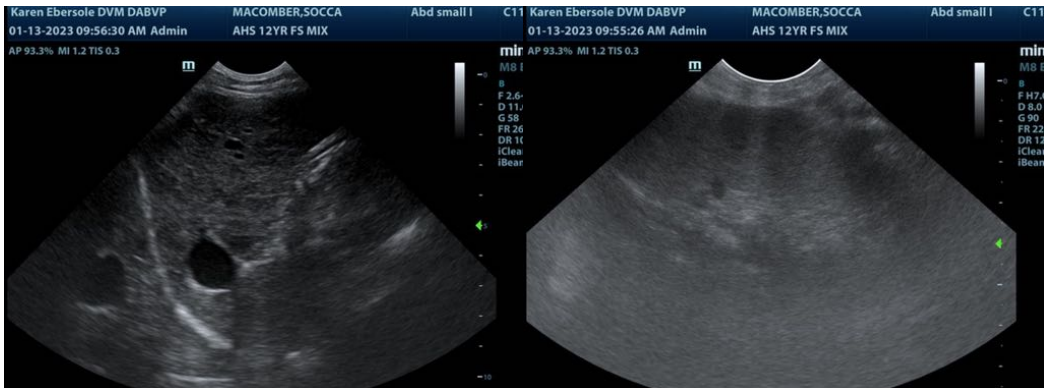

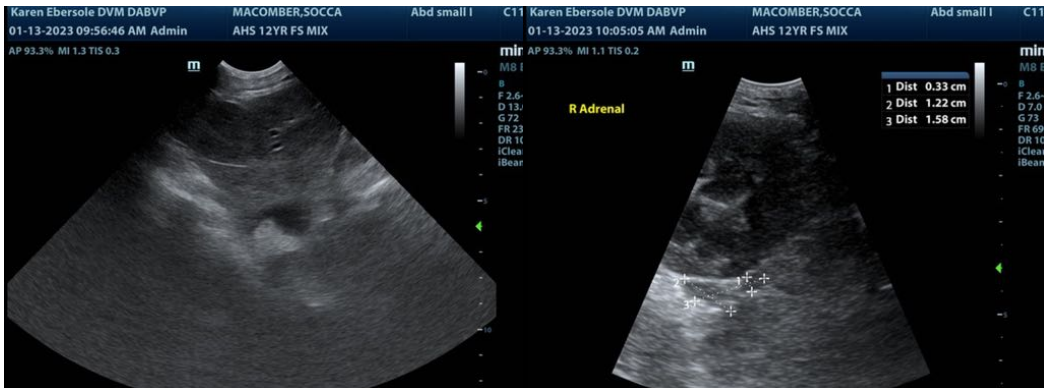

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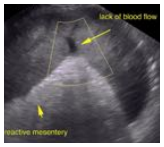
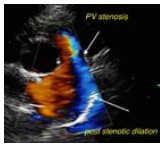
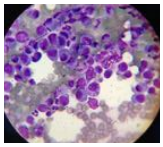
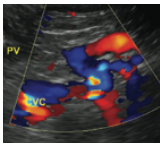

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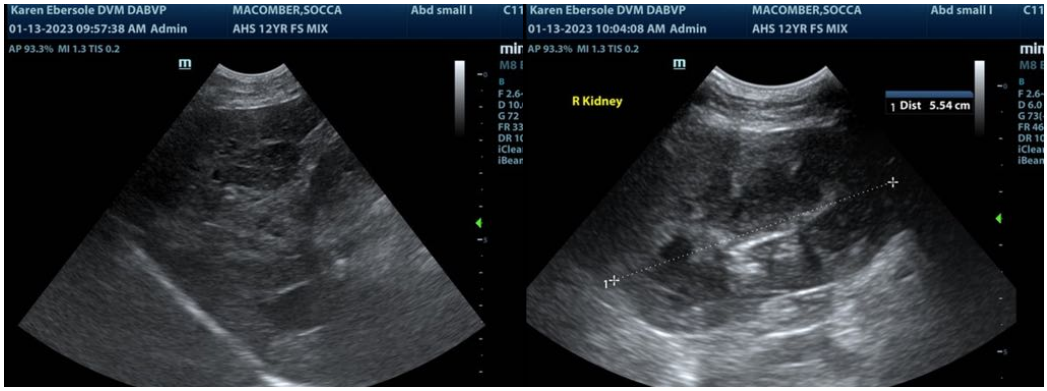

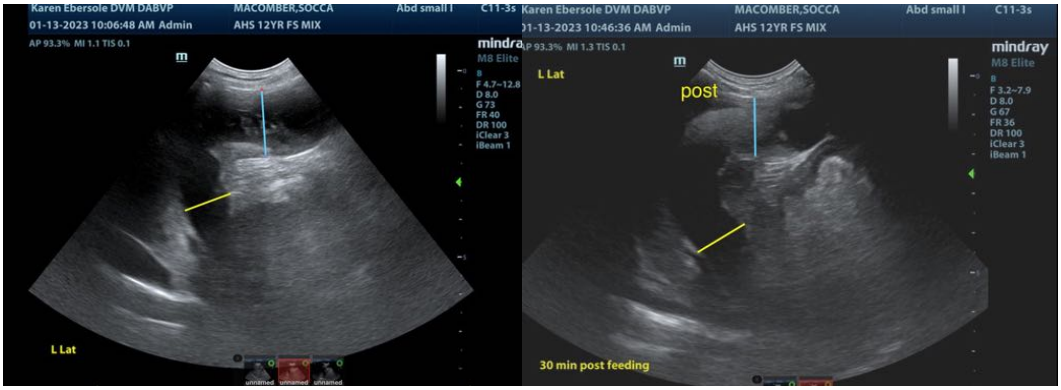

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com