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Clinical Sonography & Telecytology
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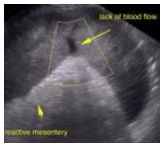
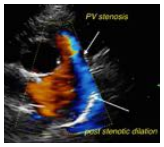
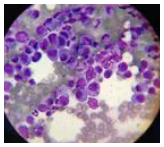
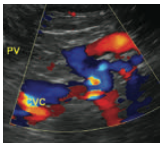

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Misty Schnur

SPECIES
Canine

BREED
Australian Shepherd

SEX
Spayed female

AGE
12 years

WEIGHT
43 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Doverspike

HOSPITAL NAME
Franklin Animal Clinic

REFERRING VET
Dr. Doverspike

INVOICE
42296

DATE
12/21/22

PRESENTING CLINICAL SIGNS

History: Recent 3 day Hx of Colitis & ADR. Has been gradually losing weight. Last year had in house U/S that showed the nodular changes in the liver. These don't appear to have enlarged/changed significantly in a year.
Abnormal PE/Chem/CBC/UA Results: ALT: 180 ALP: 1378 GGT: 21 Similar values noted from 1 year ago. Images from 11/2021 (.pdf) included for comparison of liver.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.24 cm with slight pyelectasia and slight mineralization. The left kidney revealed minor pyelectasia.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.78 cm at the caudal pole and 0.79 cm at the cranial pole. The right adrenal gland measured 1.02 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

The **spleen** revealed a hypoechoic nodule that measured 0.68 cm at the caudal pole and minor, heterogenous changes noted elsewhere. The spleen was folded upon itself cranially.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes with increased portal markings and moderate remodeling. The liver nodules measured up to 1.17 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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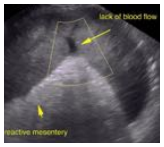
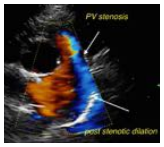
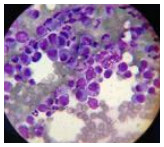
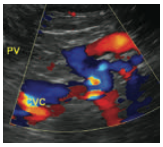

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Gastrointestinal

The **gastrointestinal tract** revealed variable areas of mucosal hypertrophy and generalized wall thickening. The gastric lumen was empty. Minor variable small intestine was thickened with mucosal fogging and stirations. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

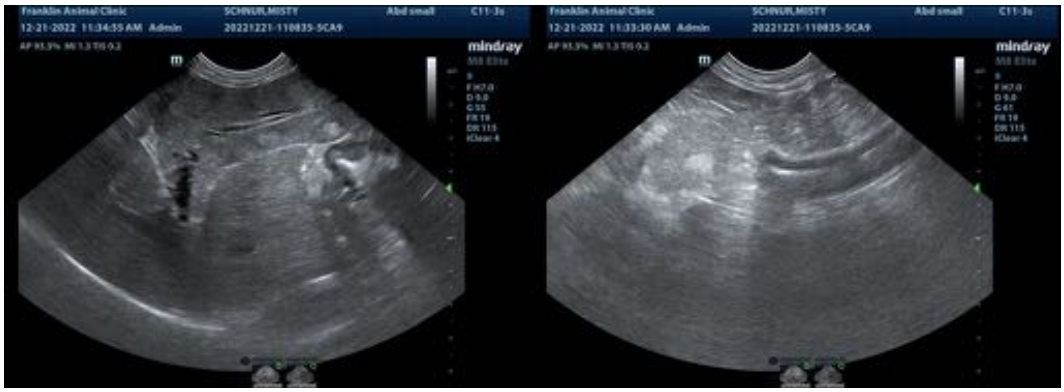
Undefined splenic and hepatic nodular changes. Likely nodular hyperplasia; however, FNA of the splenic and hepatic nodules are strongly encouraged for baseline and to ensure that an occult neoplastic event is not occurring.

Age related renal changes with pyelectasia and mineralization.

Mild upper GI thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted if not already performed. Bile acid profile would be appropriate to assess for any early hepatic dysfunction. Given that the nodular changes in the liver are not subjectively changed over the last year it is likely a benign presentation. However, early dysfunction is a potential. Supportive care for inflammatory bowel is recommended as well as anti-parasitic protocol.



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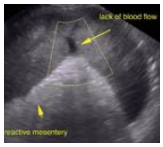
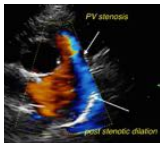
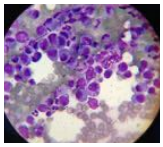
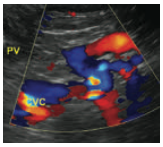

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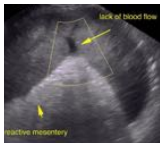
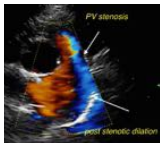
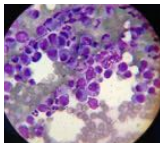
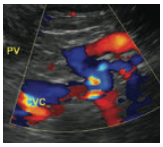

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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