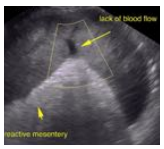
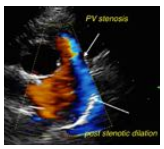
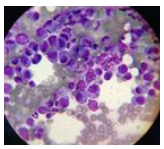
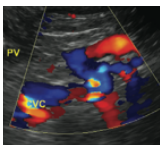
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Juno Devarajulu

SPECIES
Canine

BREED
Husky

SEX
Spayed female

AGE
12 years

WEIGHT
27.9 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gaynor

HOSPITAL NAME
Lambertville VC

REFERRING VET
Dr. DeGrande

INVOICE
76057

DATE
7/11/23

PRESENTING CLINICAL SIGNS

History: Juno presented on 6/15/23 for her annual exam. Routine blood work at that time revealed elevated liver values (attached). She was started on 30 days of Denamarin. At the exam she was noted to have an ear infection. This is a chronic issue for her and she has responded to prednisone in the past. On 6/15 she was started on a tapering course of prednisone. Today 7/11/23 she is currently on 20mg every other day. Liver values were rechecked on 7/6/23 and noted to have elevated significantly. Juno was on prednisone at this time, 20mg once daily.
Abnormal PE/Chem/CBC/UA Results: Blood work from 6/15/23 and 7/6/23 are attached.

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 and no evidence of pelvic dilation was present. The right kidney measured 6.3 cm. The left kidney measured 5.5 cm.

Adrenal Glands

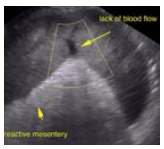
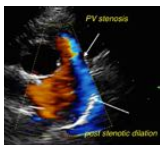
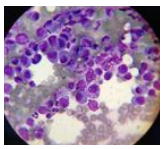
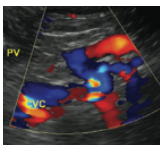
The left adrenal gland was uniform and measured 2.32 x 0.55 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland was visualized in part in the far field measuring 0.8 cm at the cranial pole and 0.75 cm at the caudal pole.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional isoechoic nodule was noted and was non-disruptive. This is

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consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

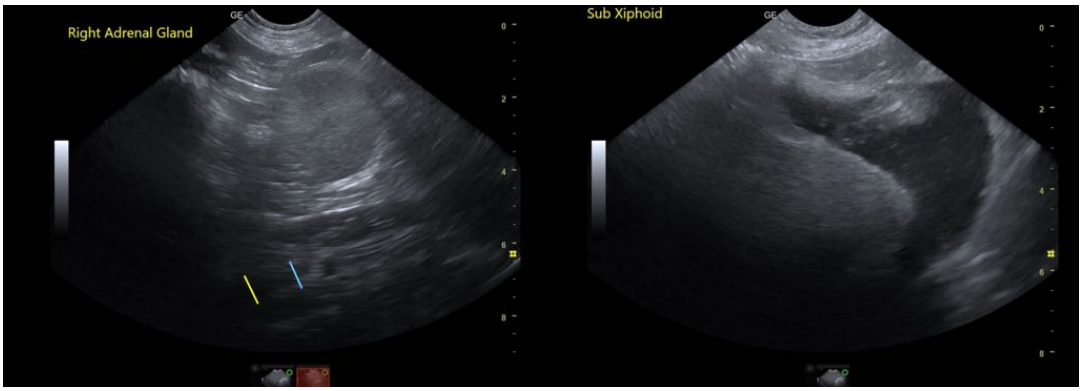
ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with remodeling and nodular changes.

Structurally normal adrenal glands; however, I cannot rule out an emerging PDH scenario.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered for further definition of the general parenchyma and the nodules. If isosthenuria develops then eventual work-up for PDH is indicated; however, this would be somewhat of a low percentage of probability as the patient has structurally normal adrenal glands.



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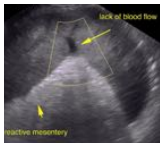
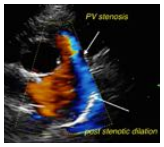
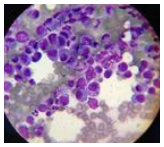
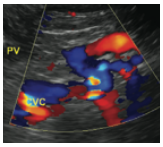

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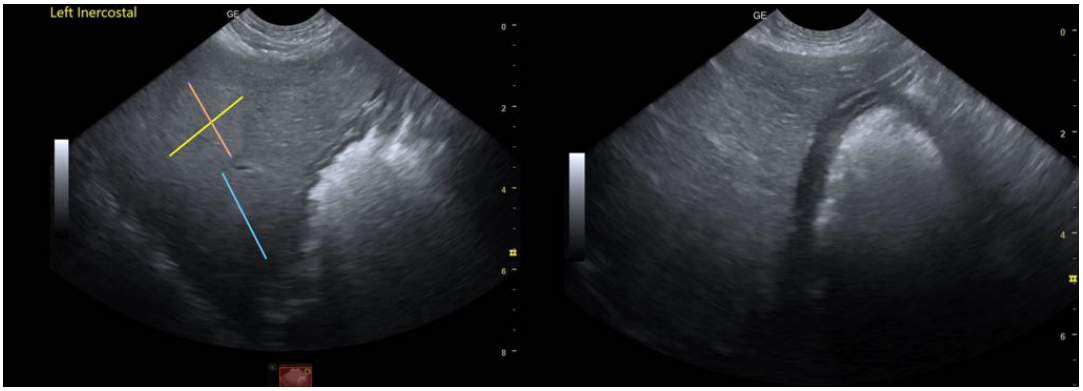

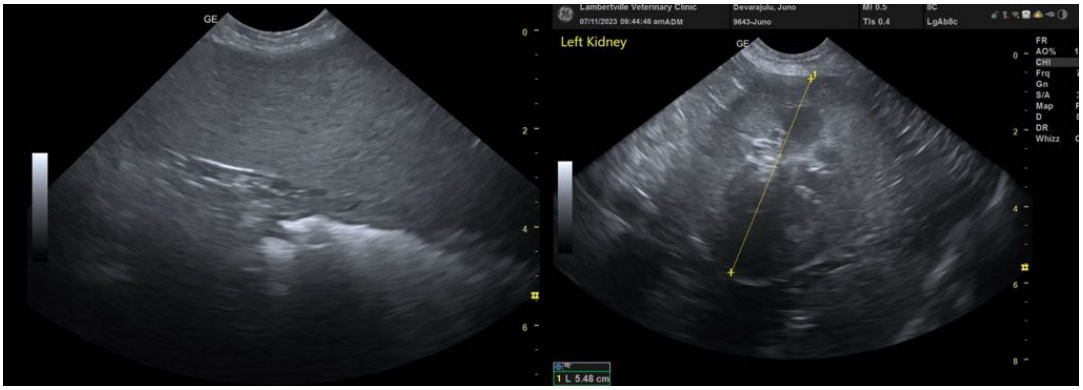

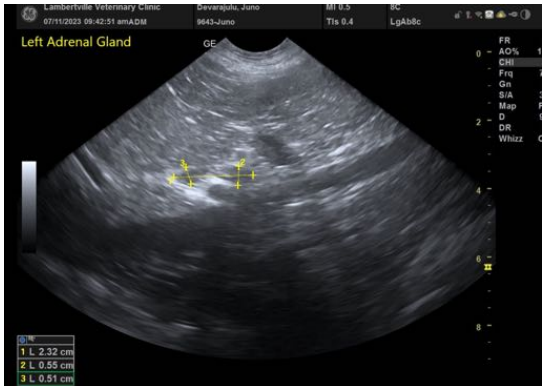

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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