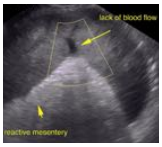
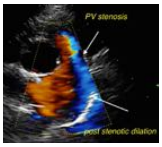
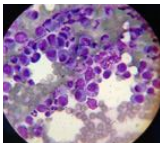
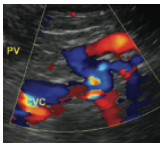

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**PATIENT**

Glory Bea Benton Neal

**SPECIES**

Canine

**BREED**

American Foxhound

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

48.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tudini

**HOSPITAL NAME**

East Aurora VH

**REFERRING VET**

Dr. Meisner

**INVOICE**

46562

**DATE**

8/10/23

## PRESENTING CLINICAL SIGNS

History: Patient referred for complete abdominal ultrasound to our practice following fluctuations in ALT on routine bloodwork performed. Patient has been receiving Denamarin and more recently just SAM-E. Patient takes Apoquel 17.8mg PO SID and wears a seresto collar. FNA performed on mass noted within spleen during ultrasound - results pending.
Abnormal PE/Chem/CBC/UA Results: - Patient has moderate dental disease with stage II-III periodontal disease but otherwise unremarkable Biochem: 05/22: ALT 202 (18-121) 06/22: ALT 199 10/22: ALT 263 (18-121) 01/22: 208 (18-121) 06/23: 283 (18-121) CBC: WNL T4/FT4: WNL Urine: 1.044, pH 6, unremarkable

## 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 uterine stump was unremarkable and measured 0.4 cm.

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 6.01 cm and the left kidney measured 6.57 cm with trace pyelectasia.

### *Adrenal Glands*

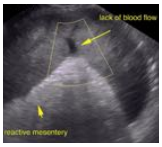
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.61 cm. The region of the right adrenal gland was imaged with echogenic, fatty mesenteric interference. I cannot rule out underlying pathology, yet an overt adrenal visualization was not present.

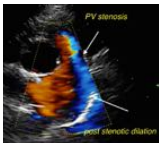
### *Spleen*

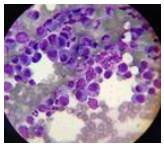
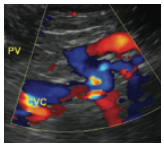
The **spleen** revealed a mixed, echogenic to mineralizing 2.15 cm nodule at the mid body. The remainder of the spleen revealed multi-focal, heterogenous parenchymal changes without disruption of architecture.

### *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 gallbladder wall was mineralized. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Multi-focal, hyperechoic nodules



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were noted, lipid plaques. his is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### *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.

## ULTRASONOGRAPHIC FINDINGS

Renal pyelectasia, mild to moderate degenerative renal changes.

Mineralizing splenic nodule with hyperplastic pattern.

Remodeled liver with hyperechoic nodules.

Gallbladder fibrosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for underlying neoplasia. Assessment of the FNA is indicated. Proactive splenectomy would be a valid approach in this patient even though the changes may be benign. The degree of hepatic remodeling is concerning given the patient's history. Chronic inflammatory hepatopathy with hyperplasia is likely. Bile acid profile is indicated. Proactive splenectomy and liver biopsy would be a valid approach as well +/- cholecystectomy given the fibrosis of the gallbladder, gallbladder dysfunction is likely an issue. Although the gallbladder is not likely critical, it could be removed as splenectomy is likely the best option in this patient.

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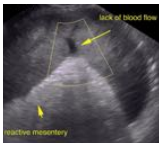
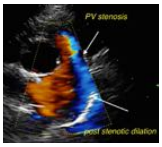
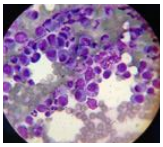
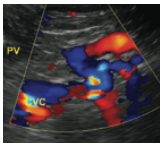

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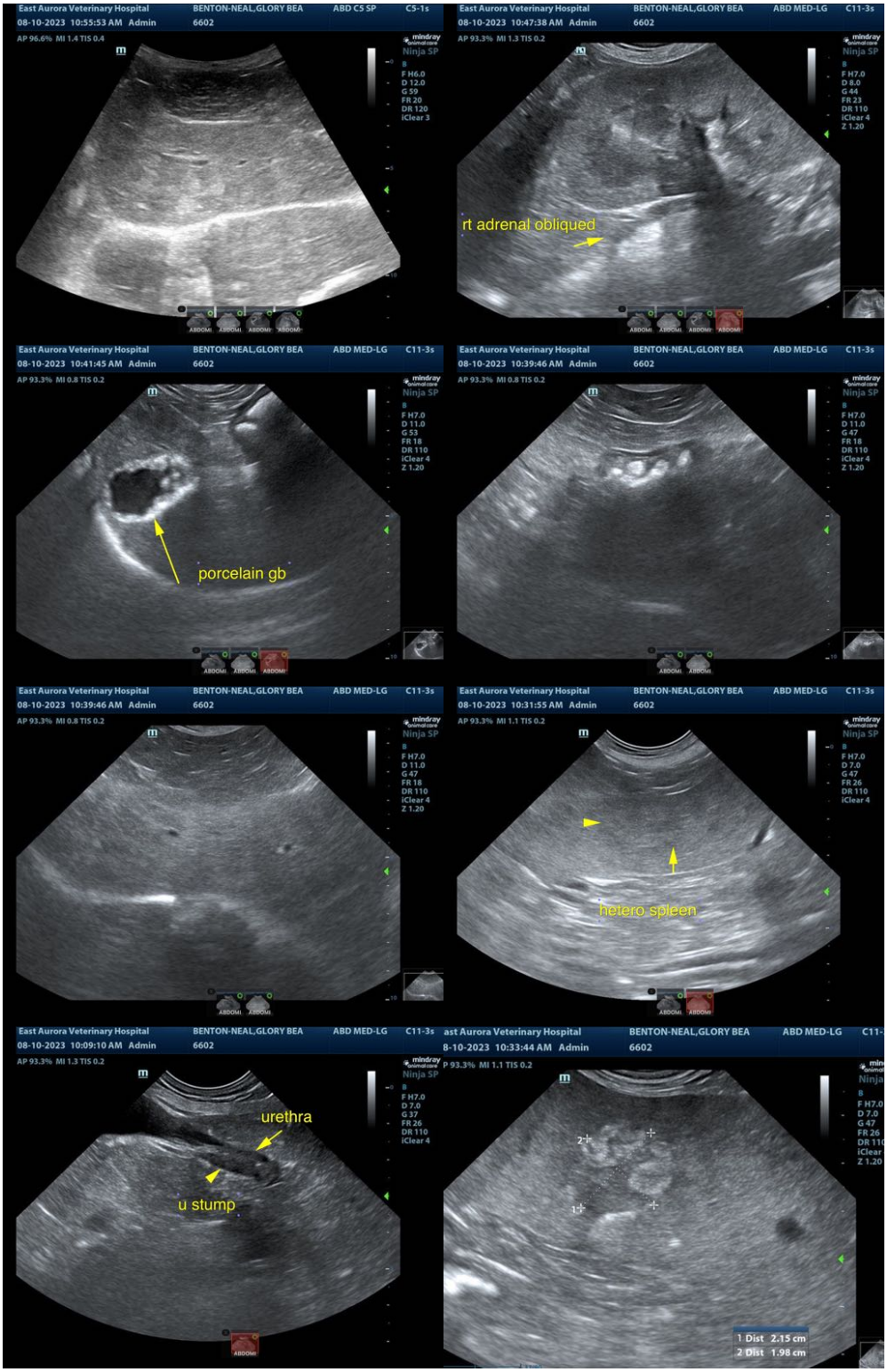

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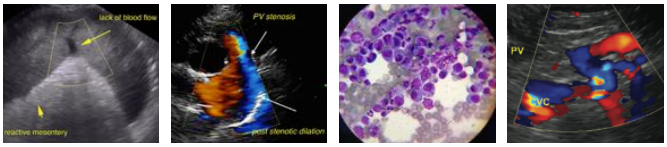

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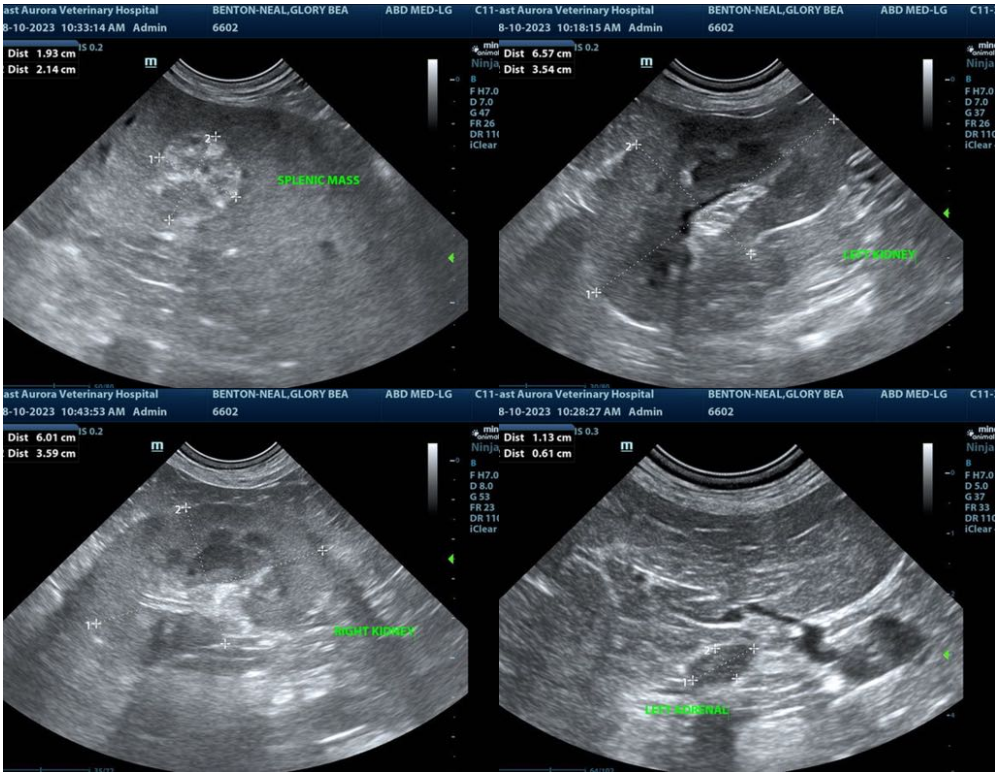


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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