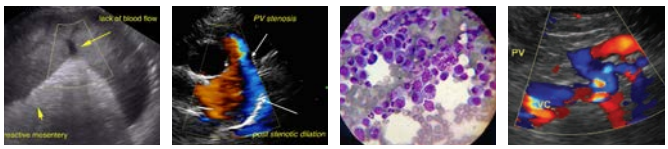
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Indy Biskup

SPECIES
Canine

BREED
Lab X

SEX
Neutered Male

AGE
11 Years

WEIGHT
50 Pounds

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Emily Kirk

HOSPITAL NAME
Shiloh AH

REFERRING VET
Dr. Emily Kirk

INVOICE
45337

DATE
2/16/23

PRESENTING CLINICAL SIGNS

Patient presented 11/07/22 for intermittent panting and being overweight despite attempts to restrict calories. Increased appetite when owner attempts to reduce food volume. Examined again on 1/30 in preparation for a dental cleaning- x-rays were performed of the abdomen and revealed rounded liver margins and an abnormal splenic margin. Ultrasound performed to rule out masses.

Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALP (see attached).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney measures on the smaller size, given the breed of the dog, with normal shape and architecture with smooth peripheral margins and measures 6.35 cm. There is minor decrease in corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney measures on the smaller size, given the breed of the dog, with normal shape and architecture with smooth peripheral margins and measures 5.88 cm. There is minor decrease in corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The area of the left adrenal gland was evaluated and appeared normal. The suspected caudal pole of the left adrenal measured 0.53 cm.

The area of the right adrenal gland was evaluated and appeared normal. The suspected caudal pole of the right adrenal measured 0.80 cm.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver was significantly enlarged and hyperechoic (hyperechoic to the spleen) with rounded, undulating edges and coarse hyperechoic echotexture. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. Small amount of dependent echogenic debris present, although there was a moderate volume of bile. The cystic and common bile ducts are normal/not visible.

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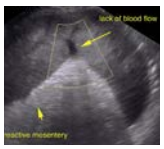
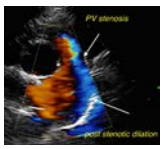
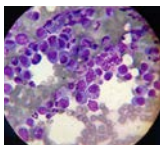
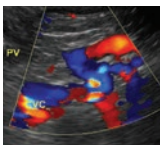

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Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly
- Gallbladder sludge
- Chronic degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver would be consistent with vacuolar hepatopathy, as with an endocrinopathy, adrenal gland hyperplasia, hypertriglyceridemia, or hyperthyroidism. The right adrenal gland measured at the high end of normal, although the left adrenal gland measured normal. If there are other symptoms supportive of hyperadrenocorticism, then testing such as an ACTH stimulation test or low-dose Dexamethasone suppression test could be considered. Similarly, a blood pressure and urine testing could be considered to help identify other features of hyperadrenocorticism, or a UCCR could be considered to rule out the likelihood of hyperadrenocorticism.

There are mild chronic degenerative renal changes, though these maybe normal aging changes and do not necessarily indicate chronic kidney disease.

Gallbladder sludge was mild, but Ursodiol therapy could be considered if not contraindicated in this patient.

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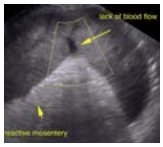
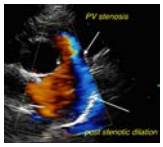
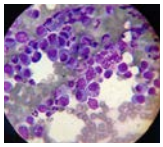
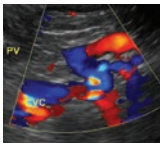

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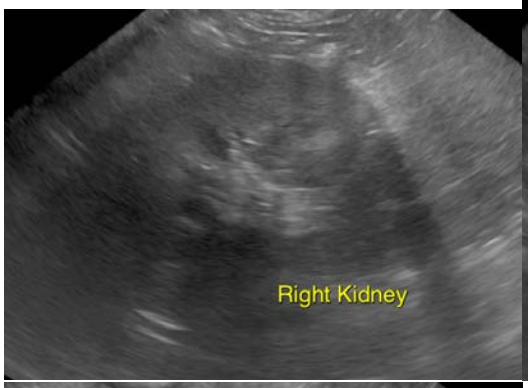

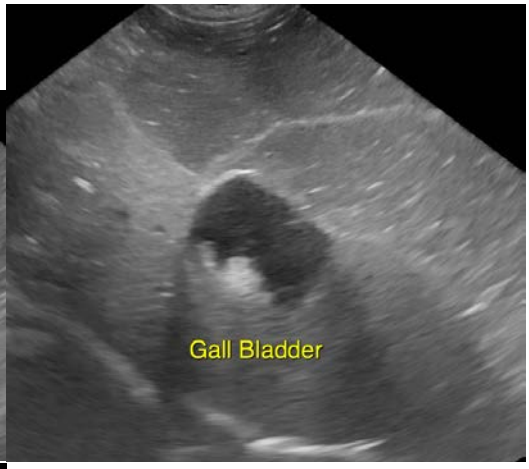

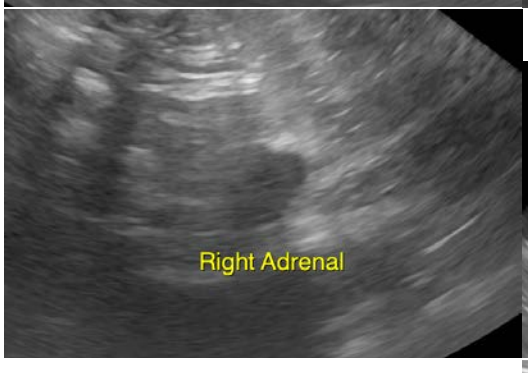

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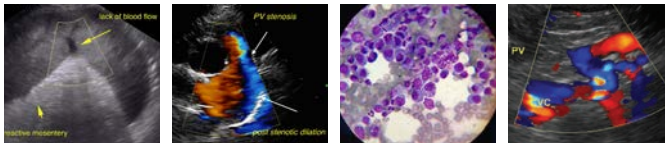

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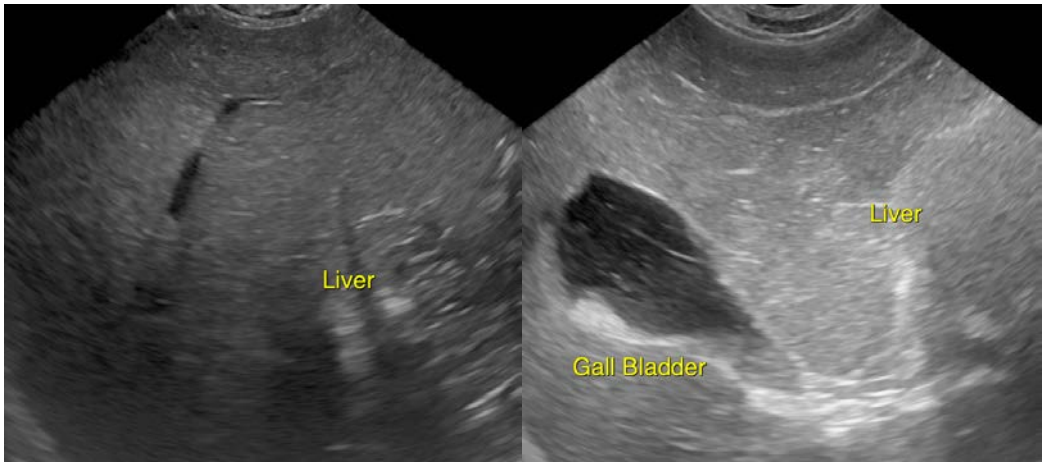

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)

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