



PATIENT

Mika Deleon

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

11 years

WEIGHT

78 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

42682

DATE

2/9/23

PRESENTING CLINICAL SIGNS

History: chronic nasal discharge unilateral being worked up, preparing for sedated nasal flush. Noted progressive elevated LES from 8/2022 (ALT 146) at time of dental to ALT 304 and alpk 145. urine and stool pending. rest of labwork NR
Abnormal PE/Chem/CBC/UA Results: increased clear right nasal discharge today, at original exam noted right sighted blood tinged nasal discharge.

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 mildly distended with anechoic urine and bladder thickness is considered normal for small to moderate volume of urine.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.21 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.1 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at 0.63 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.62 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is mottled and heterogenous with hyperechoic areas generally centered around the venus system (e.g. emerging myelolipomas that are considered benign aging changes). The capsule is small with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively small in size with normal smooth contours and crisp margins. The echogenicity is hyperechoic (isoechoic to the spleen) in the images seen with hyperechoic portal markings. There was no overt evidence of 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 mildly distended. The wall is a normal thickness and smooth. A small volume of anechoic bile was noted. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal Tract

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 normal

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum has 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.

The section of colon are visualized with formed fecal material and gas shadowing distally.

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.

Peritoneum

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the liver are mild and the smaller size of the liver is subjectively and could be a normal variation for this patient. Consider reactive hepatopathy, emerging chronic inflammatory hepatitis or copper storage disease as the more common causes of increased ALT in middle aged to older dogs. Bile acids testing to assess for liver function is recommended. I also recommend to continue monitoring and a trial of Denamarin or Denosyl can also be considered if not contraindicated in this patient. If the liver values increased progressively over time then a liver biopsy can be considered.

In regards to the nasal discharge, given that it is unilateral and blood tinged consider advanced imaging of the skull with a CT scan and rhinoscopy to further evaluate the potential for neoplasia.



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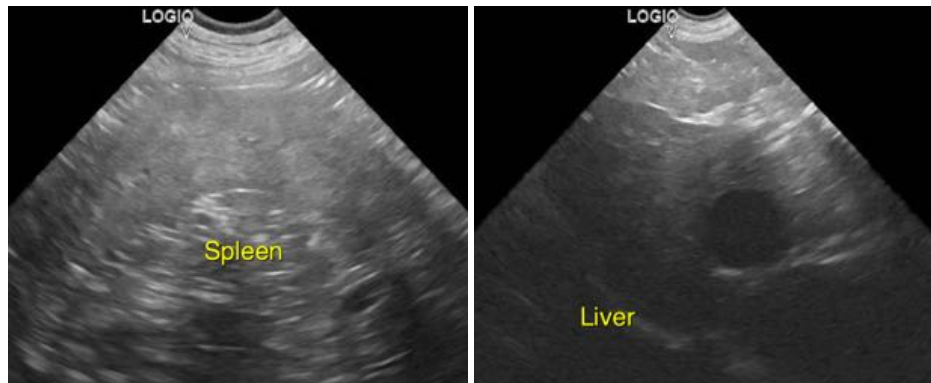
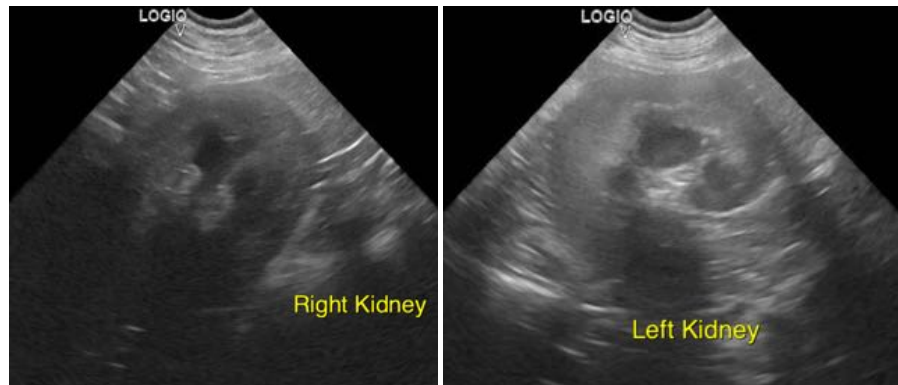
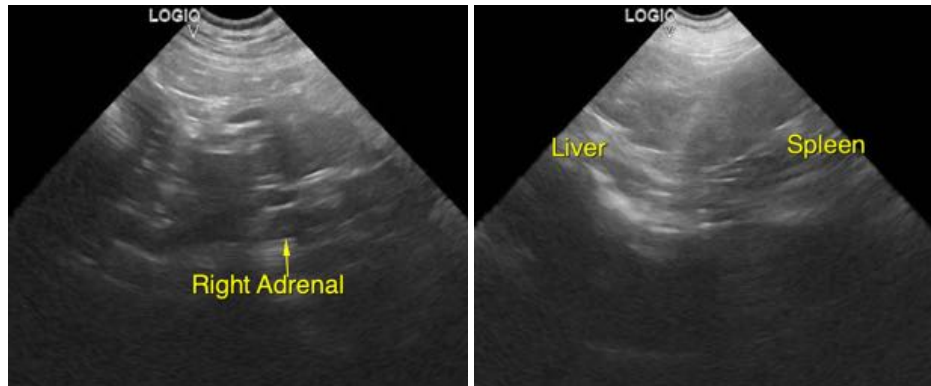
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com