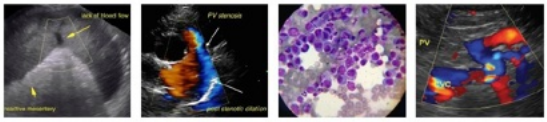
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Milo Stokes

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/06/2013

WEIGHT

22.2kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

10285

DATE

6/27/2023

PRESENTING CLINICAL SIGNS

Please compare to images last year 06/2022** Milo presented Spring 2021 for change in eye color. Uveitis was found. Complete uveitis workup including complete lab-work, uveitis panel, and screening radiographs were WNL. Milo was diagnosed with presumptive uveodermatologic syndrome by Ophthalmologist. He has taken prednisone in the past but was switched to mycophenolate due to liver value elevations. Lab-work done 08/2021 showed normal ALT, AST, and ALP. Uveitis resolved and he was taken off medications by O. O has not had him on any medications in over 1.5 years at least. Lab work 2022 showed elevated liver values – Bile acids were normal, and ultrasound was done with no obvious abnormalities to explain elevations (please compare). O was not interested in biopsies of the liver at the time. Milo presented this week for annual exam and routine lab work. He is clinically doing great and has gained weight back. He did have a new mass on his tail that was fluctuant – FNA was hemodiluted. Recommended removal of mass due to location and potential for rupture/growth. Milo's liver values this year remain elevated, but stable. Our goal is ensure there are no overt contraindications for anesthesia for mass removal next week.

Abnormal PE/Chem/CBC/UA Results: ALT: 475 (18-121); AST: 83 (16-55), Total T4: 0.6 (1-4), but TSH/Free T4 WNL; Globulins 4.2 (2.4-4.0); Cholesterol and triglycerides slightly elevated but suspect postprandial; USG: 1.035 Crea remains elevated 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The prostate is normal in size (0.76 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

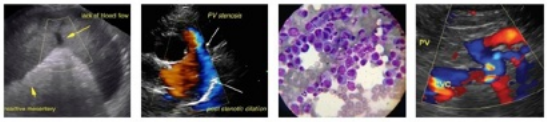
The left kidney has a normal shape and size (5.93 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.93 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.



PATIENT

Milo Stokes

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/06/2013

WEIGHT

22.2kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

10285

DATE

6/27/2023

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

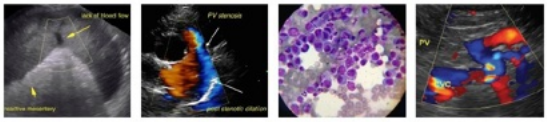
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The gastroduodenal lymph node is visualized at 0.59 cm. Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mildly heterogenous liver. The liver is subjectively normal in size and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



PATIENT

Milo Stokes

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/06/2013

WEIGHT

22.2kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

10285

DATE

6/27/2023

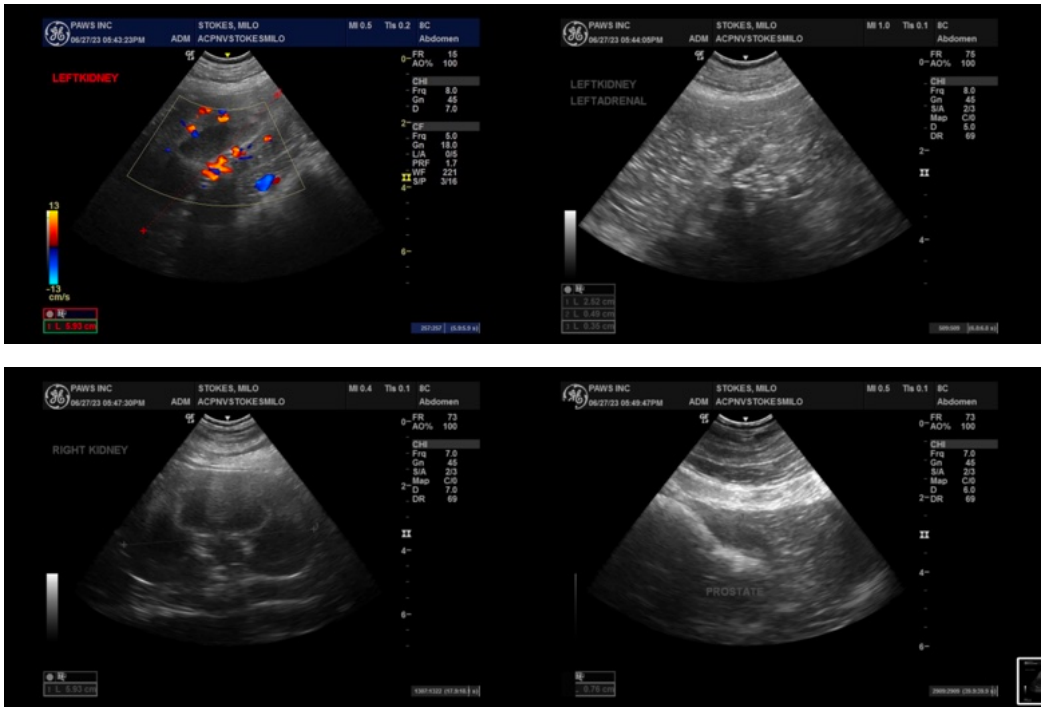
- Prominent/visible gastroduodenal lymph node. This appears stable from the previous exam and is likely normal/reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

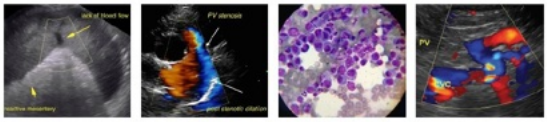
Today's scan appears very similar/stable as compared to the previous exam 06/20/2022. The liver is subjectively mildly heterogenous on today's scan. This is a non-specific finding which can be seen in some normal older pets. No focal hepatic lesions are visualized. This would be my typical recommendation for further evaluation of a moderate an ALT elevation:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history.
- If not already done, consider pre and post prandial bile acids to evaluate liver function.
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)
- If no response to supportive care (denamarin, fluids, antibiotics, +/- ursodiol etc....) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

If many of these steps were taken last year, they may not need to be repeated (particularly lepto testing). I would consider at least an annual liver function test in this individual, particularly prior to considering anesthesia. You could also consider a fine needle aspirate under anesthesia if desired or continued monitoring with Denamarin.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Milo Stokes

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

11/06/2013

WEIGHT

22.2kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

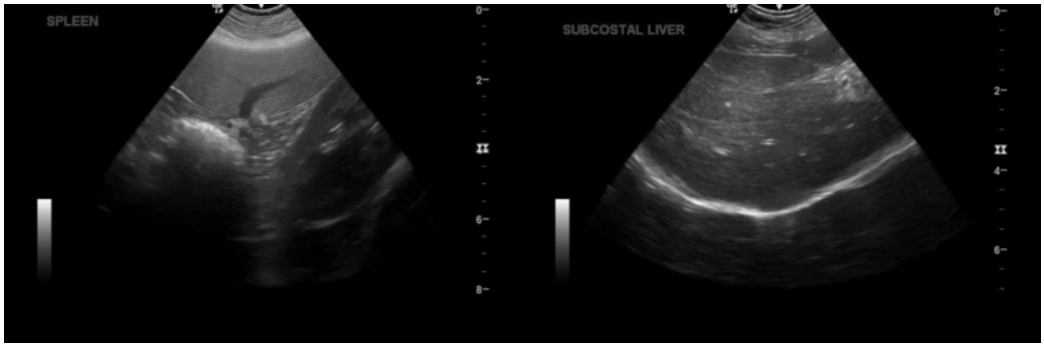
Dr. Alexis Hazelwood

INVOICE

10285

DATE

6/27/2023



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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com