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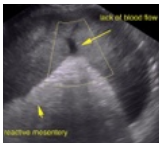
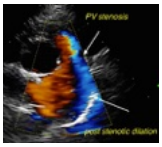
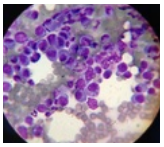
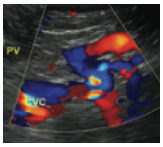





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rosie Straka

SPECIES

Canine

BREED

Dachshund (Longhair)

SEX

Spayed Female

AGE

14y 2 mos

WEIGHT

24.12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

10406

DATE

8/10/2023

PRESENTING CLINICAL SIGNS

Hx: recent elevated liver enzymes, low usg; arthritis and obesity. Current meds: Doxy; Gabapentin Abnormal PE/Chem/CBC/UA Results: ACTH pending; Anaplasma +; ALT 135; ALP 378; USG 1.005-1.007 (first morning sample)

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 left kidney has a normal shape and size (4.91 cm) with occasional small cortical cysts and an occasional small infarct. Overall echogenicity is slightly hyperechoic with poor 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, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.76 cm) with small cortical cysts and occasional old infracts. Overall echogenicity is slightly hyperechoic with poor 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, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 right adrenal gland is normal in size measuring 0.4 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

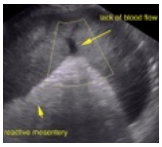
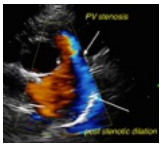
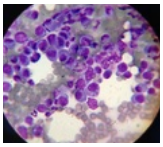
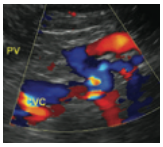
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count small ill-defined hypoechoic nodules throughout the parenchyma varying in size from 0.5 cm to 1.25 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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INTERPRETED BY

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There is a focal area of hard shadowing material visualized within the gastric lumen. The gastric wall appears normal with no evidence of thickening or loss of layering. No evidence of an obstruction is visualized.

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 (0.47 cm), and the jejunum measured as normal (0.32 cm) 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 prominent and hypoechoic with a small amount of surrounding reactive mesentery particularly in the right limb. 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, or subjective lymphadenomegaly. The 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

- Prominent right limb of the pancreas with a small amount of surrounding reactive mesentery. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Heterogenous liver with ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.

- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Hard shadowing material visualized within the gastric lumen. The significance of this is unclear. This could represent atypical ingesta, ingested foreign material, etc. There is no evidence of an obstruction at this time.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with occasional small cortical cysts and old infarcts. The bilateral renal findings are consistent with age-related change.

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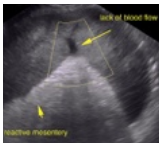
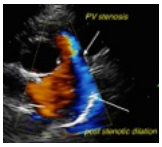
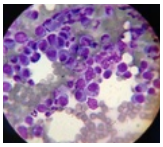
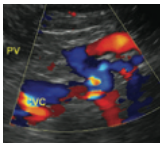

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

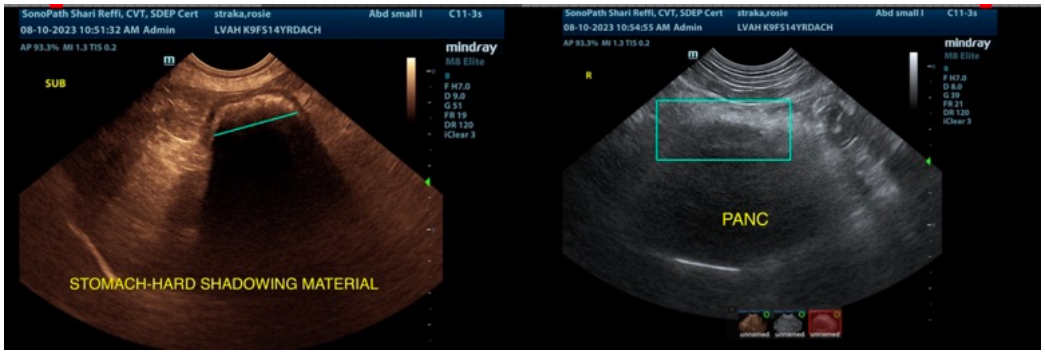
The liver is heterogenous with ill-defined hypoechoic nodules. This is a non-specific finding. Given the liver enzymes evaluations present a primary or reactive hepatopathy is possible. You could consider the following:

- 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.
- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)
- 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.

The reach on the right limb of the pancreas appears slightly reactive and there is some discomfort exhibited by the patient on evaluation of this area (reported by the ultrasonographer) this could indicate mild pancreatic inflammation. Correlate with quantitative cPLI level and consider empirical treatment for pancreatic inflammation.

Additionally, there is some shadowing material visualized within the gastric lumen. The nature of this material is unclear. Correlate with abdominal radiographs and feeding history. If this material is persistent ingesta foreign material could be possible.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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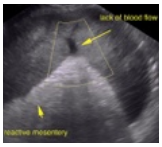
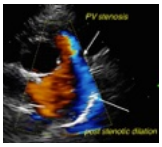
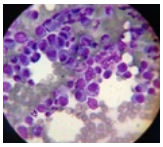
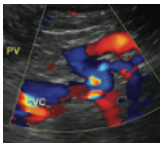

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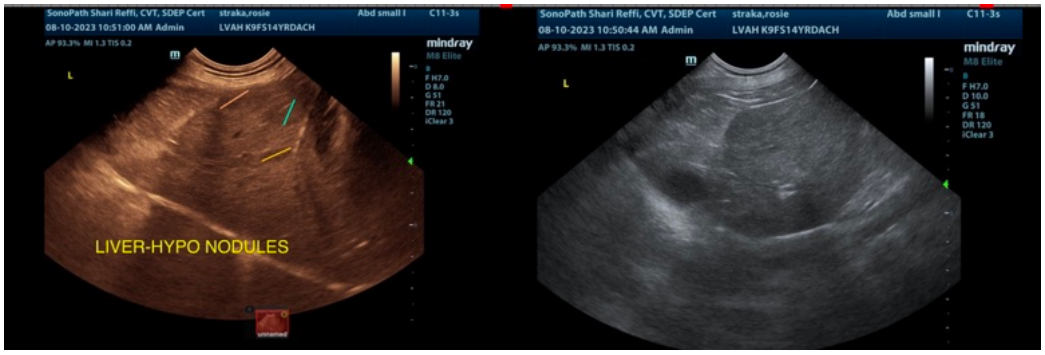

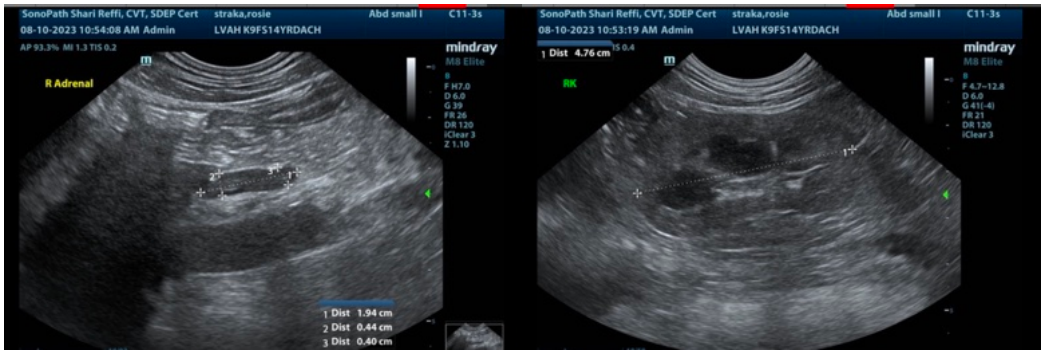

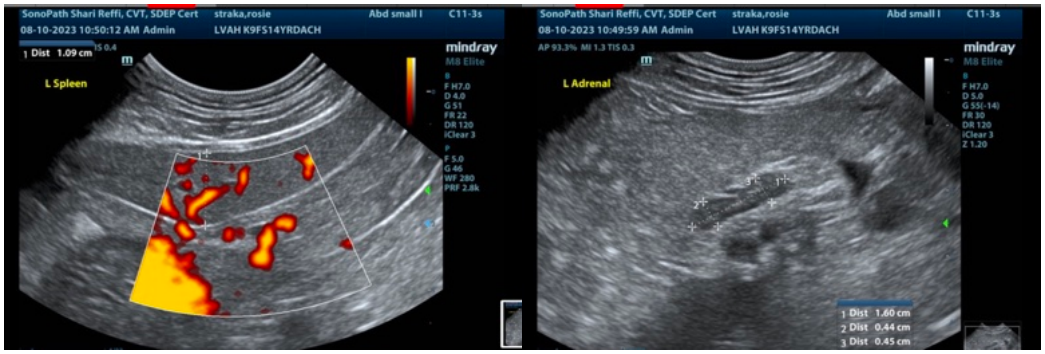

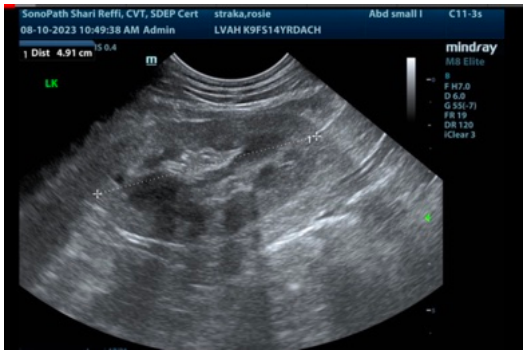

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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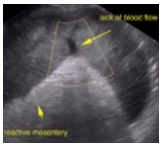
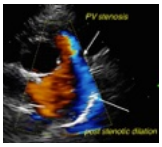
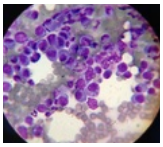
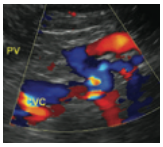

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