

**PATIENT**

Lexi Goff

PRESENTING CLINICAL SIGNS

History: Progressively elevated ALP and hepatomegaly.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

BREED

Miniature Schnauzer

SEX

Spayed Female

Kidneys

The **left** kidney measures 5.04 cm. The capsule is smooth. The cortex is mildly hyperechoic; it is isoechoic to the spleen) and a mild loss of the normal definition of the cortico-medullary junction is present. There is no evidence of nephroliths or pyelectasia. A small anechoic structure, consistent with a cyst, is visualized within the cortex, measuring 0.19 cm in diameter. The surrounding mesentery is not hyperechoic.

AGE

10 years

The **right** kidney measures 5.46 cm. The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. There is no evidence of nephroliths or pyelectasia. A small anechoic structure, consistent with a cyst, is visualized within the cortex, measuring 0.17 cm in diameter. The surrounding mesentery is not hyperechoic.

WEIGHT

15 lbs

Aortic bifurcation/trifurcation

No abnormalities observed.

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**Adrenal Glands**

The **left** adrenal gland measures 0.53 cm at the cranial pole, 0.50 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

Tom McNeill

The **right** adrenal gland measures 0.50 cm at the cranial pole, 0.47 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. Two hypoechoic nodules, measuring 0.24 cm and 0.41 cm, respectively, are observed mid-body. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

REFERRING VET

WVRC

INVOICE

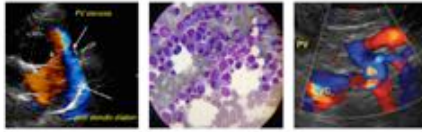
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Liver

Mild hepatomegaly is present, however, its borders remain smooth and sharp. The liver's echotexture is homogeneous, but mildly to moderately hyperechoic. No focal lesions are noted and no abnormalities are observed with the hepatic vessels visualized.

DATE

4/8/22

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The gallbladder is mildly to moderately distended with echogenic material (sludge) within the lumen. The sludge is both free floating and gravity-dependent. The wall is within normal limits in thickness and echogenicity. The portions of the cystic and common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

SPECIES

Canine

Gastrointestinal**BREED**

Miniature Schnauzer

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

SEX

Spayed Female

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. The duodenum measures 0.40 cm (WNL). The jejunum measures 0.33 cm; 0.37 cm (WNL). Abnormally dilated loops of bowel are not observed. The ileo-cecal-colic junction does not show any abnormalities.

The colonic wall is not thickened and mural detail is considered normal.

AGE

10 years

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

WEIGHT

15 lbs

Pancreas

No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

INTERPRETED BYLisa Carioto, DVM,
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ACVIM**Other****Lymph nodes**

No abnormalities are observed

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Abdominal effusion

A scant amount of anechoic effusion is visualized surrounding the duodenum.

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ULTRASONOGRAPHIC FINDINGS**REFERRING VET**

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- Mild hepatomegaly and diffuse moderate hyperechogenicity of the liver of unknown etiology. Cholestasis, cholangitis/cholangiohepatitis, including a suppurative form of cholangitis/cholangiohepatitis may be present. Cholecystitis cannot be excluded despite the absence of classical sonographic signs. Other differential diagnoses, such as hepatitis, including infectious causes, for example, *Leptospira* spp., exposure to a toxin, medications, or natural supplements, cannot be excluded.

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- The two hypoechoic nodules observed within the spleen may be due to nodular or lymphoid hyperplasia and extramedullary hematopoiesis. Neoplasia, such as lymphoma, mast cell or other round cell tumour, is considered unlikely.

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- Very mild degenerative changes of both kidneys are present, which are suggestive of age related degeneration.

SPECIES

Canine

- There are no obvious signs of pancreatitis

BREED

Miniature Schnauzer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of Lexi's albumin concentration is suggested if not recently performed, due to the presence of scant amount of effusion.

PCR to evaluate for *Leptospira* spp. is suggested.

SEX

Spayed Female

Evaluate Lexi's history for exposure to toxins (plants, etc.), medications, and natural supplements.

Fasting triglycerides are suggested to ensure hypertriglyceridemia is not contributing to gallbladder sludge.

AGE

10 years

A fine needle aspirate of the liver may be performed, however a coagulation profile is suggested prior to performing the procedure, in addition to administering to vitamin K at 0.5 mg/kg SQ for one to three doses prior to performing the FNA.

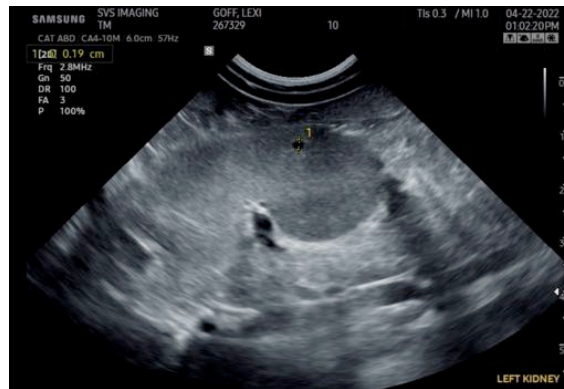
WEIGHT

15 lbs

A fine needle aspirate of the spleen may be performed, but is not likely required.

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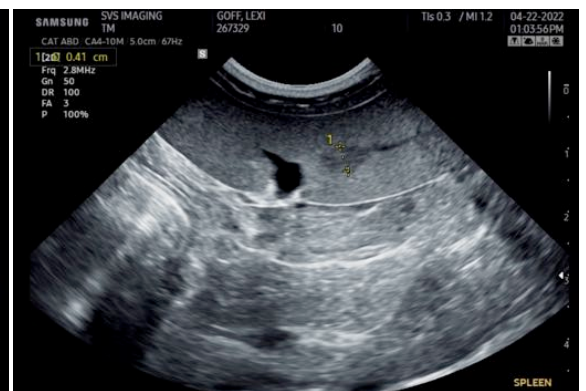


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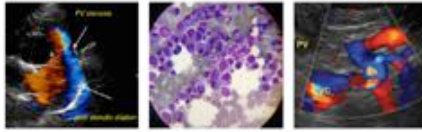
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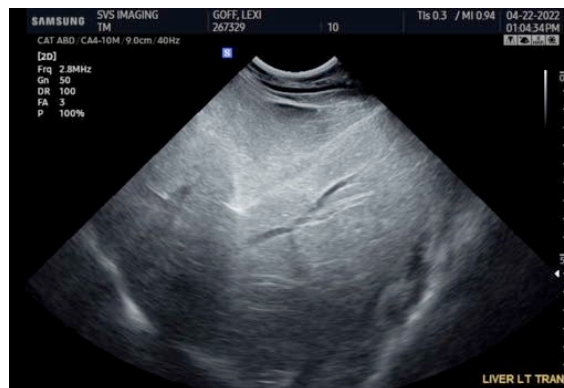
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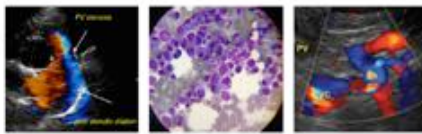
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Miniature Schnauzer

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

SEX

Spayed Female

AGE

10 years

WEIGHT

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