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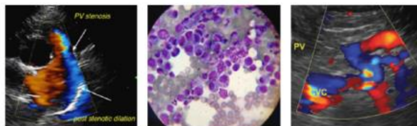

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Lil-Moe Harworth

SPECIES
Canine

BREED
Pug

SEX
MN

AGE
13 yr, 9 mo

WEIGHT
27.8 lbs.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice - Dr. Craig

INVOICE
15835

DATE
1/13/23

PRESENTING CLINICAL SIGNS

Current Medications: L Thyroxine 0.3 mg SID Patient History: AUS for screening prior to sx on 1/24/23. AUS on 1/13/23. ANT CHP, Intestinal Parasite Screening, chest radiographs performed 1/10/23.

Exam 12/5/23: 2/7.Severe brachycephalic syndrome- stertorous breathing, worse with excitement, hx of nares and soft palate resection- reviewed greater anesthetic risk due to brachycephalic syndrome 3. Immature catarcts OU 5. Severe tartar and gingivitis- 107 mobile, furcation visible. Left upper arcade- pendulous black and pink pigmented mass with purulent pockets, small amount of bleeding from masss- rule-out melanoma, epulis, SCC other Reviewed concerns for repeittive trauma and discomfort with mass, risk for infection - recommend removal/histopath with full dental prophy + extractions of diseased teeth. Due to increased anesthetic risk recommend O consult with veterinary dental specialists 12. Mild discomfort on palpation over TL spine, reduced hip extension bilaterally. Short strided gait in rear end- reviewed discomfort with o's recommend dasuquin, gabapentin for pain.

Globulin 3.8, ALP 294, Triglycerides 443, WBC 21.4, Platelets 462, HCT 52%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology measuring 1.0 cm in diameter.

No evidence of pathological medial Iliac lymphadenopathy.

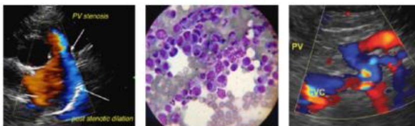
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor areas of medullary mineral were noted. The left kidney measured 5.1 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.41 cm width at the cranial pole. No evidence of adrenomegaly or tumors.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The



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parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Non-disruptive discretely hypoechoic intraparenchymal nodule was noted adjacent to the gallbladder measuring 1.7 cm in diameter. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with minor medullary mineral
- Hepatomegaly with solitary discrete intraparenchymal nodule - subjectively benign, sonographically consistent with vacuolar hepatopathy pattern and likely discrete hyperplasia, hematopoiesis, or similar
- Sonographically normal gallbladder and bilateral adrenal glands - no overt cholestatic criteria or adrenomegaly / tumors
- Minor pancreatic remodeling - suspect age-related pancreatic changes and incidental, remodeling secondary to previous inflammatory episode or low-grade chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

From an abdominal standpoint, no overt anesthetic contraindications. Hepatosupportive medications may be considered if progressive ALP elevation.

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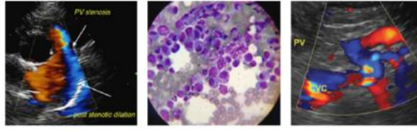

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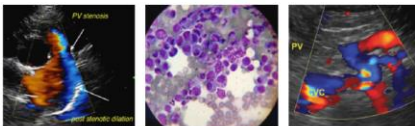

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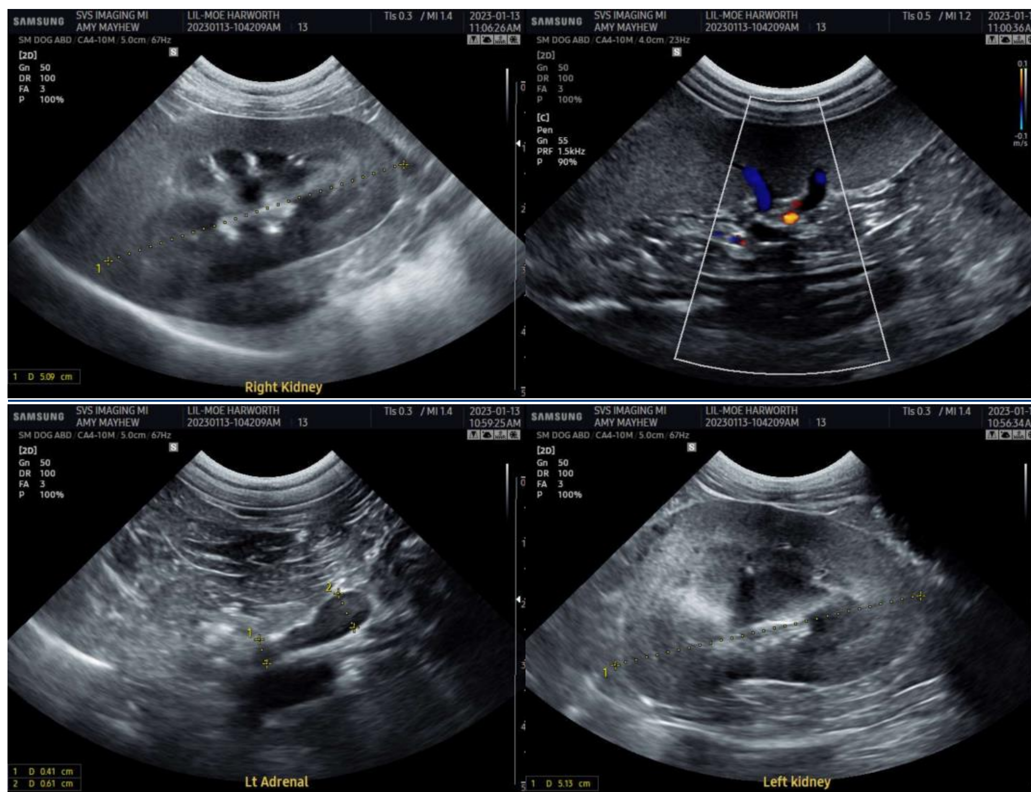

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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