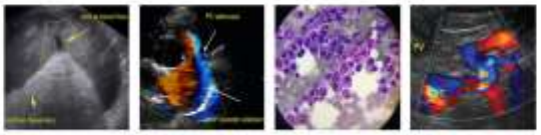


PATIENT

Maui Carneras

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

11 years

WEIGHT

62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Bath)

REFERRING VET

Dr. Tan

INVOICE

1156

DATE

1.18.2022

PRESENTING CLINICAL SIGNS

History: Inconsistent appetite, PU/PD, inappropriate urination, elevated liver values, possible incontinence

Unremarkable CBC, Chemistry panel- ALT 258, AST 87, ALP 93, GGT 15, TBili 0.3

Urine specific gravity- 1.007, negative protein and glucose, PH 8.5

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 area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or overt pyelonephritis was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

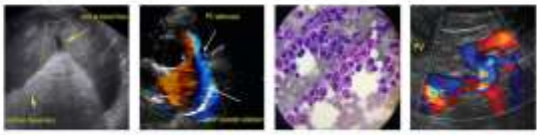
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.76 cm width at the cranial pole. No evidence of hyperplasia or neoplastic criteria.

Spleen

The spleen exhibited potential for mild generalized enlargement yet maintained symmetrical capsule contour. Generalized heterogeneous splenic parenchyma echogenicity with intermittent non-expansive, hypoechoic, intraparenchymal nodules were present. An example of a splenic nodule measured 0.75 cm in diameter. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver exhibited subjective potential for mild generalized enlargement, asymmetrical ventral and caudal hepatic contour, and generalized nonuniform to mixed echogenic hepatic parenchyma exhibiting intermittent hypoechoic intraparenchymal nodules. An example of a hepatic nodule measured 1.1 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The gastric fundus and body exhibited Intact to mildly prominent wall layering with prominent to indistinct wall layering present In the antrum and pylorus with subtle decreased antrum and pylorus mural echogenicity. The stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.95 cm.

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. The jejunum wall width measured 0.36 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous splenic parenchyma with intermittent non-expansive discreet hypoechoic nodules
- Non-uniform to nodular liver
- Mildly thickened antrum / pylorus, sonographically unremarkable small bowel
- Sonographically unremarkable urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized splenic heterogeneous parenchyma with intermittent discreet hypoechoic nodules was nonspecific with considerations including hyperplasia, hematopoiesis, inflammation / splenitis with infarctions or potential neoplasia.

Considerations for the liver may include vacuolar hepatic changes, chronic active hepatitis / cholangiohepatitis (immune-mediated, infectious, or other), early fibrosis / cirrhosis or other hepatopathy with potential for hepatic neoplasia.

Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology.

The mildly thickened stomach may indicate inflammatory mural changes, although potential for early Infiltrative mural disease cannot be excluded. As-needed gastrointestinal support is recommended. Further workup for PU/PD may include urine culture and sensitivity +/- Leptospirosis titer/ PCR.

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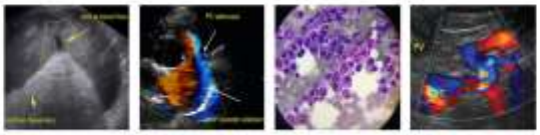

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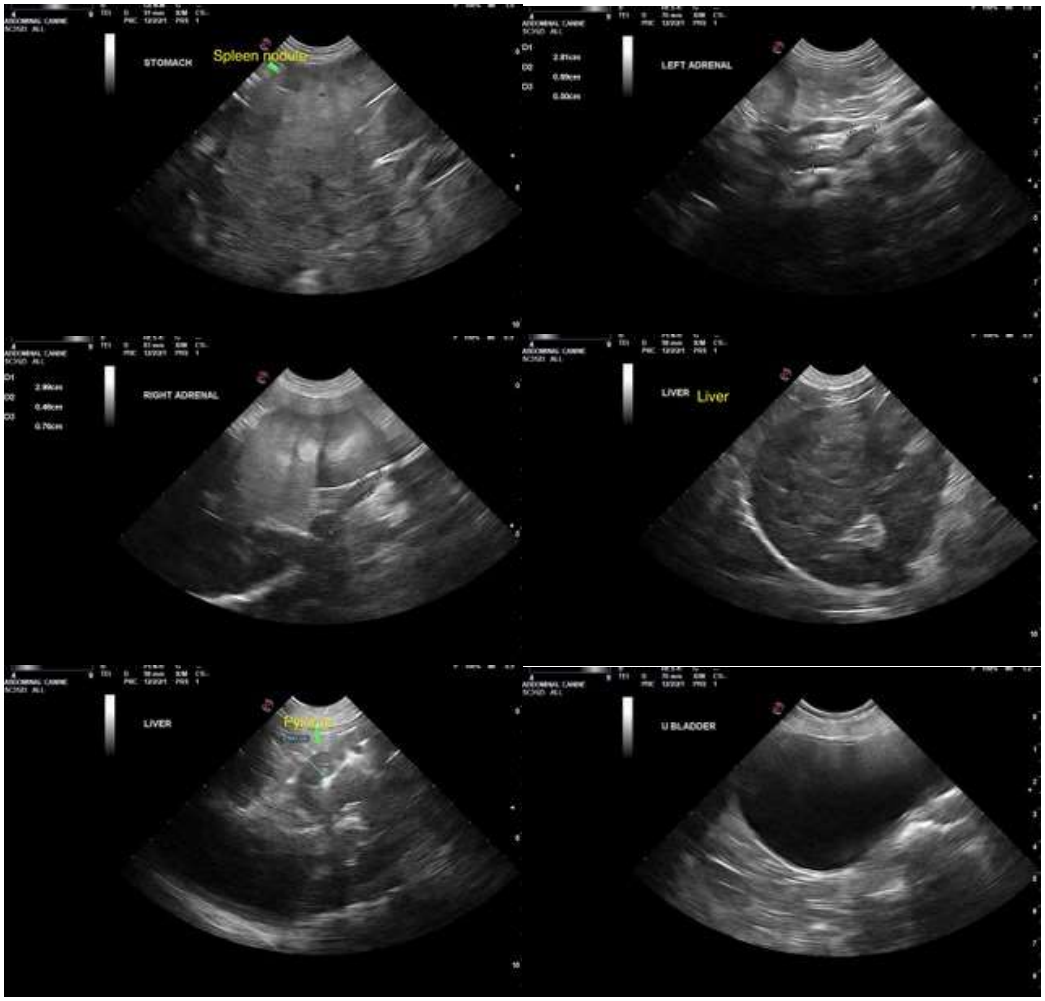

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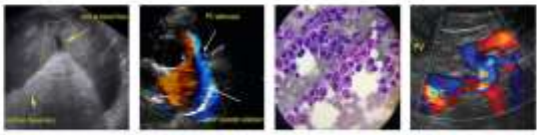

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com