



PATIENT

Sandy Johnson

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

14 Years

WEIGHT

20.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Patti Mayfield, DVM

REFERRING VET

Stephanie Sur, DVM

INVOICE

20652

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: 1/10/23: -- Patient has been increasingly stiff and slow over some months. -- Appetite has become fair; patient will skip meals until noon and has become picky about water. -- Occasional panting spells. -- No CSVD -- Clients report energy level is normal Joint supplements for presumptive OA and calming chew treat patient was sedated with dexdomitor/torb for AUS due to poor compliance

Abnormal PE/Chem/CBC/UA Results: PE: -- BCS: 6.5/9 -- Chronic OA -- Moderate calculus -- LS OU 1/16/23: CHEM: -- AST: 78 (H) -- ALT: 390 (H) -- ALP: 951 (H) -- GGT: 26 (H) -- Ca: 11.6 (H) -- CHOL: 572 (H) -- TG: 470 (H) -- PSL: 622 (H) Fecal: NEG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

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 pelvic dilation was present. The left kidney measured 5.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly irregular and nonhomogenous to discretely nodular. No evidence of adrenal tumors noted. The right adrenal gland measured 3.0 cm length x 1.2 cm at the caudal pole in width. The left adrenal gland measured 3.3 cm length x 1.2 cm at the caudal pole in width.

Spleen

The spleen was overall normal in size. Generalized parenchyma heterogeneity was noted. Multifocal, well-defined, symmetrical, nondisruptive hyperechoic nodules were present in the medial parenchyma, adjacent to the hilus. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver revealed irregular generalized enlargement, exhibiting diffuse asymmetrical capsule contour. Mixed echogenic hepatic parenchyma was noted, exhibiting nonhomogenous moderate to significantly coarse echotexture. Evidence of parenchymal remodeling and parenchymal nodular changes were present. Diffuse intraparenchymal hyperechoic areas were present, which may indicate parenchymal vs biliary tree mineralization or fibrosis. A moderately sized, irregular nonhomogenous mass was noted in the caudal left liver, measuring approximately 7.0 cm in diameter with a concurrent separate mildly expansive nonhomogenous to cystic mass in the right caudal dorsal liver, measuring approximately 4.5 cm – 5.0 cm in diameter.



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The gallbladder was non-distended in size with anechoic content with mild dependent nonorganized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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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.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Irregularly enlarged liver, exhibiting nonhomogenous remodeled parenchyma, left and right variably sized liver masses- chronic vacuolar hepatopathy, inflammatory/immune mediated disease, hyperplasia, hematopoiesis, fibrosis, biliary tree mineralization, primary concern for infiltrative neoplastic criteria.
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Prominent irregular nonhomogenous/nodular adrenal glands- suspect benign, age-related or adenomatous change
- Benign splenic nodules – consistent with benign myelolipomas
- Mild pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA hepatic cytology is recommended for further assessment, especially given the hypercalcemia. Empirically, hepatosupportive medications, including Denamarin and Ursodiol, as well as (as needed) gastrointestinal support is suggested.

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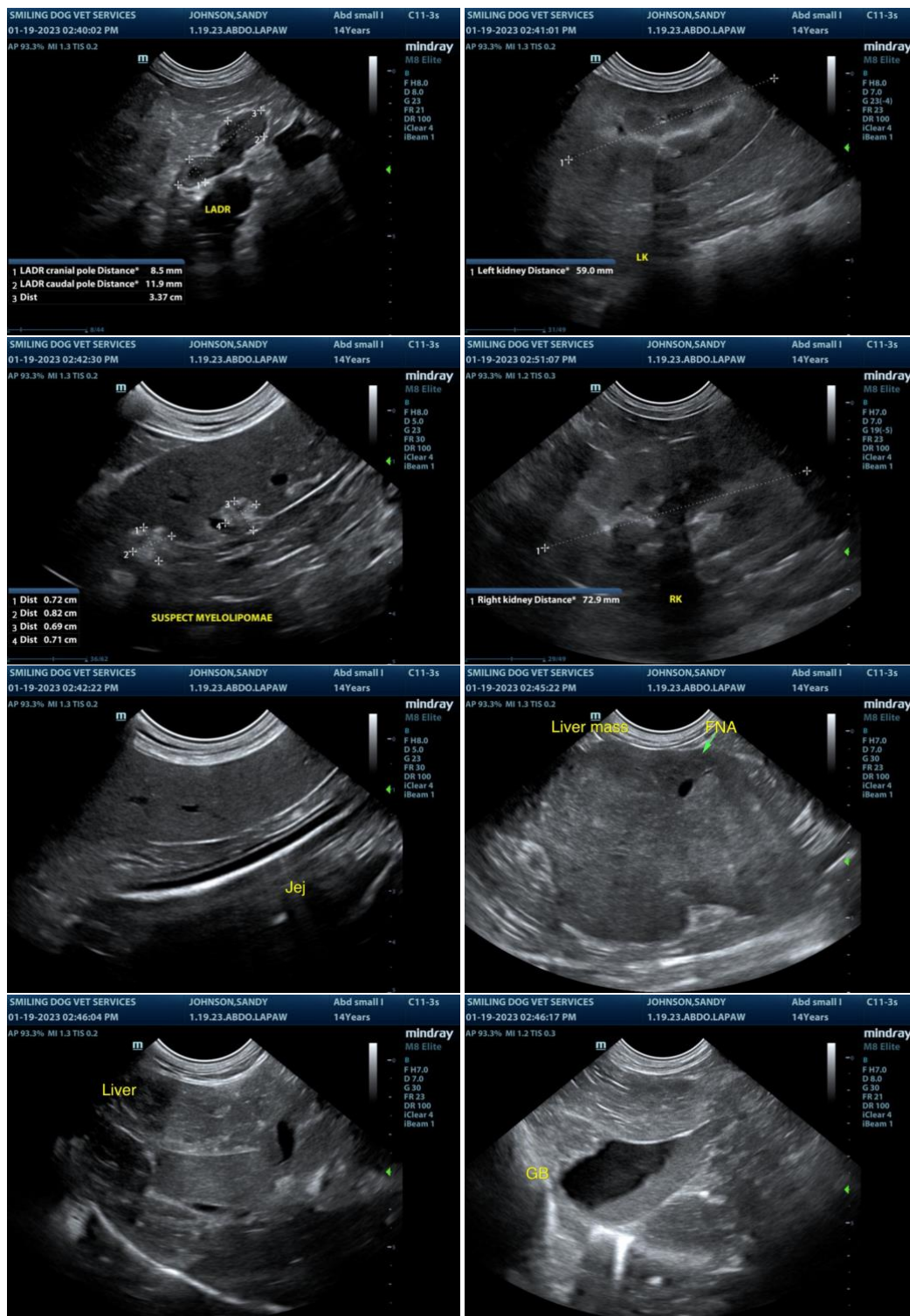
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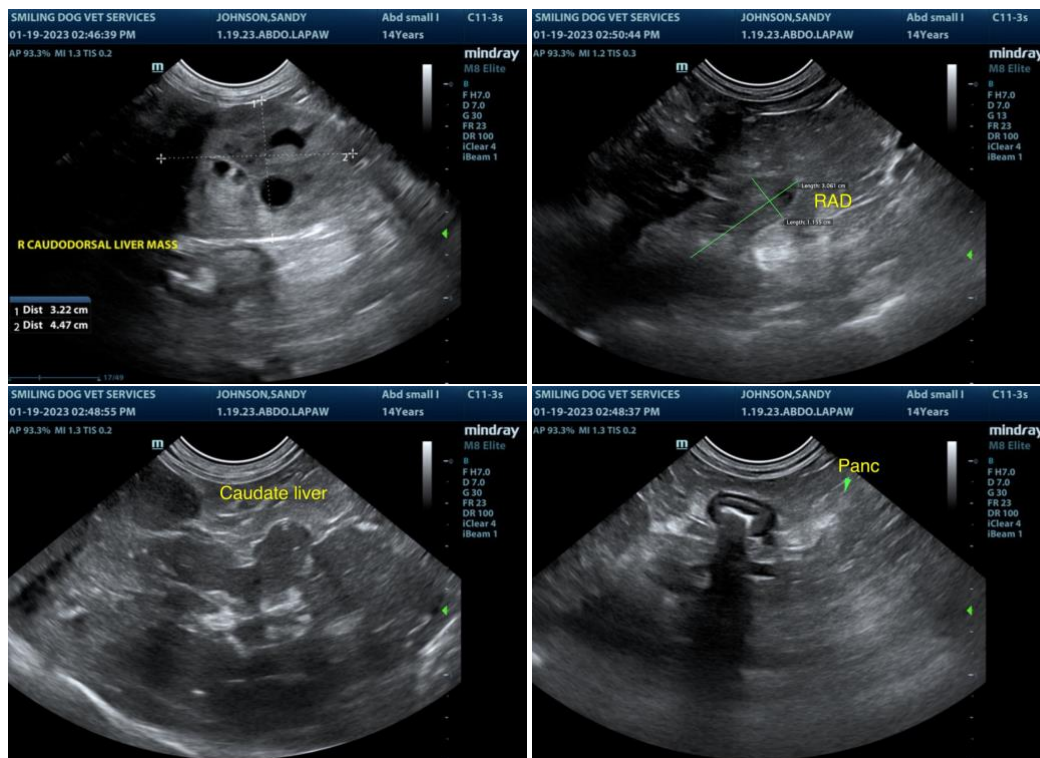
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com