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Clinical Sonography & Telecytology
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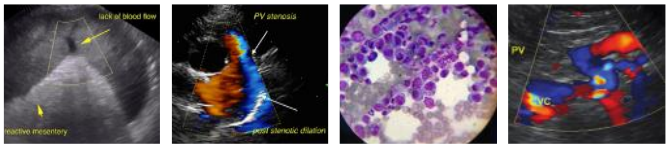


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harvey Castner

SPECIES

Canine

BREED

English Cocker Spaniel

SEX

MN

AGE

2y, 6m

WEIGHT

25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

15883

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Urinary accidents, elevated hepatic values, abdominal pain, gagging. No current meds.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT/AST

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic content was present with no evidence of sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation, pyelectasia, or renal mineralization. The left kidney measured 5.5 cm in length. The right kidney measured 6.0 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 1.5 cm length x 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.57 cm width at the caudal pole.

Spleen

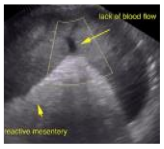
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

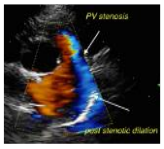
Liver/ Gallbladder

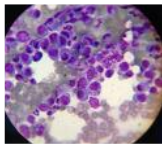
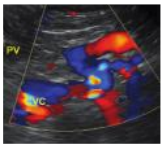
The liver exhibited subjective subnormal size yet maintained symmetrical capsule contour with uniform mildly increased parenchyma echogenicity. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was noted. No evidence of mechanical pyloric outflow obstruction, retained ingesta, or gastric foreign material was noted. The pylorus wall width measured 0.44 cm.





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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 mechanical / metabolic ileus, obstruction, or foreign material.

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

Scant pocket of ventral caudal anechoic peritoneal free fluid was present, which is suspected to be physiologic assuming normal albumin levels.

Intermittent mid-abdomnal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and residual prostate
- Normal bilateral kidneys
- Subjective subnormal liver size exhibiting mild parenchyma hyperechogenicity, sonographically normal gallbladder
- Mild hypomotile gastritis pattern
- Intermittent midabdominal minor benign/reactive mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchyma FNA cytology could be considered to assess for the presence of inflammatory cells. Bile acids and Leptospirosis titers / PCR are recommended. If evidence of bile acid elevation and/or depending upon the degree of bile acid elevation, advanced imaging i.e., CT with contrast to assess for a nonobvious microscopic or macroscopic shunt may be indicated.

Empirically, hepatosupportive medications such as Denamarin may prove beneficial. Urine C/S is suggested if not done. Empirical therapy for gastritis, which may include canned hydrolyzed diet trial and gastroprotectants, is recommended.

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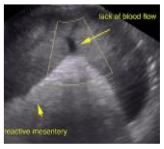
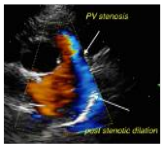
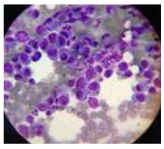
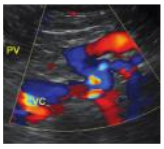

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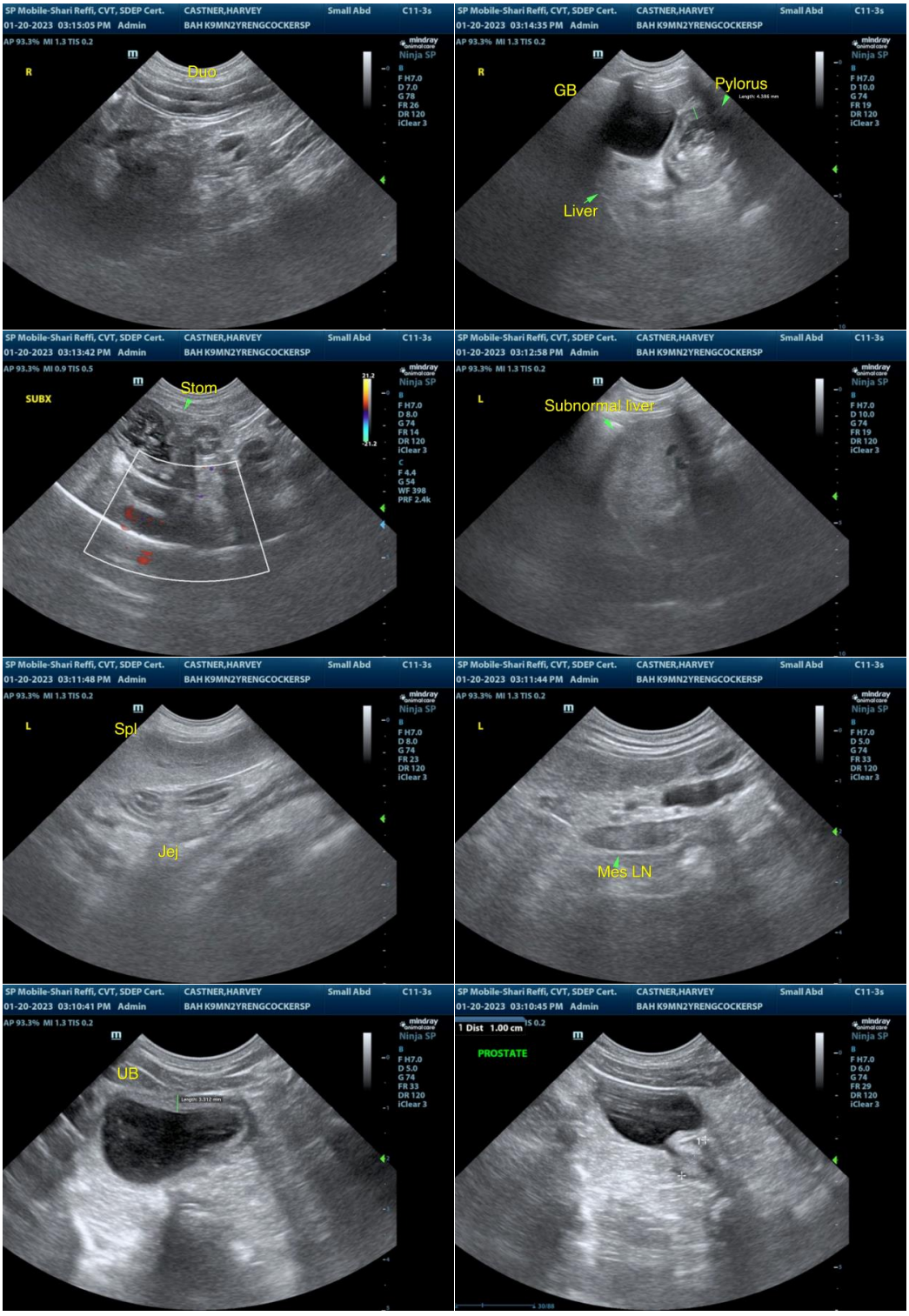

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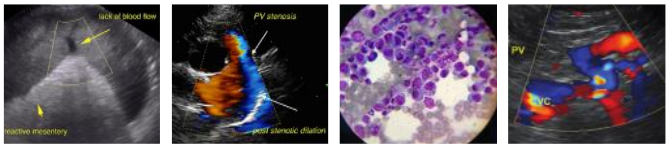

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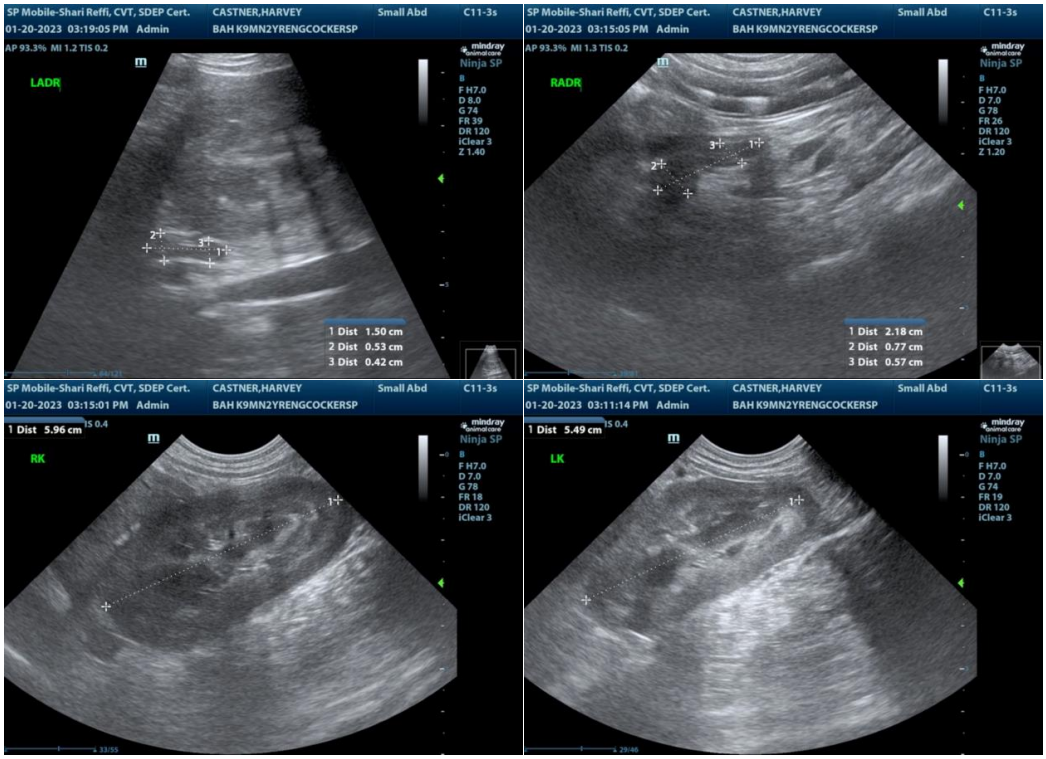

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com