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Clinical Sonography & Telecytology
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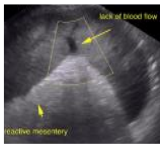
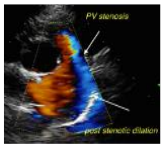
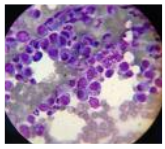
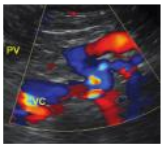





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kobe Madriaga

SPECIES

Canine

BREED

Mixed Breed

SEX

M/N

AGE

2 years

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Alpine 24/7

INVOICE

20776

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Peeing in the house. Lethargic. Elevated ALT. ADR.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended in size, containing mild anechoic urine. Sonographic assessment of the urinary bladder walls was limited owing to lack of urine distention yet no overt evidence of mural pathology. Potential for mild cystitis is possible. No evidence of urinary bladder tumors. The ventral apical urinary bladder wall measured 0.43 cm. The urethra was normal to a depth of 2.0 cm.

No overt pathology in the area of the residual prostate.

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. The left kidney measured 5.9 cm in length. The right kidney measured 6.4 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 0.36 cm width at the caudal pole and 0.48 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland.

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

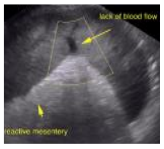
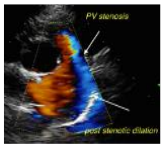
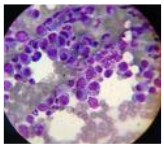
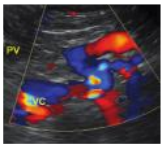
The liver was normal in size, with subtle areas of mild capsule asymmetry. Generalized mildly echogenic yet nonuniform hepatic parenchyma, exhibiting heterogenous to moderate coarse echotexture was noted. No hepatic masses or nodules noted. Vascular volume was subjectively adequate.

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 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.

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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild irregular nonhomogenous liver, sonographically unremarkable gallbladder
- Nondistended yet overtly normal urinary bladder, possible mild cystitis
- Normal bilateral kidneys- no evidence of congenital disease or overt nephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up, including screening culture and sensitivity and baseline UPC level if evidence of proteinuria is suggested. The overall hepatic appearance was nonspecific yet suggestive of more chronic hepatopathy, as opposed to acute hepatopathy or hepatic insult. Nonspecific chronic to chronic active hepatitis, toxic hepatopathy, i.e., copper or other inflammatory parenchymal disease, given the ALT elevation, is suspected. Potential for emerging fibrosis. No evidence of neoplastic criteria.

Further assessment may include, assuming normal clotting status, screening hepatic FNA cytology +/- Leptospirosis titers/PCR. Hepatic core or surgical biopsy is likely required for a definitive diagnosis. NO overt evidence of a portosystemic shunt. Bile acid testing to assess hepatic functionality may be considered, especially if evidence of hepatic dysfunction, i.e., abnormal BUN, cholesterol, glucose and albumin levels. Empirically, hepatosupportive medications, including Denamarin +/- Ursodiol may prove beneficial.

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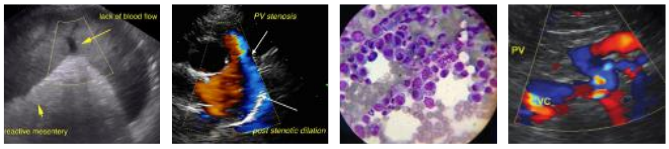

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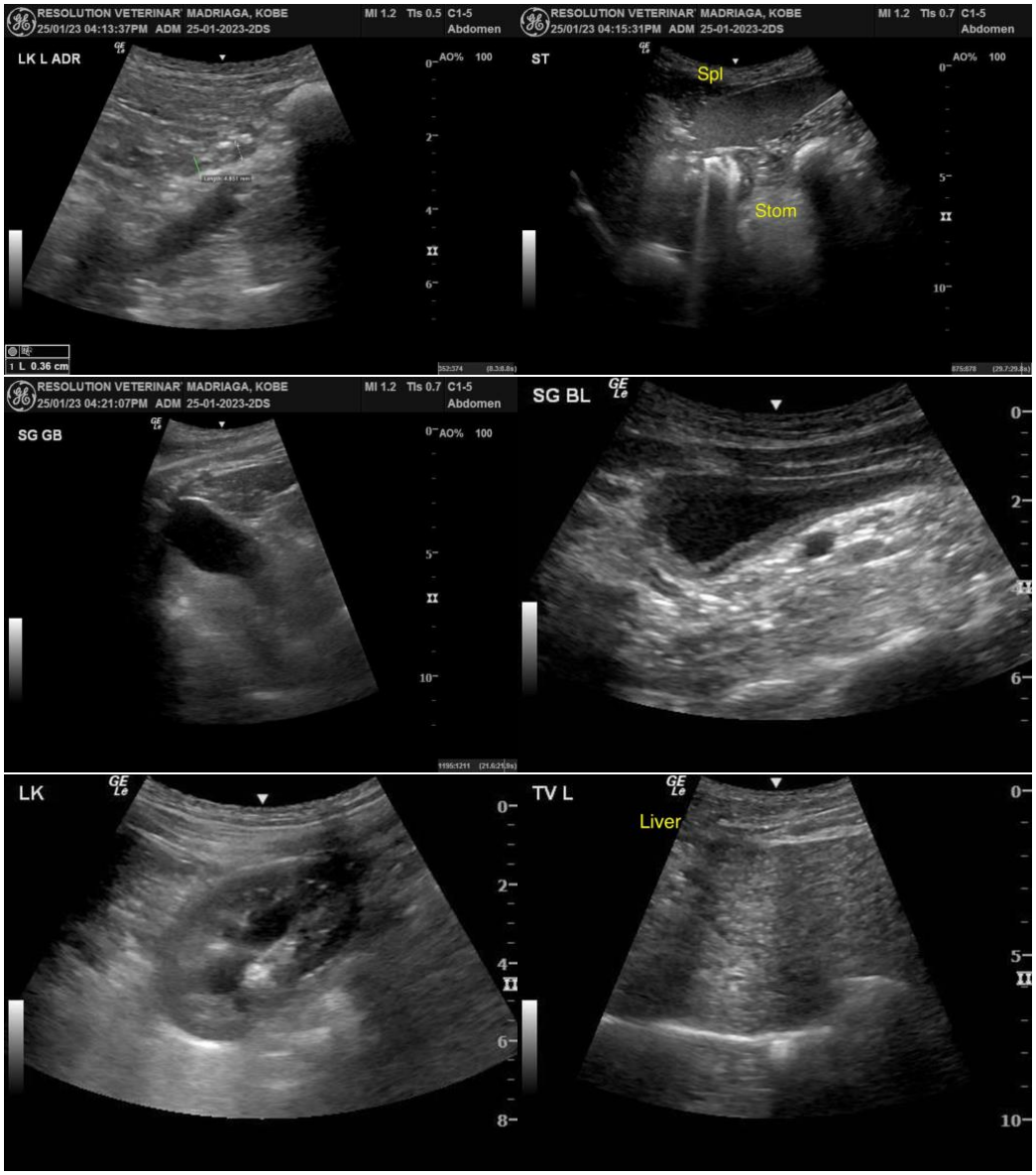

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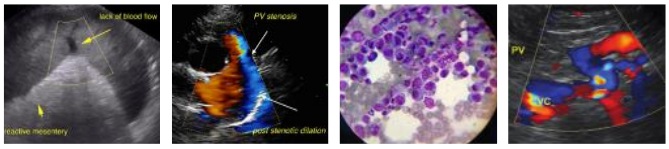

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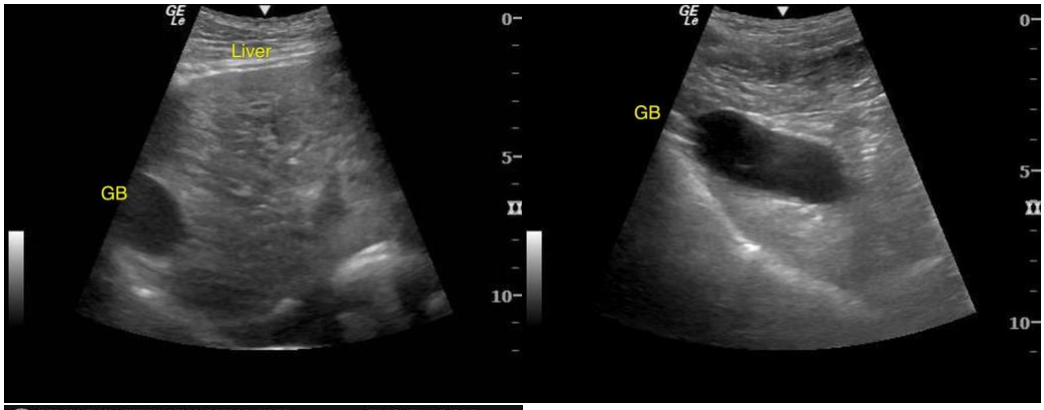

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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