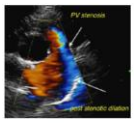
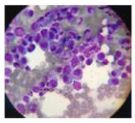
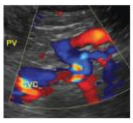




PATIENT

Vinnie Thomas

SPECIES

Canine

BREED

Tat Terrier X

SEX

NM

AGE

13 years

WEIGHT

36 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Sue Hartmann

INVOICE

15956

DATE

1/25/23

PRESENTING CLINICAL SIGNS

-In for Annual routine exam. We discussed the possibility of removal of problematic warts. BW and ECG done for routine pre-anesthesia

Abnormal PE/Chem/CBC/UA Results: Very thin hair coat. BW revealed elevated liver enzymes. History of mildly elevated ALT and ALP. ALP is sharply risen now. 1008.

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 was noted.

The residual prostate was free of pathology.

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 pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.

Adrenal Glands

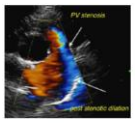
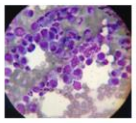
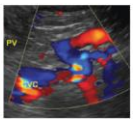
The bilateral adrenal glands were variably prominent in size exhibiting mild asymmetrical yet intact capsule contour with nonhomogeneous nonmineralized parenchyma and possible discrete to emerging cranial left adrenal nodule. The left adrenal gland measured 2.8 cm length x 1.1 cm width at the cranial pole and 0.60 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.67 cm width at the caudal pole.

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 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 was enlarged in size with symmetrical to swollen hepatic capsule contour and generalized increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Multifocal, discrete, nondisruptive, hypoechoic hepatic nodules were noted. The gallbladder was non-distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the

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nondependent sludge and inner wall. No signs of peripheral inflammation. 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 contained moderate, nonshadowing ingesta / chyme most consistent with post prandial presentation without 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, consistent with age-related pancreatic changes. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral mild irregular adrenomegaly
- Mild chronic renal changes
- Hepatopathy exhibiting generalized hyperechoic to hypoechoic nodular parenchyma
- Partial / emerging gallbladder mucocele

Secondary Findings

- Gastric ingesta - probable post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST or ACTH Stimulation test is warranted, especially if clinical signs suggestive of Cushing's Syndrome i.e., PU/PD, polyphagia are present. Screening blood pressure is recommended to assess for evidence of hypertension which may allude to a more aggressive emerging adrenal pathology, although no overt suspicion of adrenal neoplastic criteria.

Sonographically, the appearance of the liver is likely consistent with vacuolar hepatopathy. Potential for inflammatory hepatopathy or less likely early infiltrative neoplasia is thought less likely. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Sonographic monitoring of both the gallbladder and bilateral adrenal glands is likely ideal to monitor for evidence of progressive pathology.

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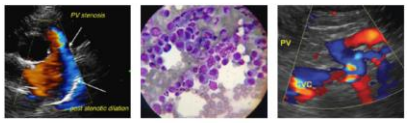

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Clinical Sonography & Telecytology

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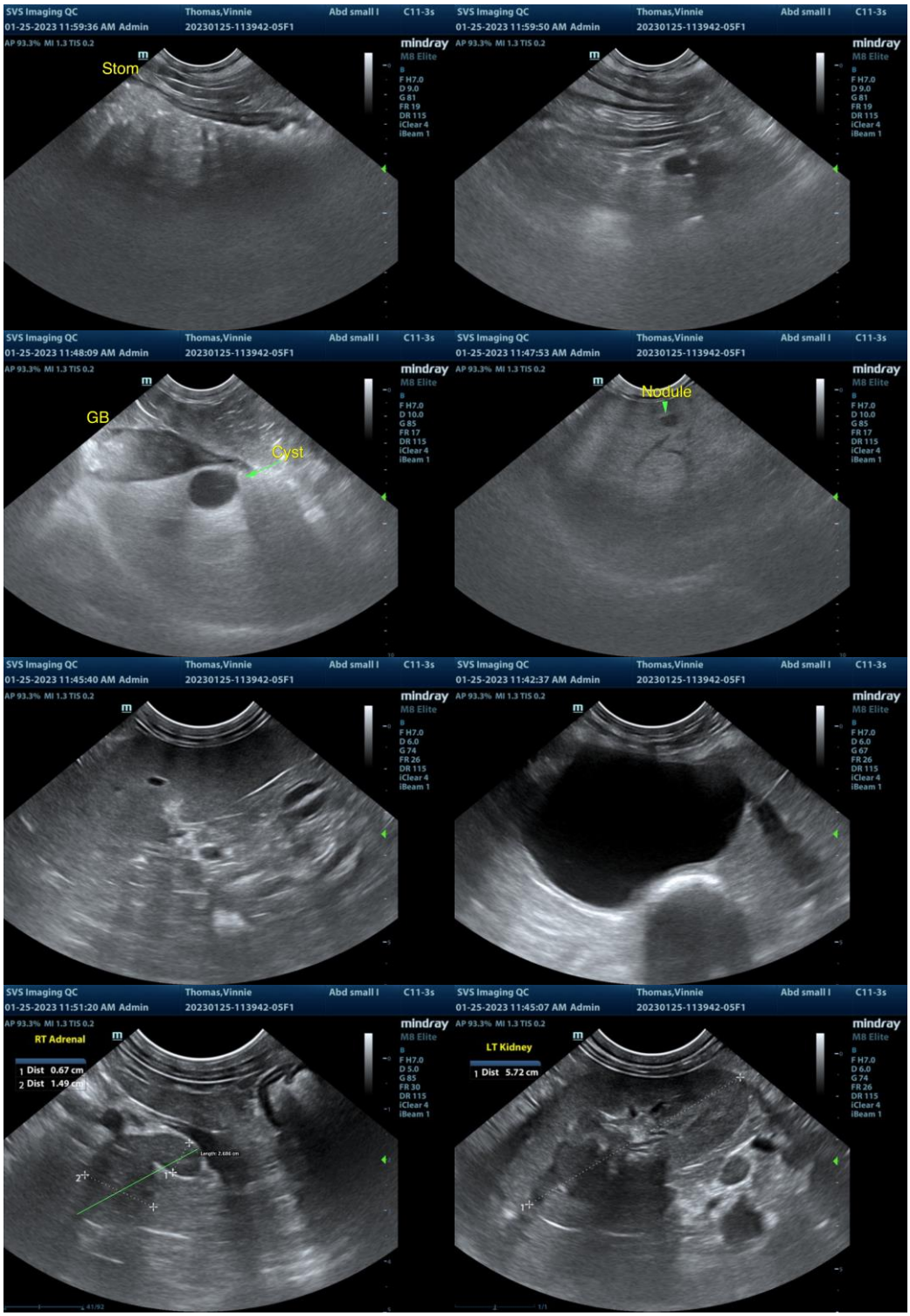

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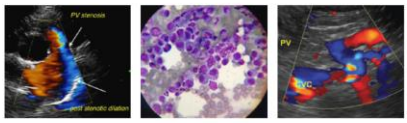

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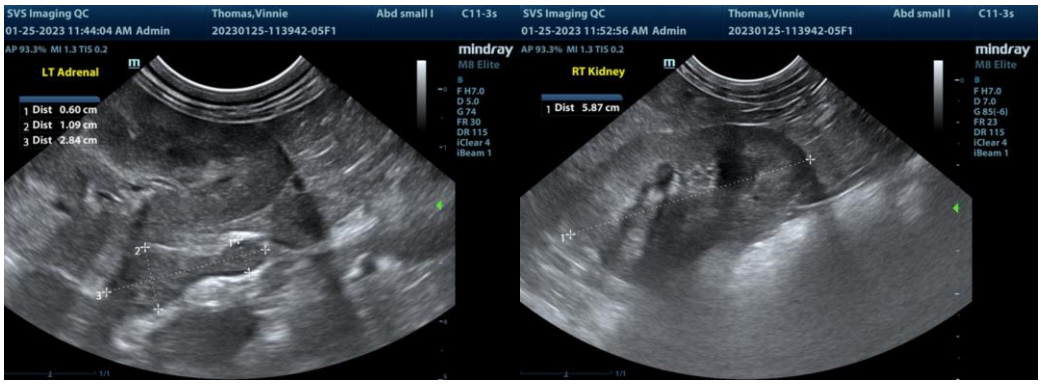

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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