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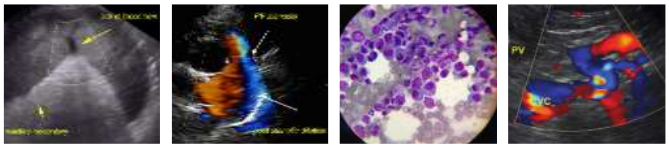

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Burlison

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12 years

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

13178

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Hx of lethargy, decreased appetite, weight loss over several months. Has lost 2 lb in 3 weeks. Seemed a little sensitive in R cranial quadrant during ultrasound (area of gallbladder and R kidney).
Abnormal PE/Chem/CBC/UA Results: 1/3/22: mildly elevated ALT (298) and ALP (704); rest of CBC/Chem/T4 normal, 4Dx negative

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.0 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 0.56 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet was without overt pathology. The right adrenal gland subjectively measured 0.46 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 potential for mild enlargement and maintained symmetrical capsule contour. Generalized normal hepatic parenchymal echogenicity exhibiting moderate coarse echotexture with evidence of mild parenchymal remodeling was present. A solitary, non-expansive, primarily uniform, mildly echogenic nodule was noted in the caudal mid liver adjacent to the gallbladder neck, measuring approximately 2.7 cm in diameter. The gallbladder was non-distended in size. The gallbladder walls were overtly normal without evidence of Inflammatory changes. Moderate nondependent to mildly organized nonmineralized luminal debris was present. Overt evidence of peripheral inflammation around the gallbladder was not present. The cystic and common bile ducts were normal.

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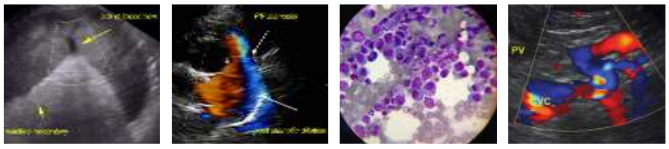

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Gastrointestinal

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. The pylorus wall width measured 0.38 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 small intestinal wall width measured 0.34 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

Primary Findings

- Emerging gallbladder mucocele - subjectively noninflamed at this time
- Hepatopathy exhibiting mild generalized parenchymal remodeling with solitary, nonspecific intraparenchymal nodule
- Overtly normal gastrointestinal tract
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific with considerations Including vacuolar hepatic changes and cholestasis, given the ALP elevation with potential for primary or concurrent inflammatory hepatopathy or hepatobiliary process, given the ALT elevation and presence of gallbladder debris. The nodule noted in the mid caudal liver also was nonspecific with considerations including lipogranuloma, nodular hyperplasia, or similar. Potential for hepatic parenchymal or nodular neoplasia is considered a less likely differential diagnosis, yet cannot be definitively excluded. It Is doubtful that the hepatic nodule is accessible to ultrasound guided FNA, given its depth. Hepatic parenchymal FNA, assuming normal clotting status, could be considered for screening cytology primarily to assess for evidence of inflammatory cells and/or rule out neoplasia.

Potential for abdominal discomfort or clinical signs associated with the gallbladder is unclear yet possible. Hepatosupportive medications including Ursodiol are recommended with close monitoring for evidence of increasing cholestasis. Potential for low-grade pancreatitis may be present yet sonographically normal. Likewise, structurally insignificant gastrointestinal disease cannot be definitively excluded.

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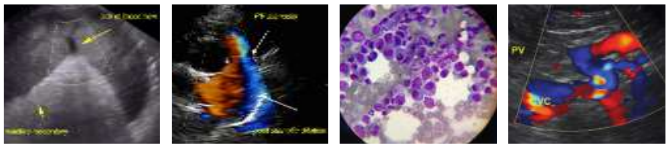

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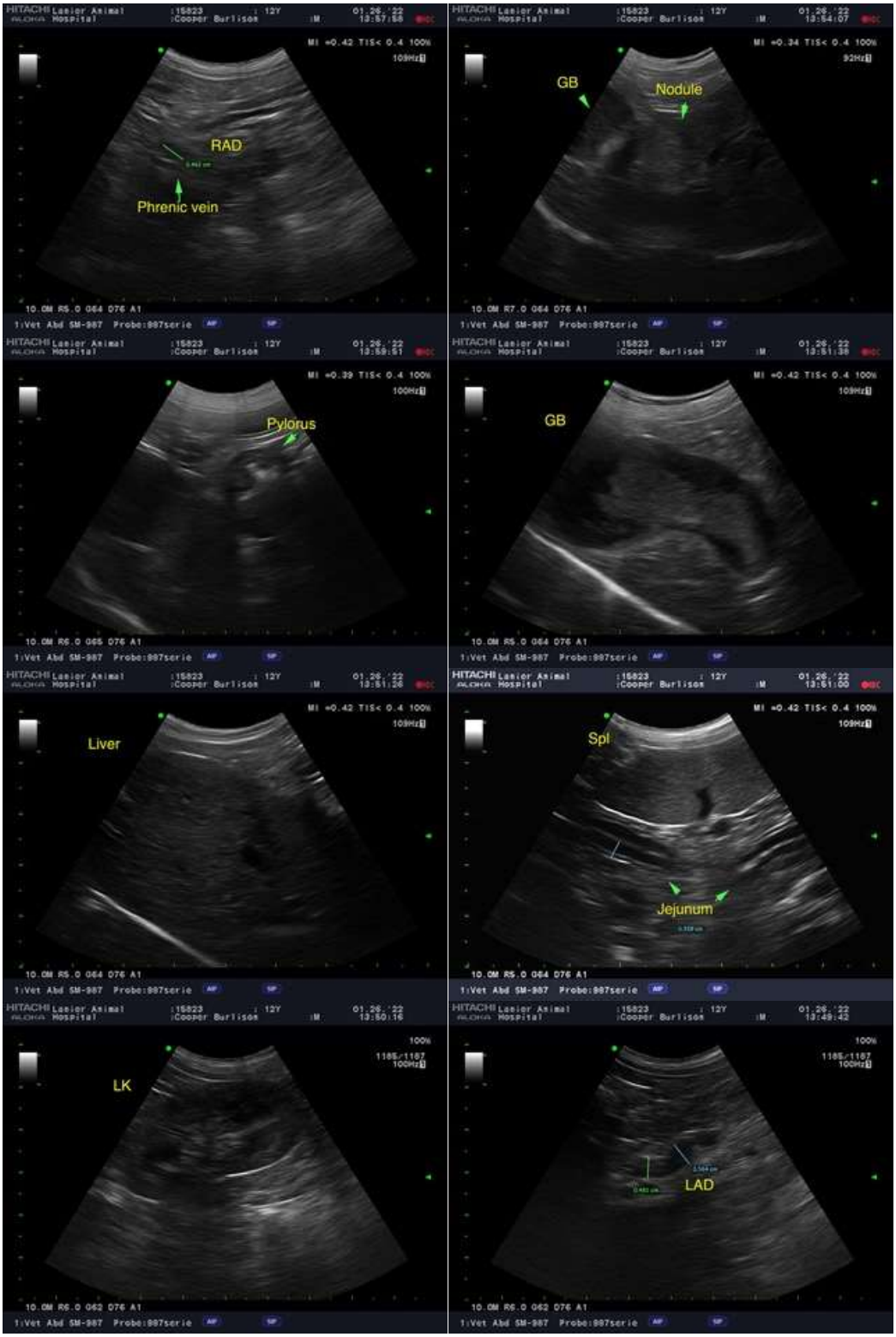
Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are suggested to rule our occult thoracic pathology as a potential cause of weight loss and decreased appetite.



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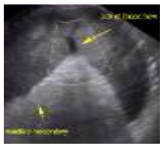
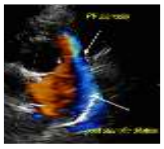
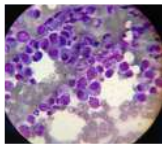
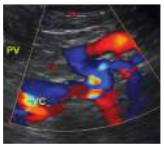

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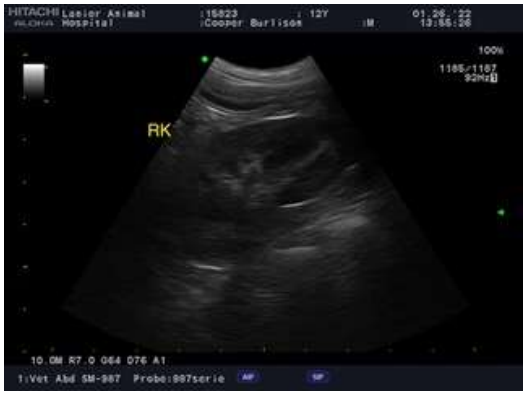

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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