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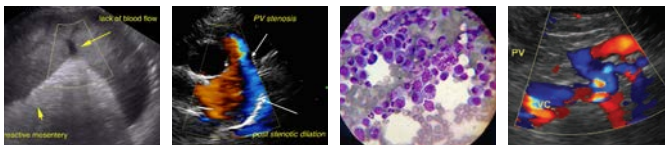
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Chloe Walker

SPECIES
Canine

BREED
Boston Terrier/Pug

SEX
Spayed Female

AGE
10.5 Years

WEIGHT
22 Pounds

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

IMAGING PERFORMED BY
Dr. Alex Emerson

HOSPITAL NAME
AC of Casselberry

REFERRING VET
Dr. Alex Emerson

INVOICE
33951

DATE
1/4/22

PRESENTING CLINICAL SIGNS

Bloodwork submitted 11-29-21 for NSAID dosing (chronic LF lameness): ALP 2306- but other vet gave vetalog dose for allergies 30 days earlier-ALT 237. Given telex for 2 weeks then BW rechecked. 12/27 ALP 1319 ALT 279 Started on ursodiol, denamarin 12/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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 4.4 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm at the cranial pole and 0.39 cm at the caudal pole. The left adrenal gland measured 0.40 cm at the cranial pole and 0.50 cm 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

The liver exhibited mild to moderate generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-dependent yet non-organized luminal debris. 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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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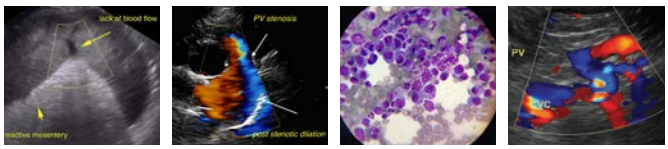

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Pancreas

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign.
- Mild gallbladder debris (non-mucocele)
- Mild age related kidneys
- Sonographically unremarkable bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver is non-specific, yet consistent with benign hepatopathy. Considerations may include idiopathic vacuolar hepatopathy, vacuolar hepatic changes owing to previous corticosteroid administration, low-grade inflammatory hepatopathy, or hepatobiliary process given the presence of gallbladder debris and cholestasis. Hepatic neoplasia is considered an unlikely differential diagnosis.

Assuming normal clotting status, hepatic FNA using 25-gauge needle could be considered for screening cytology, primarily to assess for evidence of inflammatory cells. Empirically, continued hepatosupportive medications including Denamarin and Ursodiol with monitoring of hepatic enzyme response would be appropriate.

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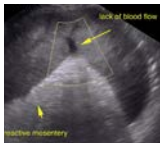
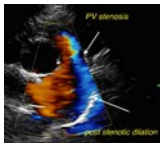
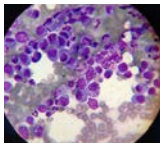
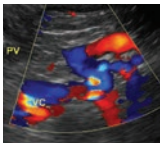

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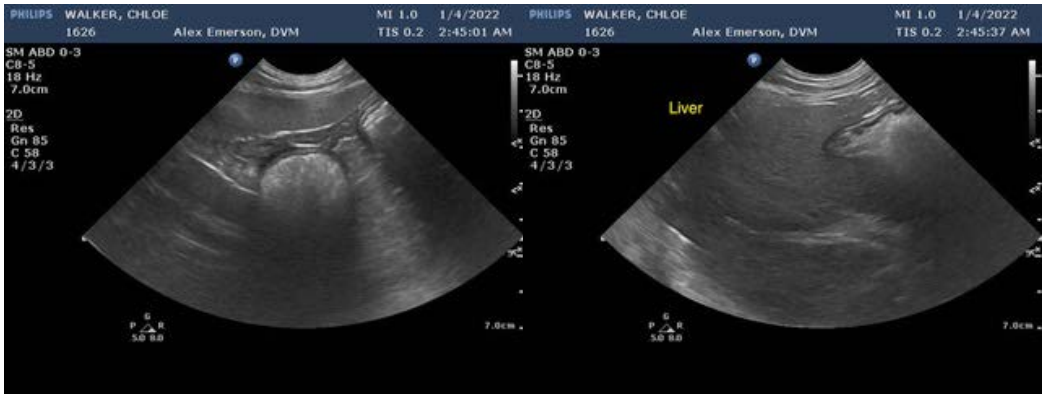

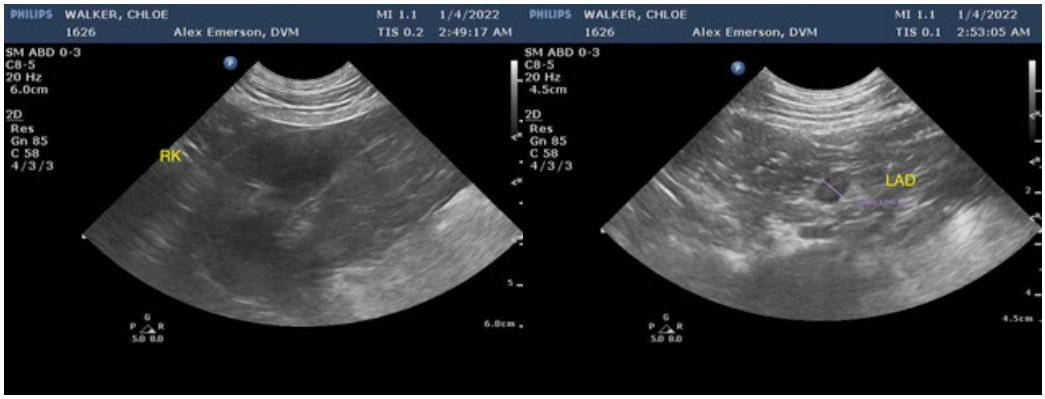

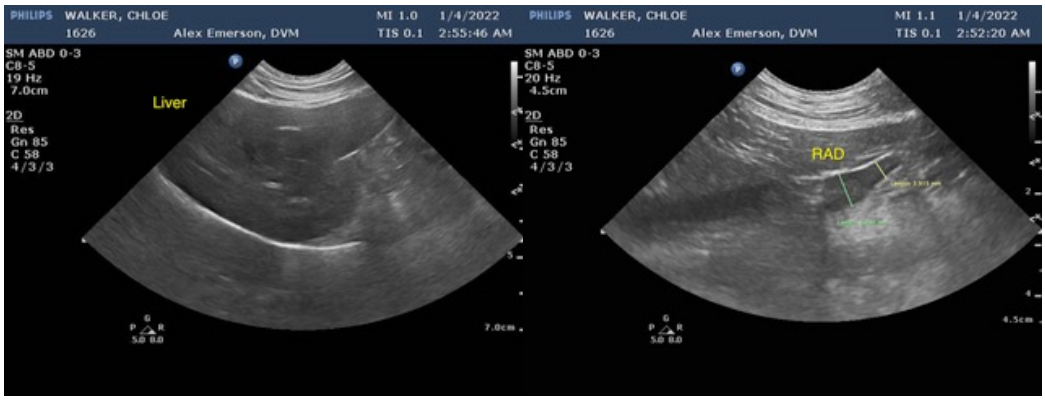

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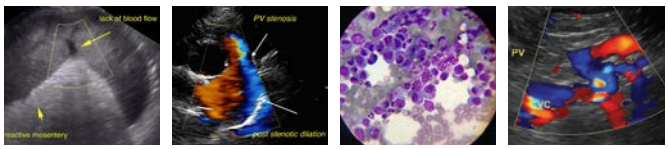

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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