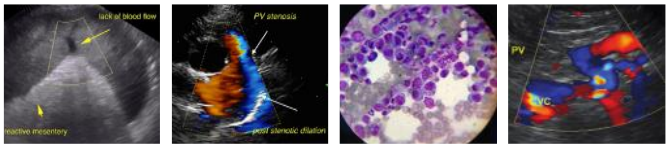
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lucy Jones

SPECIES

Canine

BREED

Schnauzer

SEX

FS

AGE

15

WEIGHT

21

INTERPRETED BY

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

IMAGING PERFORMED BY

Peter NElson

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Michelle Bartus

INVOICE

15195

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Not eating several days, and somewhat PU/PD. Past elevated ALKP and ALT.
Abnormal PE/Chem/CBC/UA Results: Hasn't eaten in several days. Halitosis and moderate dental tartar. ALKP 804 (23-212), was 689 in June. ALT 150 (10-125). Sp. Gr. 1.020 pH 6.5 negative prot, no infection

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 with areas of asymmetrical margination, likely consistent with mild cortical infarcts, 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were noted. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion of overt neoplasia and no evidence of adrenomegaly or tumors. The left adrenal gland measured 0.39 cm width in the cranial pole and 0.44 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in the cranial pole and 0.63 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity including indistinct areas of hyperechoic medial and perihilar parenchyma. Normal splenic vascularity was noted. No masses were noted.

Liver/ Gallbladder

The liver was mild to possibly moderately enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses were noted. The gallbladder was non-distended in size containing mild, nondependent, mobile gallbladder debris. Mildly thickened and hyperechoic gallbladder walls were noted. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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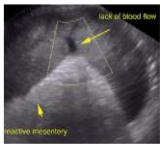

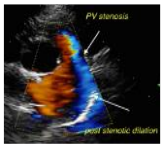

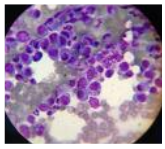
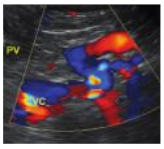

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild nonshadowing ingesta / chyme.

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 heterogeneous subtly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous spleen exhibiting indistinct likely benign nodules - nodules suggestive of minor benign myelolipomas, potential for emerging splenic mineralization possible
- Hepatopathy exhibiting generalized mild nonuniform parenchyma - nonspecific yet subjectively benign, vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, fibrosis, hematopoiesis, hyperplasia, or other hepatopathy with neoplastic criteria thought unlikely
- Mild mobile gallbladder debris (non-mucocele)
- Overtly normal gastrointestinal tract with mild gastric ingesta / chyme
- Mildly heterogeneous to hyperechoic pancreas - patient / age-related variant, potential minor pancreatic fibrosis possibly owing to previous inflammatory episode, low-grade to chronic pancreatitis possible
- Bilateral moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though no evidence of proteinuria or infection was noted on urinalysis, further renal staging to include screening C/S and baseline UPC level is warranted.

Screening hepatic FNA cytology could be considered for further assessment. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

Spec cPL may be considered to assess for evidence of low-grade or chronic pancreatitis.

Sonographically, no overt suspicion of Cushing's Syndrome based on adrenal gland presentation, yet further workup could be considered if aggressive PU/PD or strong clinical suspicion of adrenal hyperfunction is noted.

As-needed GI support would be appropriate.

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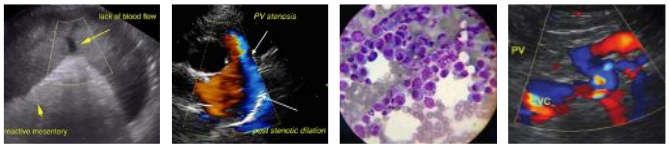

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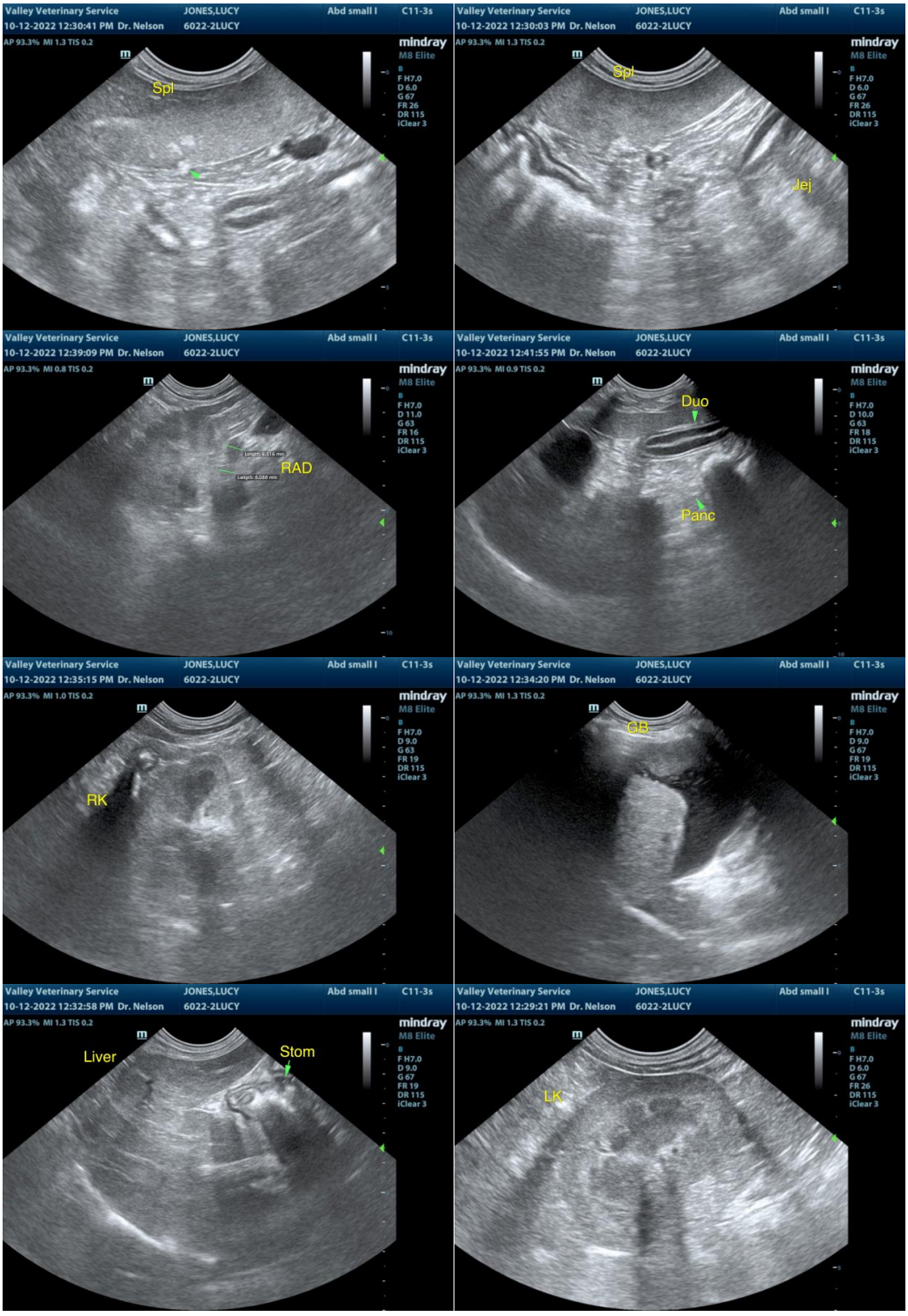

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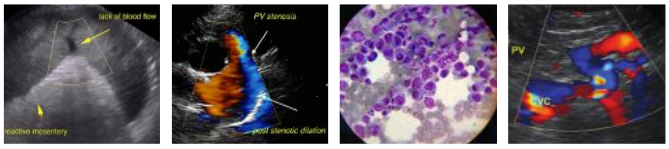

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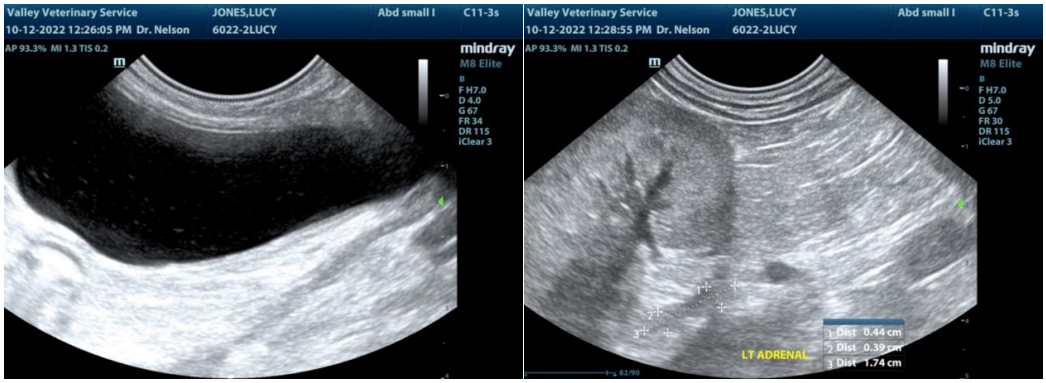

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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