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Clinical Sonography & Telecytology
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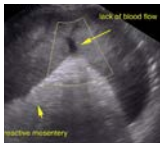
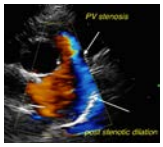
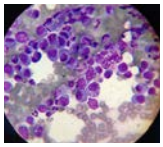
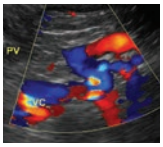

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1-800-838-4268 info@sonopath.com

PATIENT

Sophie Yamamoto

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

1 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate Vet Clinic

REFERRING VET

Dr. Robyn Lantz

INVOICE

26335

DATE

10/15/21

PRESENTING CLINICAL SIGNS

Vomiting, elevated liver values on recent labwork. Long history of sensitive stomach; prone to vomiting if doesn't eat often enough. Has been on phenobarb long term for seizures; no seizure in >1 yr. Recent phenobarb testing 9/16/21 showed no signs of phenobarb toxicity -- levels were just under therapeutic range.
Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 1,211IU/L - 10/8/21 (828 - 9/16/21; 529 - 10/24/20) ALT (SGPT) 829IU/L - 10/8/21 (152 - 9/16/21; 103 - 10/24/20) GGT 28IU/L (wnl on other visits)

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 were noted.

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 5.0 cm and the right kidney measured 5.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was indistinctly visualized, subjectively measuring 1.8 cm length x 0.44 cm at the caudal pole. The left adrenal gland was not definitively visualized.

Spleen

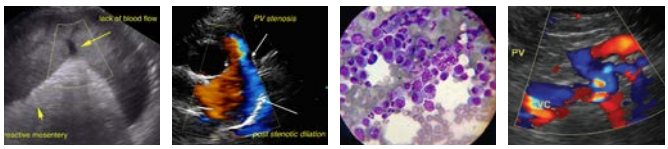
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. An echogenic nodule was noted adjacent to the hilus. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was enlarged in size with uniform, mild echogenic parenchyma compared to the falciform fat and spleen. No hepatic masses or nodules. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, hyperechoic, non-dependent, subjectively mobile debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.37 cm.



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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. Small intestinal wall measured 0.37 cm in width.

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

Pancreas

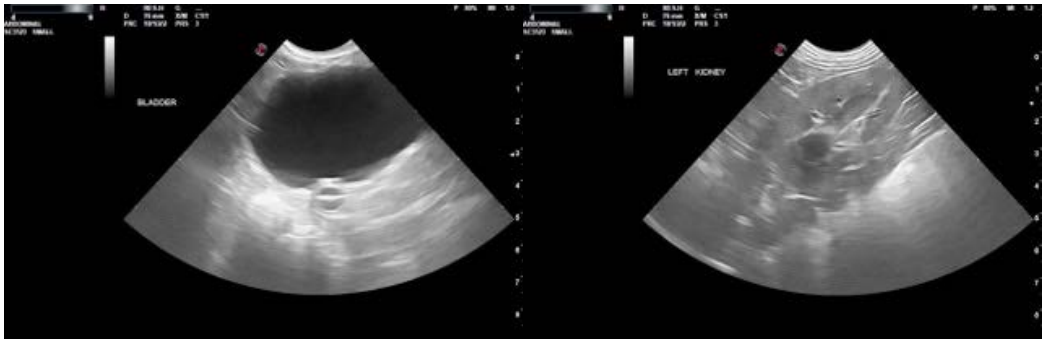
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign, chronic
- Mild, possibly emerging mineralized gallbladder debris
- Mild age related kidneys
- Focal benign splenic nodule – likely myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was non-specific, yet suggestive of benign hepatopathy without overt neoplastic criteria. Vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis possible with some degree of hepatic enzyme induction owing to chronic Phonobarbital therapy. Given the increasing ALT level, the possibility of emerging hepatotoxicosis owing to Phenobarbital therapy (although not definitive) is of concern. Consideration for weaning off of Phenobarbital with use of an alternative anti-seizure medication such as Keppra or Zonisamide and reassessment of hepatic enzymes may be considered. Hepatosupportive medications including Denamarin and Ursodiol recommended. No overt evidence of gastric mural pathology, although potential for low-grade gastritis is possible. As-needed gastric support such as Cerenia and/or Omeprazole would be appropriate.



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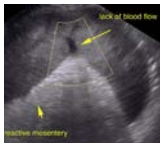
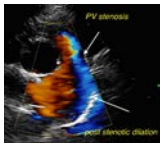
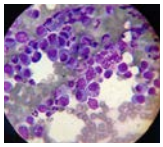
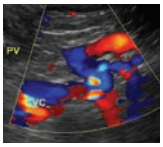

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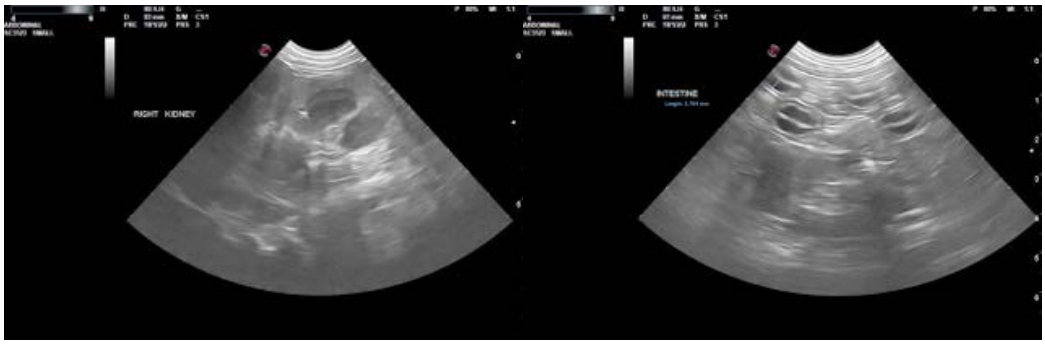

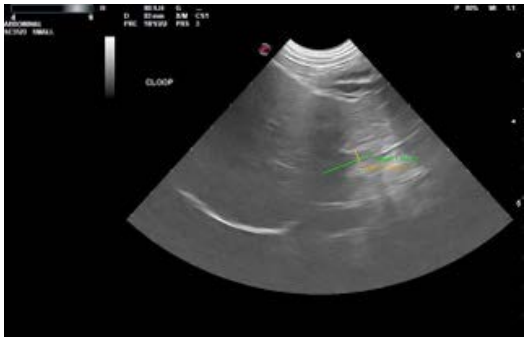

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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