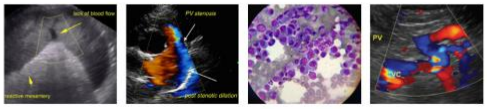
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Arlo Detora

SPECIES
Canine

BREED
Samoyed

SEX
Neutered male

AGE
4 years

WEIGHT
61 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Foster VC

REFERRING VET
Stacey Hattan, DVM

INVOICE
13858

DATE
10/18/21

PRESENTING CLINICAL SIGNS

Persistent elevated ALT (199) and creatinine (1.6) ALT 245 in April.

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 fee of pathology, measuring 1.0 cm in diameter.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 6.0 cm in length. The right kidney measured 5.5 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 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.66 cm width at the cranial pole.

Spleen

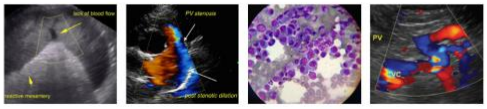
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. A solitary non-expansive well demarcated ovoid hypoechoic parenchymal nodule was present. Splenic nodule measured 0.37 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with minor non-dependent echogenic, non-mineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 stomach wall measured 0.42 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. The duodenum wall measured 0.53 cm. The jejunum wall measured 0.38 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

Focal, mildly prominent to enlarged mesenteric and focal medial iliac lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of mesenteric lymph node measured 0.53 cm in diameter.

No effusion noted. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Low grade hepatopathy- subjectively benign
- Minor gallbladder debris
- Solitary non-expansive splenic nodule- suspect focal lymphoid hyperplasia or hematopoiesis, potential for emerging neoplastic splenic nodule considered unlikely
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the splenic nodule for evidence of progression would be ideal.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Potential for low grade inflammatory hepatopathy is considered a primary differential diagnosis given the sole mild yet elevated ALT level. Hepatosupportive medications including ursodiol may prove beneficial. Reassessment of hepatic enzymes as well as creatinine level suggested. Leptospirosis titers/PCR may be considered if clinically indicated. Hepatic sampling would be required for a definitive diagnosis yet given the low-grade ALT elevation, conservative hepatosupport and continued monitoring would be reasonable.

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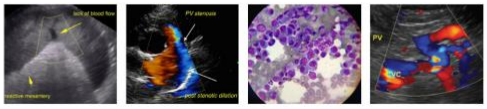

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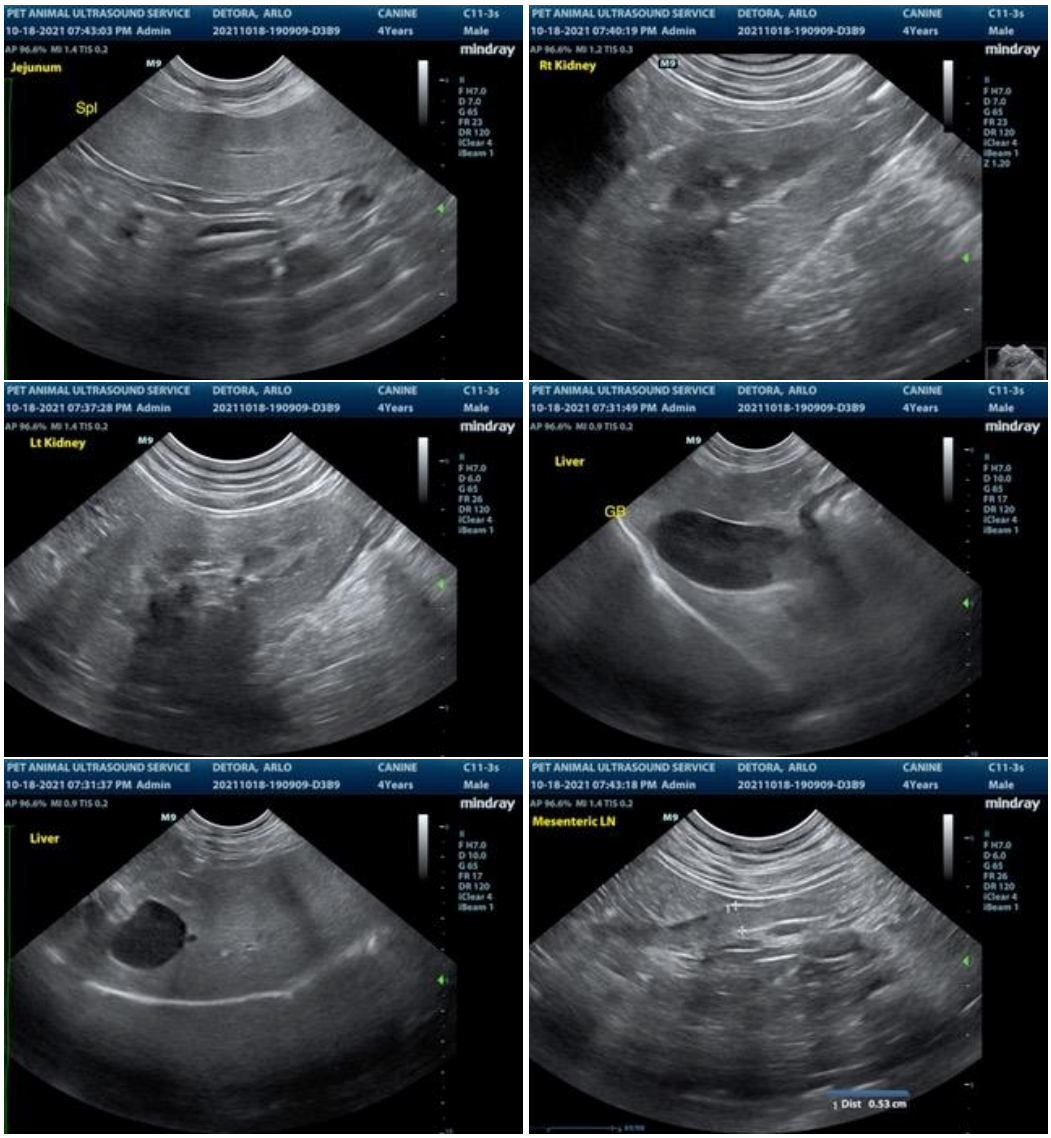

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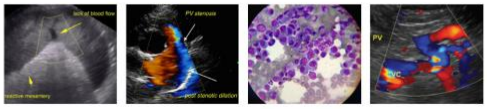

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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