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Clinical Sonography & Telecytology
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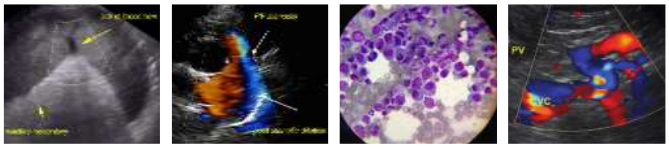


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Quattlebaum

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

13 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

12430

DATE

10/21/21

PRESENTING CLINICAL SIGNS

-Slowly increasing ALT noticed in wellness profile over about 18 months. Most recent ALT = 241 (16 to 121).

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, sediment, or calculi. 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 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 3.7 cm in length. The right kidney measured 3.9 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 0.51 cm width at the caudal pole and 0.53 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 0.43 cm width at the caudal pole and 0.46 cm width at the cranial pole.

Spleen

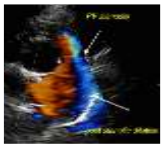
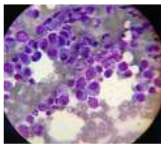
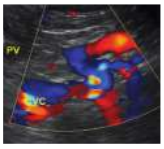
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a moderately coarse echotexture. Focal, nonspecific, non-expansive nodule was noted in the mid caudoventral liver, measuring 0.83 cm in diameter. The nodule did not distort the hepatic capsule. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild, echogenic ingesta was present in the stomach, likely consistent with recent meal ingestion. The gastric body wall width measured 0.35 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 width measured 0.40 cm. The jejunum wall width measured 0.33 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with focal non-expansive hypoechoic parenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver, as well as the solitary parenchymal nodule, were nonspecific. Consideration for low-grade Inflammatory hepatopathy given the mild yet increasing ALT elevation is warranted, (Immune-mediated, infectious, or other). The nodule Itself may indicate a focal area of hematopoiesis or nodular to regenerative hyperplasia with a neoplastic nodule or generalized hepatic neoplasia considered a less likely differential diagnosis.

Ultrasound-guided FNA of the hepatic parenchyma and nodule, If accessible and assuming normal clotting status, could be considered for further clarification and possible identification of Inflammatory cell type if present.

Hepatosupportive medications including Ursodiol given the presence of mild gallbladder debris and continued monitoring of hepatic enzymes given the relatively low-grade ALT elevation would be reasonable. Sonographic monitoring of the hepatic parenchymal nodule with initial recheck in 4 weeks is suggested to assess for evidence of progression.

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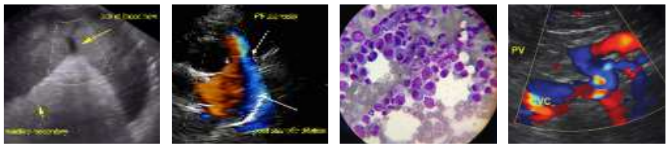

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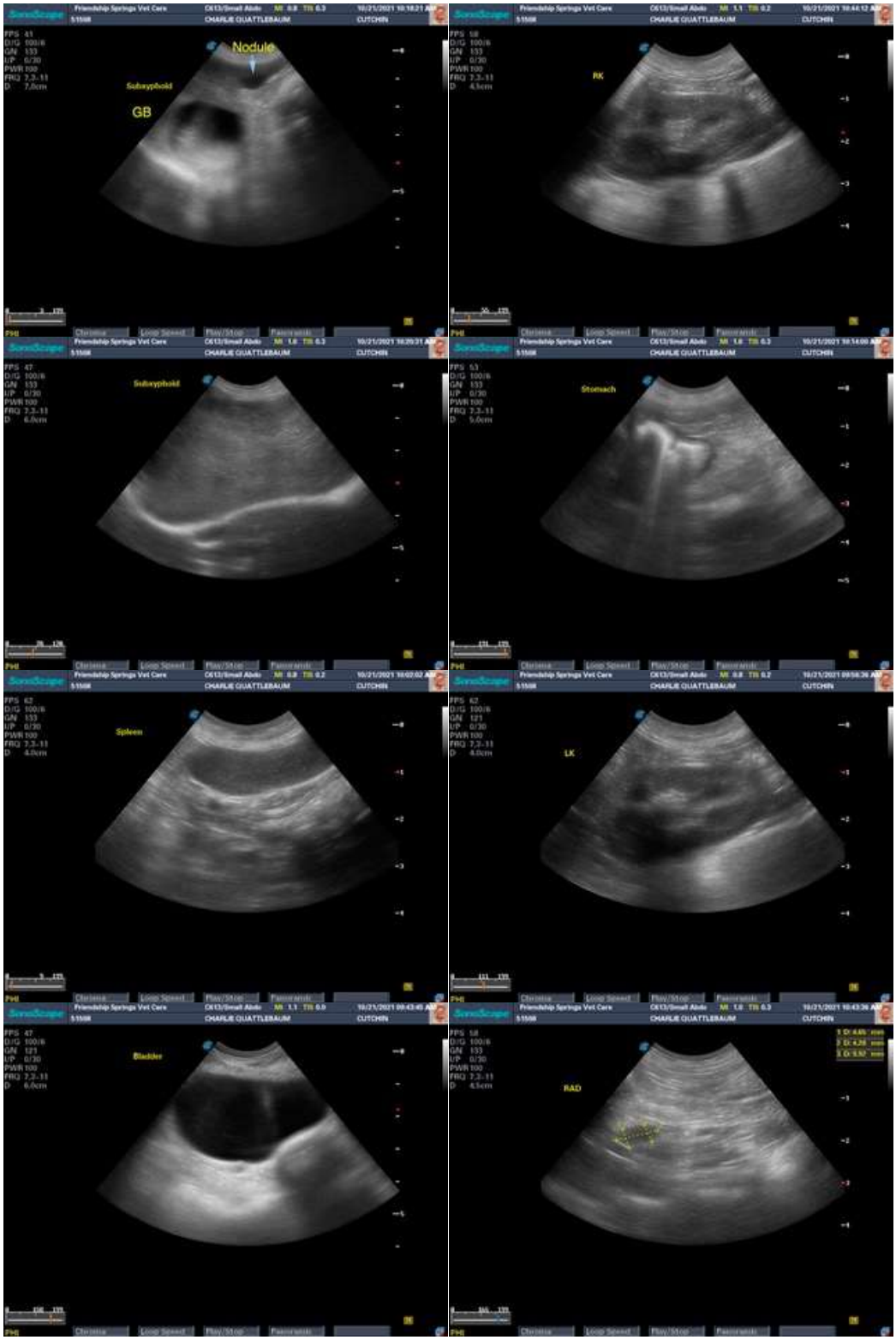

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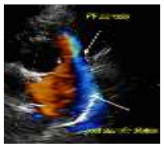
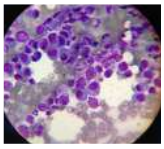
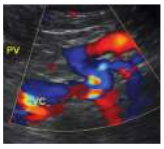

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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