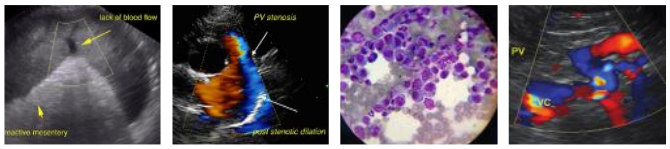
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Harper Ladjias

SPECIES
Canine

BREED
Mixed

SEX
FSq

AGE
11yr

WEIGHT
26lb

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

IMAGING PERFORMED BY
Dr. Ammeraal

HOSPITAL NAME
Sova Animal Hospital

REFERRING VET
Dr. Ammeraal

INVOICE
11976ag

DATE
10/24/2022

PRESENTING CLINICAL SIGNS

Diabetic patient w fair to decent control. Owner monitors daily. Also blind secondary to cataracts . Looks great as a patient, on Novolin N 6.5 to 7 units BID

Abnormal PE/Chem/CBC/UA Results: Mature Catracts OU, Deaf, BAR, BCS 5/9. ALT 168 U/L , ALKP 322 U/L, Glucose 140mg/dL UA Glucose 3+ , neg ketones, pH 5

Total # of Files Uplo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2 cm. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities (est 2) with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.74 cm diameter.

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. Focal areas of non-obstructive medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.63 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 0.55 cm width at the caudal pole and 0.66 cm width at the cranial pole. No overt adrenomegaly or adrenal tumors noted.

Spleen

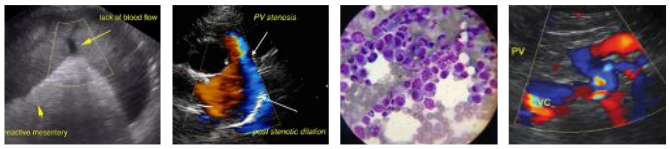
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver presented 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 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 primarily anechoic luminal content and moderate uniform hyperechoic to congealed luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing consistent with post prandial presentation 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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small urinary bladder calculi
- Bilateral chronic renal changes with minor non-obstructive medullary mineral
- Benign hepatopathy-metabolic/reactive/vacuolar (diabetic) hepatopathy, inflammatory or other hepatopathy, neoplastic criteria considered unlikely.
- Moderate congealed yet non-organized gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands
- Heterogeneous pancreas-age related pancreatic changes, remodeling owing to previous inflammation or low grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine C/S on a sterile urine sample is recommended if not recently done. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment and assess for potential inflammatory hepatopathy. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels and further monitoring would be reasonable.

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

A recheck sonogram is recommended is progressive hepatic enzyme elevation, evidence of cholestasis or cranial abdominal/subxiphoid discomfort is present.

A full adrenal workup may be considered if clinical signs consistent with adrenal hyperfunction are present or if diabetic dysregulation is noted.

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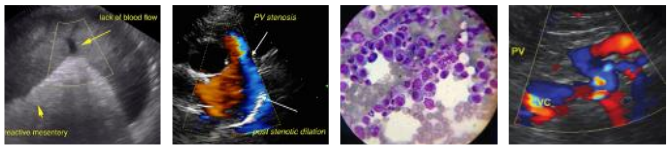

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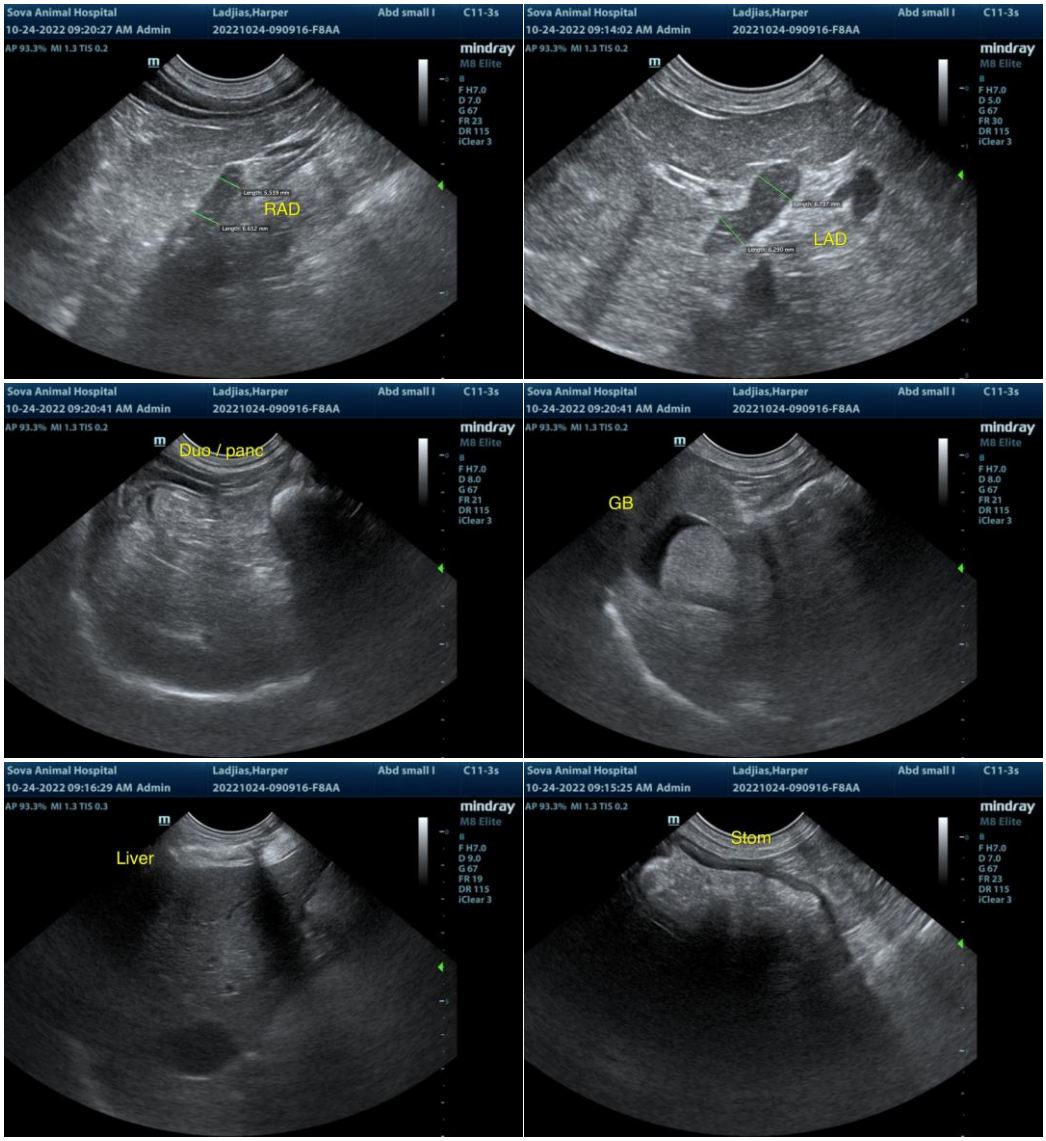

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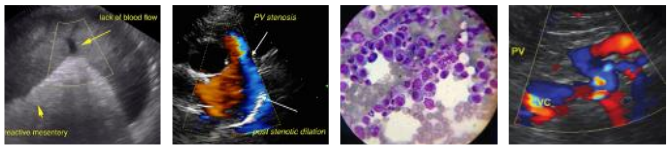

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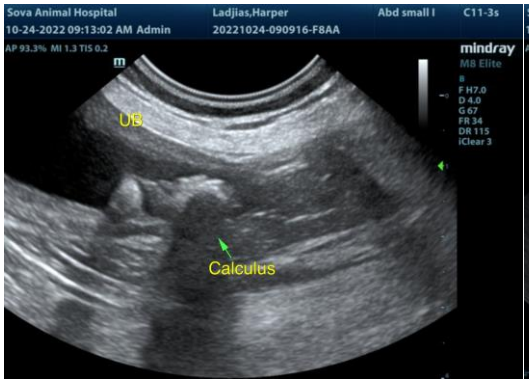

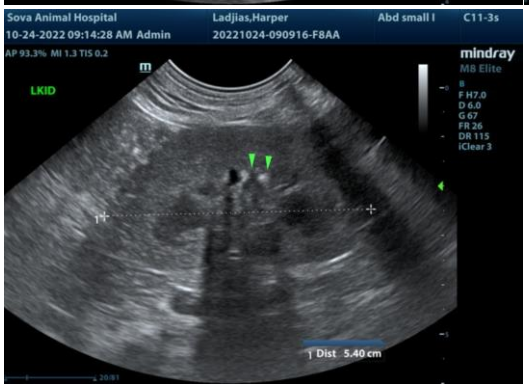

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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