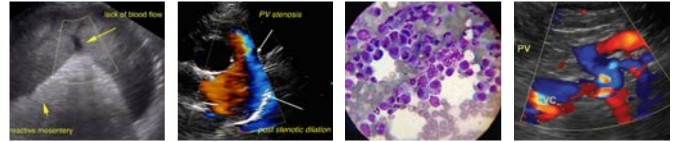
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Belle Staten

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
12 Years 8 Months

WEIGHT
73.2 Pounds

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

IMAGING PERFORMED BY
Amanda Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Bridget Hayes

INVOICE
26643

DATE
10/25/21

PRESENTING CLINICAL SIGNS

Lost her appetite 3 days ago. Normal activity. No vomiting. Mildly jaundiced both mucous membranes and sclera.
Abnormal PE/Chem/CBC/UA Results: See attached lab results - CBC = Retic 112.4, Neu 12.99 CHEM = ALT 750, ALP 1284, GGT 22, Tbili 3.9. Coags = PT 21.0, PTT 91.0 See attached radiographs - Bridging spondylosis of spine, mildly enlarged liver

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 right kidney measured 7.3 cm. The left kidney measured 7.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length x 0.87 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.84 cm at the caudal pole.

Spleen

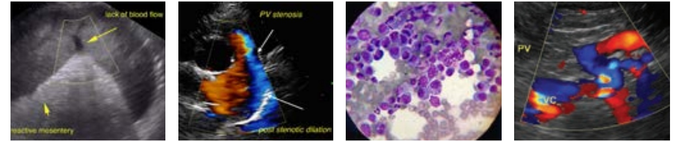
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented normal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. The gallbladder was non-distended in size with mildly prominent to echogenic walls along with mild non-organized luminal debris, primarily around the outer lumen, adjacent to the inner luminal wall.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a minor amount of anechoic fluid in the area of the pylorus. Gastric body wall measured 0.57 cm. Non-specific hyperechoic foci were noted in the muscularis layer of the stomach, likely consistent with age related changes, although hyperechoic foci are at times associated with chronic gastritis.



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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.

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

Pancreas

The pancreas was prominent in size with heterogeneous to mildly hypoechoic parenchyma primarily in the area of the pancreas base and right pancreatic limb. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged hepatic and pancreaticoduodenal nodes were present. Example measured 1.6 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

PRIMARY FINDINGS

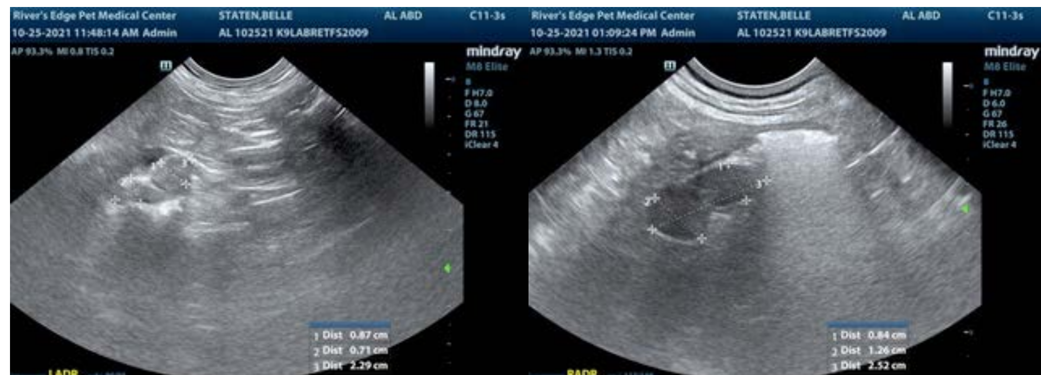
- Non-uniform nodular liver with parenchymal remodeling
- Mild gallbladder debris, suspect mild chronic cholecystitis
- Mild chronic gastritis pattern
- Prominent heterogeneous to mildly hypoechoic pancreas – patient variant, parenchymal remodeling owing to previous inflammation, or chronic to chronic active inflammation possible.
- Subjective reactive/benign hepatic and pancreaticoduodenal lymph nodes

SECONDARY FINDINGS

- Bilateral chronic mild renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the overall appearance of the liver and gallbladder is suggestive of chronic hepatobiliary inflammatory process such as chronic active hepatitis or cholangiohepatitis/cholecystitis or similar. Some degree of hepatic parenchymal remodeling with potential for vacuolar hepatic changes and non-obstructive cholestasis also likely. Hepatic or hepatobiliary neoplasia considered a less likely differential diagnosis. Chronic to chronic active pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec cPL may be considered. No evidence of post-hepatic obstruction. Empirically, hepatosupportive medications with as-needed gastrointestinal support indicated. Hepatic sampling may be considered if coagulation profile is normalized.



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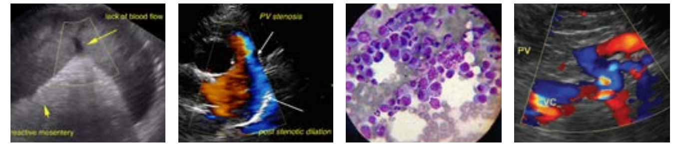

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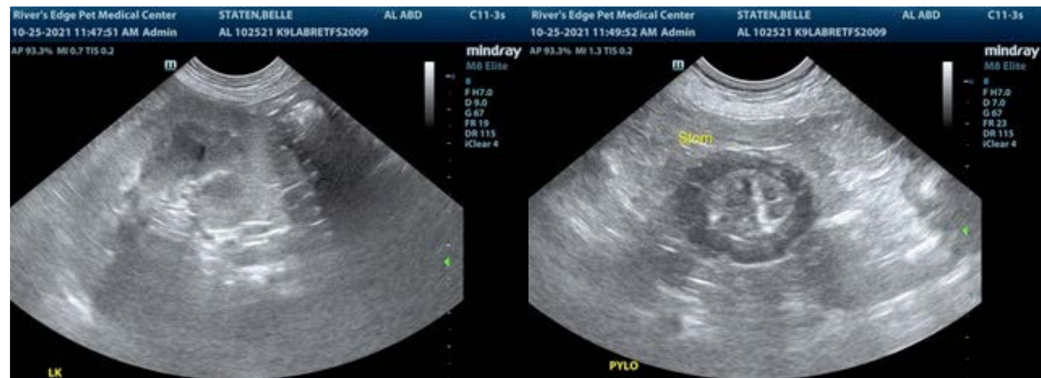

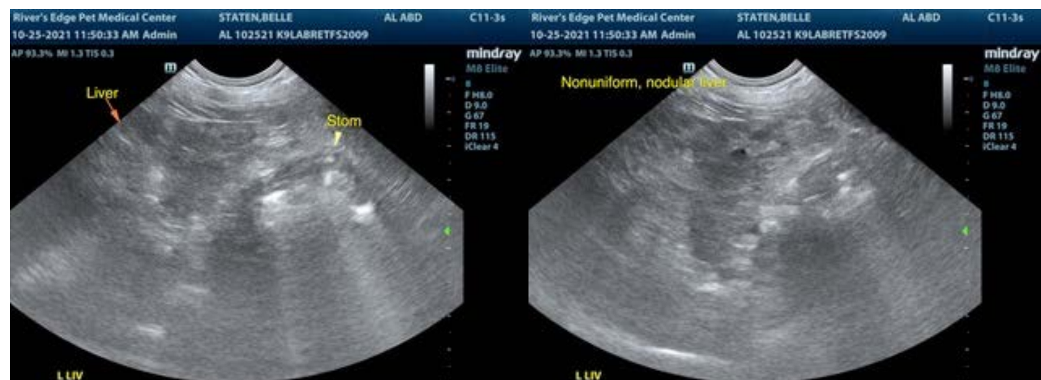

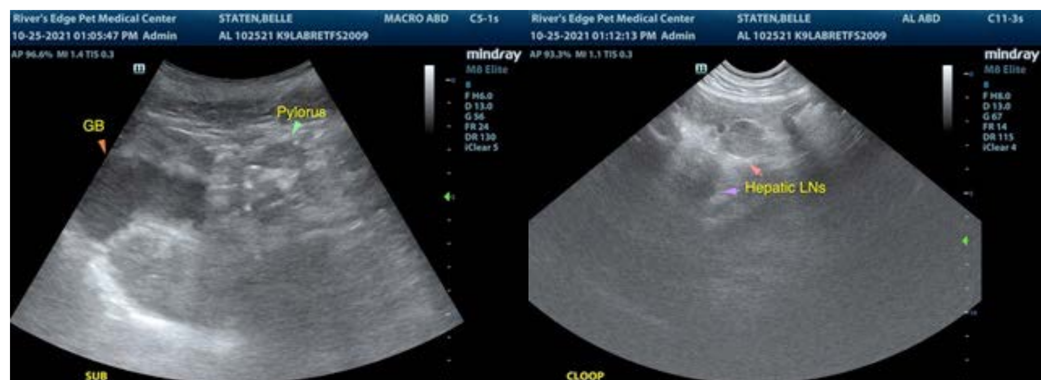

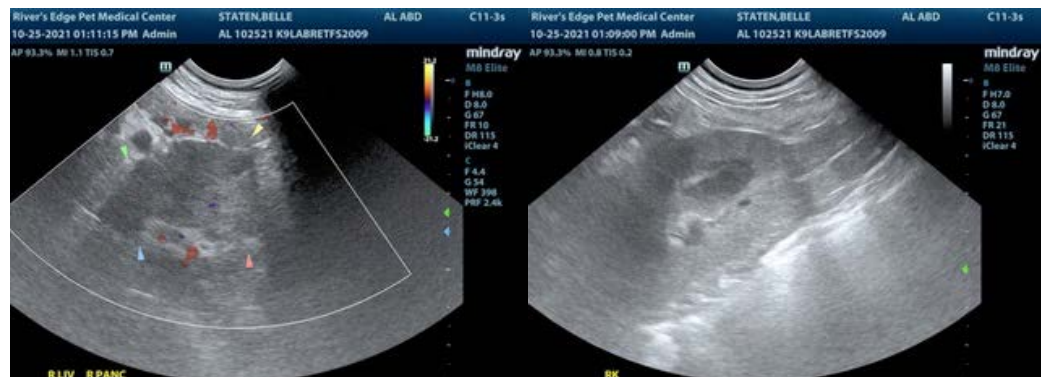

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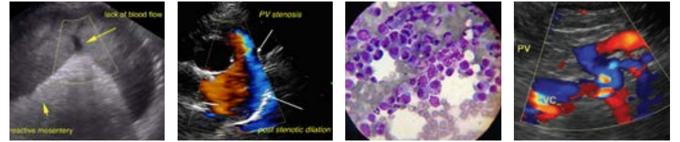

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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