SonoPath
Clinical Sonography & Telecytology
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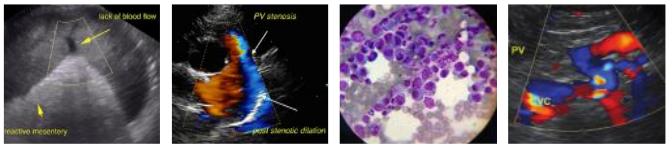


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Faye Haskett

SPECIES
Canine

BREED
Dachshund

SEX
FS

AGE
8y

WEIGHT
7.1

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

IMAGING PERFORMED BY
Jessica Morgan, RVT

HOSPITAL NAME
Oxford County VC

REFERRING VET
Dr. Bridge

INVOICE
15247

DATE
10/25/22

PRESENTING CLINICAL SIGNS

presented zfor a dental cleaning, elevated ALT, reset of bloodwork, normal, no clinical signs, no PU/PD, weight loss/gain. U/A normal
Abnormal PE/Chem/CBC/UA Results: 10/3/22- bloodwork for dental cleaning PAB - ALT 216 (10-125) H recheck 10/24/22 ALT 353 (10-125) H,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length. No evidence of renal mineralization or calculi was noted.

Adrenal Glands

The bilateral adrenal glands exhibited borderline prominent size based on caudal pole width measurement in light of body weight, with maintained symmetrical capsule contour and uniform adrenal parenchyma. No evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.58 cm width at the cranial pole.

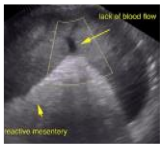
Spleen

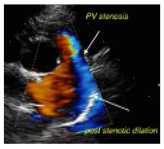
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

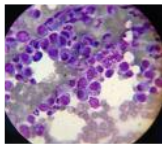
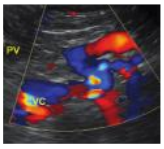
Liver/ Gallbladder

The liver exhibited potential for borderline to mild decreased size with normal 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 thin walls and primarily anechoic luminal content. 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 mild nonshadowing ingesta / chyme without signs of 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 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

- Benign hepatopathy exhibiting potential for borderline to mild subnormal liver size
- Normal gallbladder
- Borderline to mildly prominent bilateral adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific with primary consideration for low-grade nonspecific inflammatory hepatopathy given the ALT elevation, toxic hepatopathy i.e., copper hepatopathy, infectious disease (viral, bacterial, Leptospirosis, etc.,) or other hepatopathy. No evidence of a portosystemic vascular anomaly or hepatic neoplastic criteria. If accessible, screening hepatic FNA cytology could be considered primarily to assess for or possibly identify inflammatory cell type if present. Hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatic functionality is likely normal assuming normal albumin, glucose, BUN, and cholesterol levels. Hepatosupportive medications including Denamarin may prove beneficial.

No overt suspicion of underlying adrenal disease, given the lack of reported clinical signs.

No overt anesthetic contraindications assuming evidence of normal hepatic functionality.

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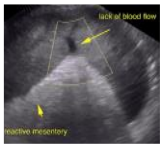
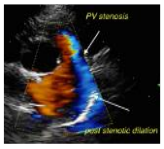
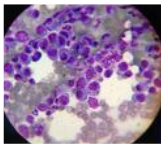
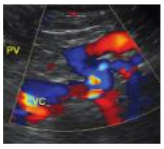

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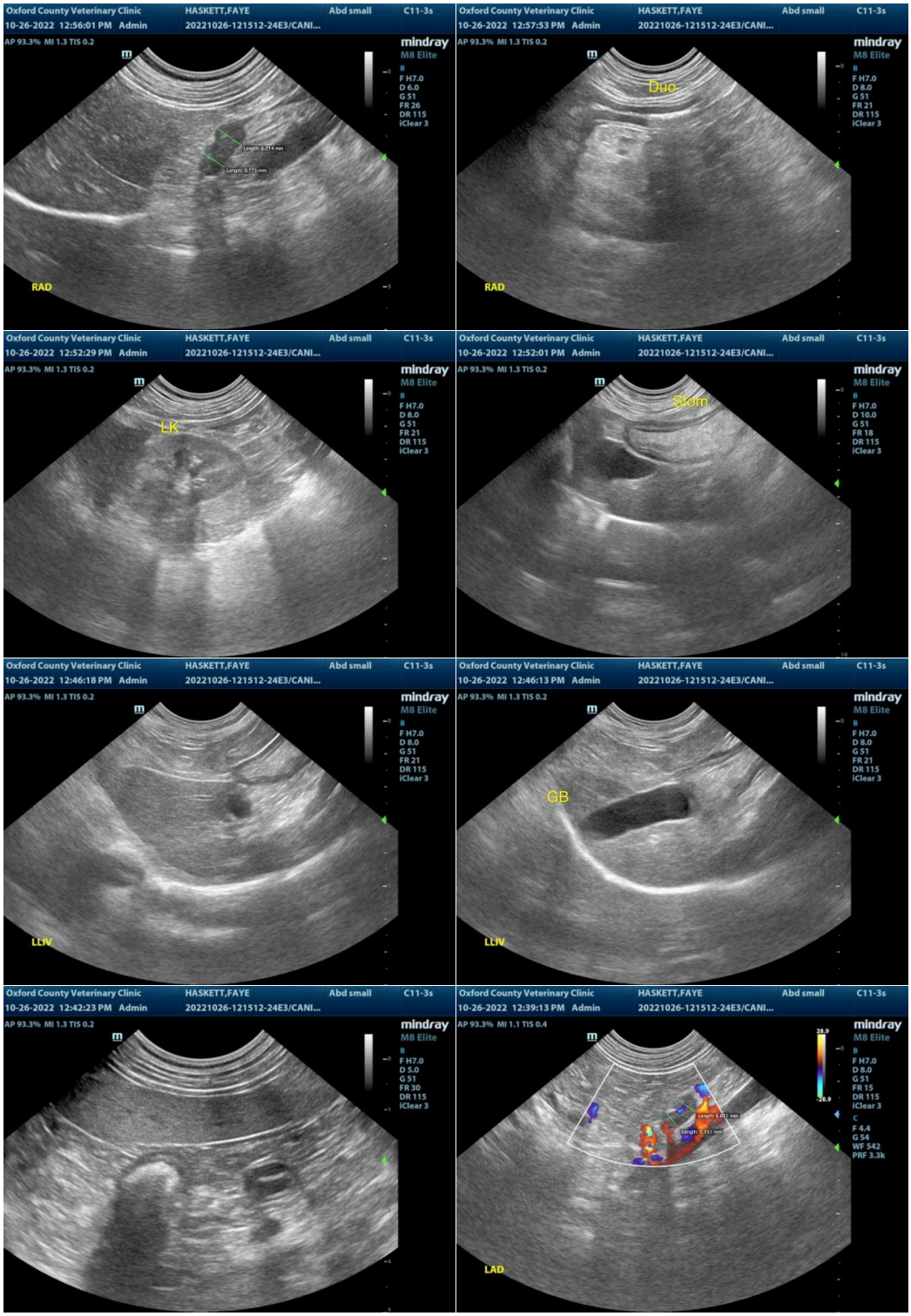

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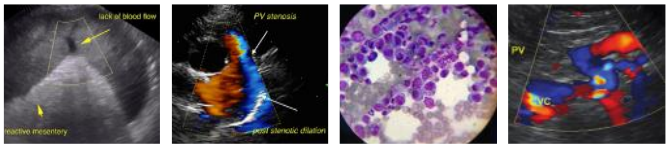

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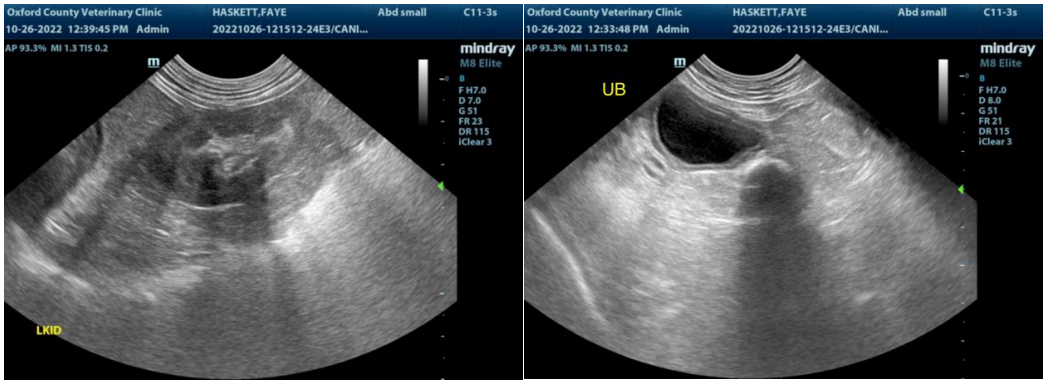

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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