IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Chief Doak

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

9 years

WEIGHT

97 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

12471

DATE

10/28/21

PRESENTING CLINICAL SIGNS

P presented for routine BW and a fractured tooth.
Abnormal PE/Chem/CBC/UA Results: Increased ALT (186), increased ALP (3,310), GGT (129), Lipase (524), Cholesterol (485)

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 was noted.

The residual prostate was free of pathology.

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 7.7 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was partially visualized owing to patient conformation measuring 0.47 cm width at the caudal pole. The right adrenal gland was not distinctly visualized owing to patient conformation, without overt evidence of associated pathology.

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 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 mild to moderate, nondependent yet nonorganized and uniformly echogenic gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach was moderately distended with strongly shadowing ingesta to echoes extending into the area of the pylorus. An example of a strongly shadowing echo in the pylorus measured 2.5 cm in diameter.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental gas and echogenic, nonshadowing digesta / chyme was present.

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 - subjectively benign
- Mild to moderate gallbladder debris (non-mucocele)
- Strongly shadowing gastric Ingesta / echoes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet most consistent with benign hepatopathy. Metabolic / reactive / vacuolar hepatopathy, Inflammatory parenchymal disease, or hepatobiliary process, given the presence of concurrent gallbladder debris which may also Indicate some level of cholestasis, are possible. No evidence of hepatic neoplastic criteria, which is considered unlikely.

Assuming normal clotting status, hepatic FNA could be considered for screening cytology potentially to assess for evidence of inflammatory cells. Conservatively, hepatosupportive medications including Denamarin and Ursodiol with continued monitoring of liver enzymes could be considered. Hepatic core or surgical biopsy may be required for a definitive diagnosis.

Potential for an underlying adrenal disease may be considered less likely, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. However, If these clinical signs are present, a full adrenal workup could be considered. Leptospirosis titer/ PCR may be considered if clinically indicated.

The strongly shadowing gastric ingesta / echoes are nonspecific, yet concern for potential gastric foreign material, given the degree of shadowing exhibited by the ingesta / echoes, is warranted. Correlation with recent meal ingestion and abdominal radiographs are recommended.

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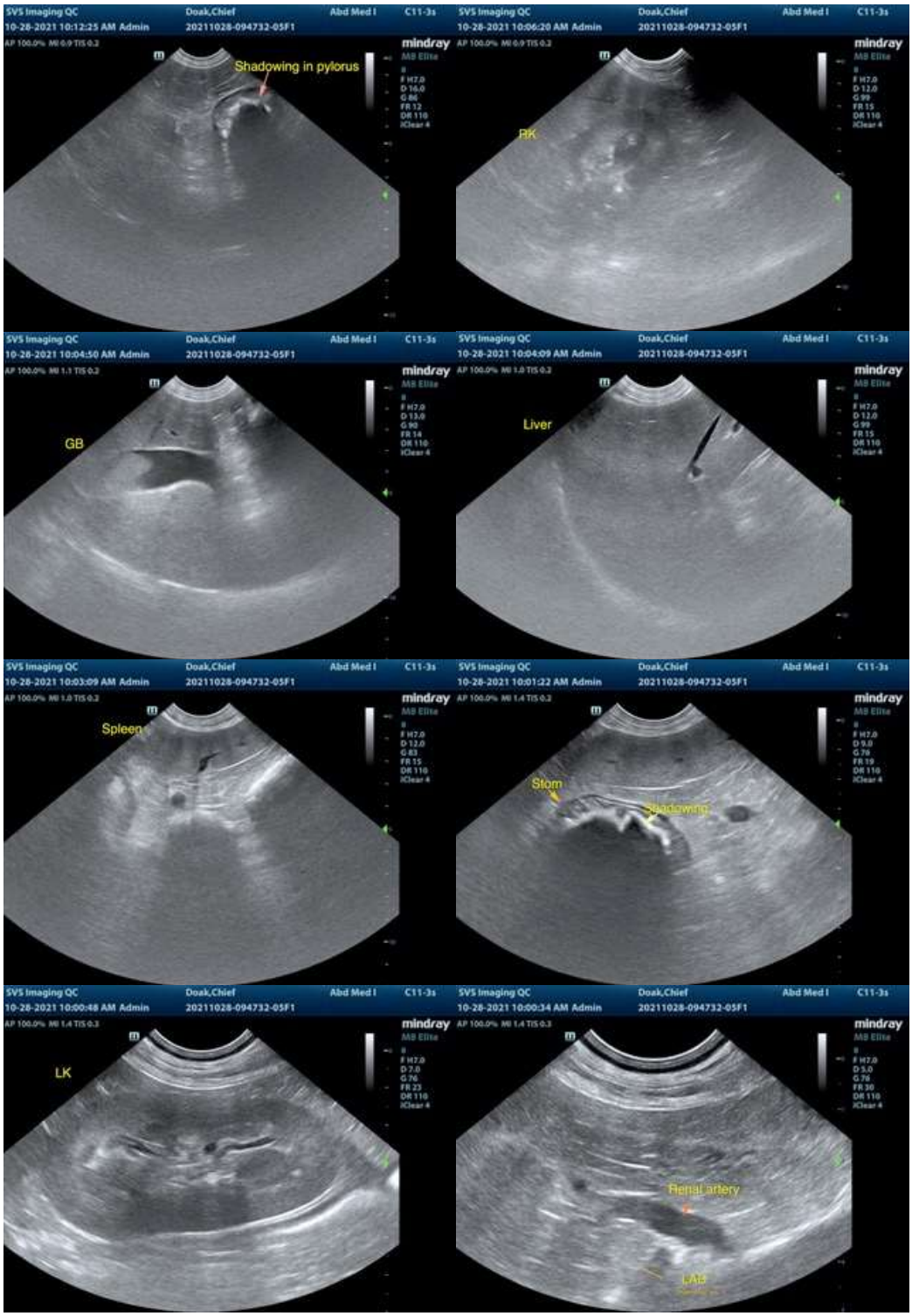

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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