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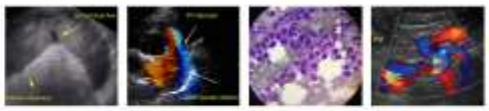
Pet Animal Ultrasound Service



SonoPath
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PATIENT

Liberty Shubitowski

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

FS

AGE

17 years

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Tami Ilovich, DVM

INVOICE

12480

DATE

10/28/21

PRESENTING CLINICAL SIGNS

Grade lll/Vl systolic murmur. Syncopal episode every few months; vomiting every few days, but eating. Diarrhea improved with metronidazole. Weight loss - was 18.2 lb one year ago. Having bi-cavity ultrasound exams.

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 marked loss of corticomedullary symmetry and definition expected for the age of the patient. Both kidneys exhibited mild pyelectasia, without concurrent left or right ureter dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

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 0.61 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the cranial pole and 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Subtle echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited subjective normal size and overall contour. Generalized variably echogenic parenchyma with increased prominence of the portal vascular borders, as well as parenchymal remodeling, were present. The gallbladder was non-distended in size with moderate, mildly organized, variably echogenic, luminal debris, and suspected mucus. No evidence of peripheral inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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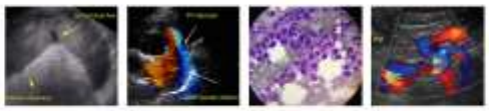

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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio and mild duodenal jejunal mucosal speckling. The duodenum wall width measured 0.41 cm. The jejunum wall width measured 0.35 cm.

Normal visible colon wall layers were present with subjective formed to semi-formed feces at the time of the ultrasound.

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. The pancreas is likely consistent with age-related pancreatic changes and considered Incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic parenchymal remodeling with generalized variably echogenic parenchyma - subjectively benign
- Possible early to emerging gallbladder mucocele
- Benign splenic nodules - likely subtle benign myelolipomas
- Bilateral marked chronic renal changes with pyelectasia
- Gastroenteritis pattern - potential for antibiotic responsive diarrhea or dysbiosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The appearance of the liver is likely consistent with benign age-related parenchymal remodeling with areas of indistinct nodular to regenerative hyperplasia, hematopoiesis, without overt evidence of neoplastic criteria.

Given the improvement on Metronidazole, continued as-needed empirical antibiotic therapy +/- dietary protocol (hydrolyzed or limited antigen diet), and high colony count probiotic such as Proviable, would be appropriate. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered, given the patient's weight loss. Screening blood pressure is recommended.

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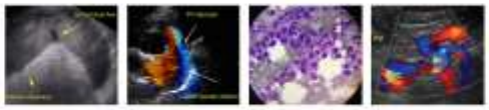

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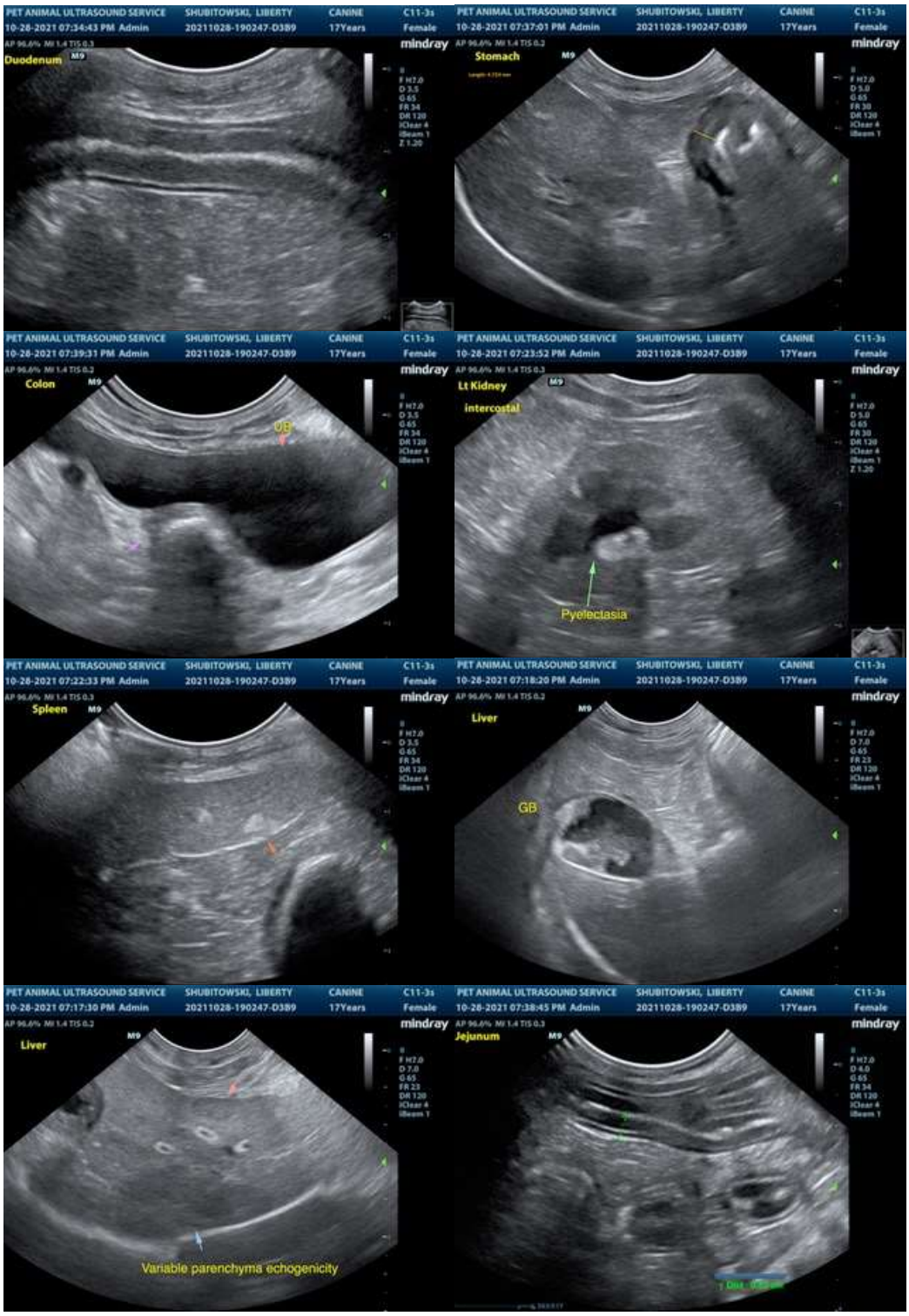

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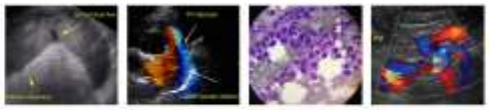

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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