SonoPath
Clinical Sonography & Telecytology
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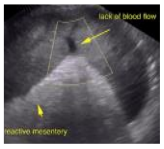
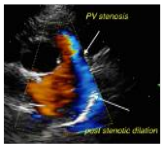
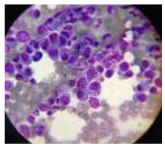
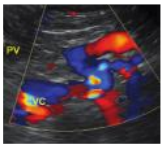




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chief Meyers

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Intact

AGE

9

WEIGHT

32.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions AC

REFERRING VET

Dr. Vockeroth

INVOICE

15091

DATE

10/5/22

PRESENTING CLINICAL SIGNS

Clinically doing well follow up to exam done 03/22/2022 Invoice 10216ag
Abnormal PE/Chem/CBC/UA Results: Liver enzymes now normal

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 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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.6 cm diameter.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineralization was noted in both kidneys. The left kidney measured 6.4 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

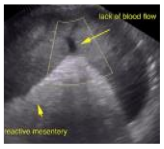
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 0.71 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.58 cm width at the cranial pole.

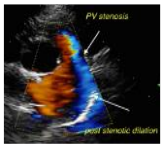
Spleen

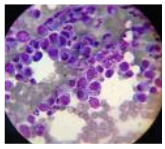
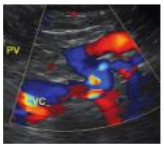
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subjectively normal in size, 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 moderate, inspissated, nonorganized, mildly hyperechoic debris in the mid to caudal lumen. The debris appeared to also be present in the mildly dilated cystic biliary duct. No evidence of common bile duct dilation or post-hepatic obstructive criteria were noted.





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Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach contained a mild amount of retained, primarily anechoic, fluid. No evidence of mechanical pyloric outflow obstruction was noted.

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

Intermittent, mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria. An example lymph node measured 1.3 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Benign prostatic hyperplasia, potential for prostatitis considered less likely
- Mild hypomotile stomach, potential for persistent mild hypomotile gastritis if evidence of vomiting, anorexia, etc.
- Sonographically unremarkable liver
- Persistent moderate inspissated gallbladder debris (non-mucocele)
- Mild heterogeneous to remodeled pancreas - patient / age-related variant, potential for low-grade to chronic inflammation possible if evidence of cranial abdominal / subxiphoid discomfort on palpation or elevated Spec cPL
- Intermittent benign / reactive, likely incidental mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued hepatosupportive medications including Denamarin and Ursodiol with monitoring for evidence of recurrent cholestasis is recommended. As-needed gastrointestinal support and hydrolyzed diet trial are suggested if evidence of gastrointestinal signs +/- recheck sonogram for gastric reassessment may be considered.

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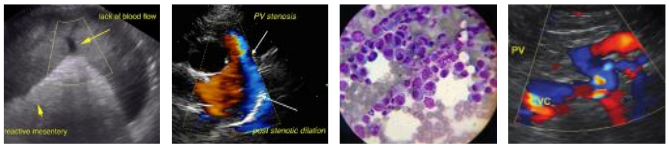

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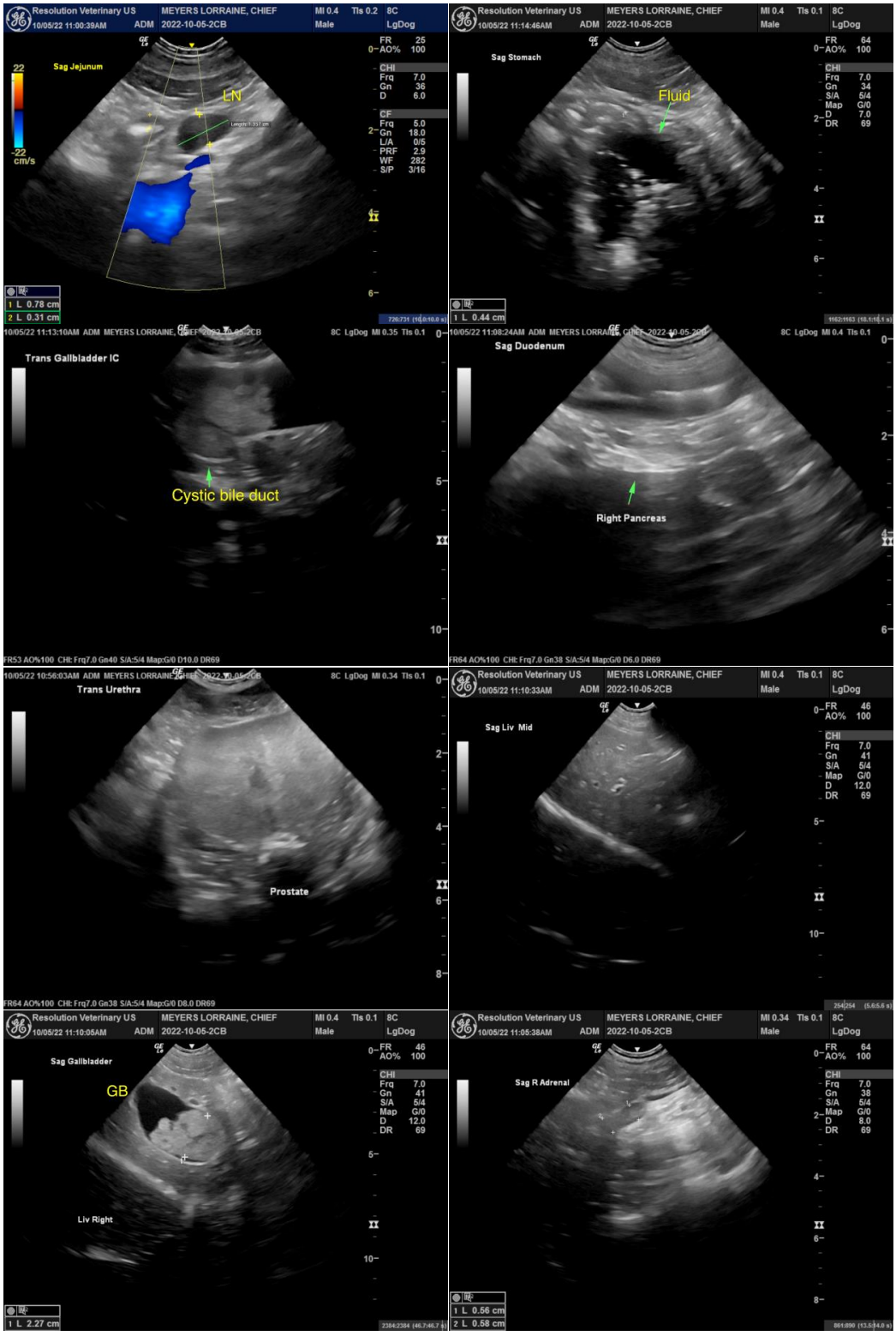

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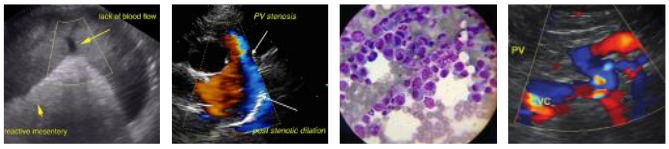

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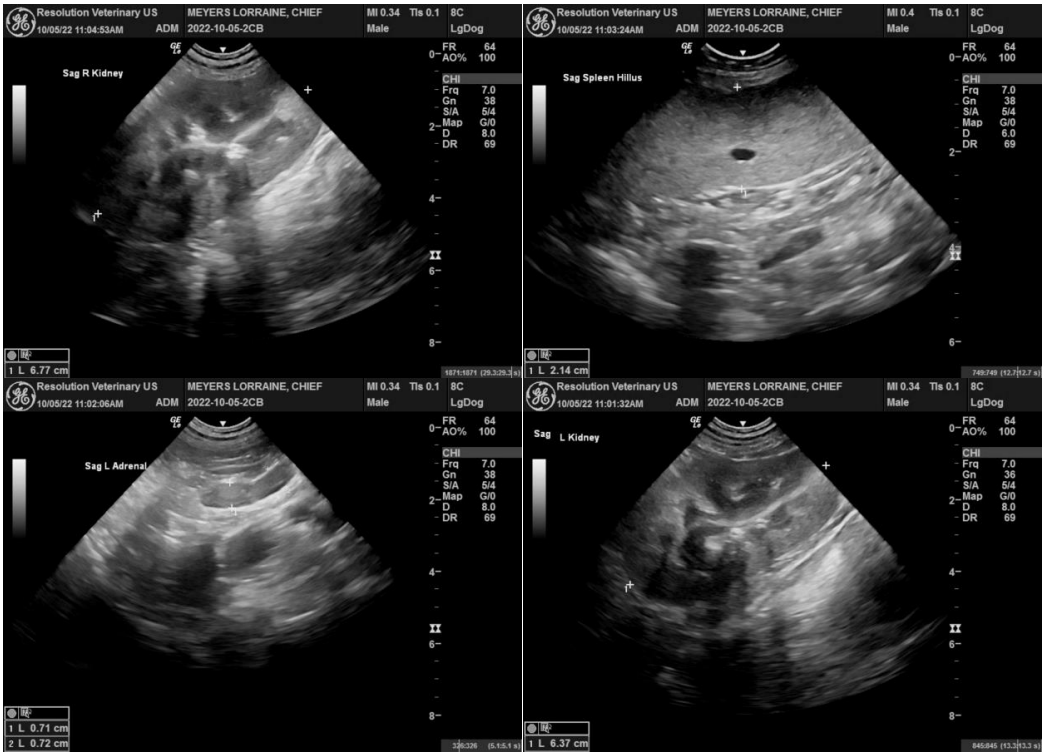

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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