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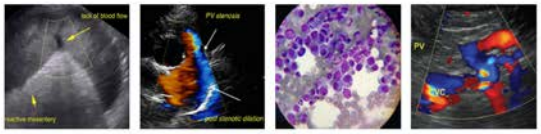

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Seamus Delaney

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

71 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Community VP

REFERRING VET

Dr. Carpenter

INVOICE

29822

DATE

11.16.2021

PRESENTING CLINICAL SIGNS

History: Elevated Alkph, concern for Cushing's

ALP 417

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of 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 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 left kidney measured 6.0 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of hyperplasia or adrenal nodules/tumors. The left adrenal gland measured 2.6 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 3.0 cm length x 0.59 cm at the caudal pole.

Spleen

The spleen exhibited normal overall size and contour with primarily maintained finely textured, homogeneous parenchyma. A solitary, mildly expansive, hypoechoic nodule was noted in the subjective mid to caudal spleen measuring 1.5 cm in diameter.

Liver

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 primarily anechoic luminal content. 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.

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.

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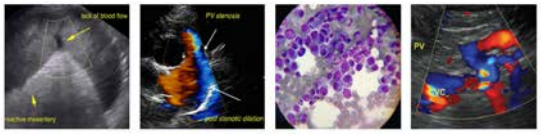

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Pancreas

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with uniform parenchyma – subjectively benign
- Non-specific, mildly expansive splenic nodule
- Mild age related kidneys
- Sonographically unremarkable bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

The overall appearance of the liver was non-specific, yet suggestive of vacuolar hepatopathy given the solely elevated ALP, while potential for inflammatory hepatic parenchymal or hepatobiliary disease considered less likely with no overt evidence of neoplastic criteria. Subjectively, the appearance of the liver was not overtly consistent with steroid hepatopathy given the concurrent normal sonographic presentation of the bilateral adrenal glands. Urine cortisol/creatinine ratio +/- LDDST may be considered if strong clinical suspicion or clinical signs (i.e., polyuria, polydipsia, polyphagia) are present. Screening hepatic FNA (assuming normal clotting status) could also be considered. Continued hepatosupportive medications are recommended.

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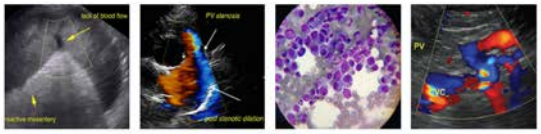

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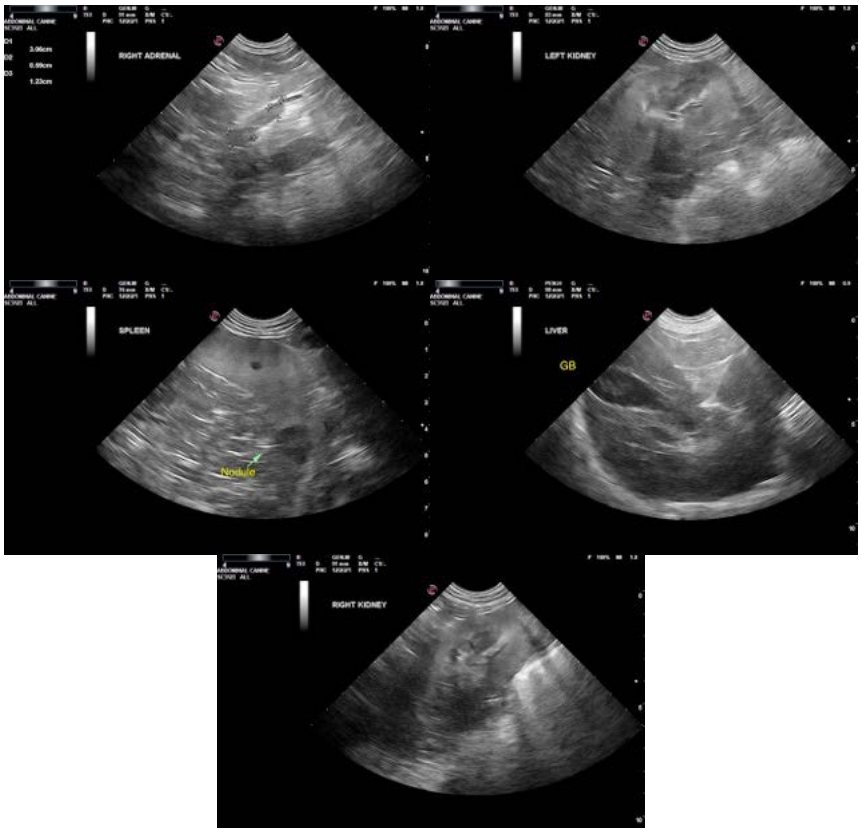

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com