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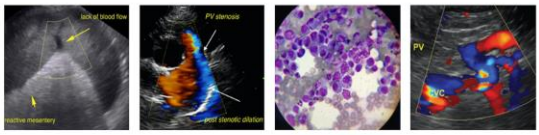

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Ruby Dunn

SPECIES

Canine

BREED

Yorkie Mix

SEX

FS

AGE

2009

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Meyer

INVOICE

15357

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Elevated liver values, proteinuria.

Medication: Ursodial, Hepatosupport

ALP 654, ALP 272, AST 67, BUN 45, Creatinine 1.2, Specific gravity 1.031

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 pyelectasia was present. Pinpoint medullary mineralization was noted. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.72 cm width at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.76 cm width at the caudal pole. No evidence of adrenal tumors.

Spleen

The spleen exhibited mild folding, which is not overtly indicative of underlying pathology and is considered a potential patient variant, with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited generalized enlargement with asymmetrical to rounded hepatic contour. Diffuse mildly irregular to nonhomogeneous hepatic parenchyma was noted. The ventral caudal aspect of the liver appeared to extend caudally past the level of the gastric axis. The gallbladder was non-distended in size containing moderate, inspissated, hyperechoic, nonmineralized gallbladder debris. No evidence of peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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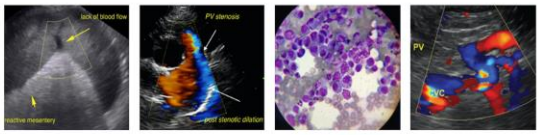

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Gastrointestinal

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 exhibited primarily intact wall layering and maintained 1:3 muscularis/mucosa ratio with intermittent nonspecific mild mucosal speckling.

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. Mild pancreatic duct dilation was noted.

Free Abdomen

An ill-defined, irregular, mixed echogenic mass was present in the right cranial abdomen, which appeared to originate from regional duodenal or possible jejunal wall, measuring approximately 3.8 cm x 2.8 cm. Subtle evidence of peripheral hyperechoic omentum was noted. No evidence of significant lymphadenopathy or peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes
- Bilateral prominent adrenal glands - no adrenal tumors
- Hepatopathy exhibiting generalized irregular heterogeneous parenchyma - vacuolar hepatopathy, chronic inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, all potentials
- Moderate inspissated gallbladder debris - possible early to emerging gallbladder mucocele
- Ill-defined irregular mixed echogenic mass right cranial abdomen - suspect intestinal origin, potential for non-intestinal origin of the mass i.e., pancreatic, lymphatic, etc., with intestinal infiltration cannot be definitively excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening hepatic and ill-defined mass FNA cytology, assuming normal clotting status, is warranted for further clarification.

Continued hepatosupportive medications with monitoring for evidence of increasing cholestasis, given the gallbladder presentation, are recommended. UPC is suggested if not recently done.

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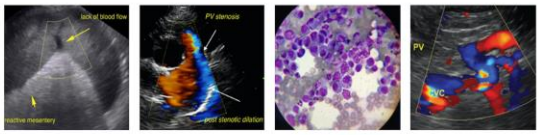

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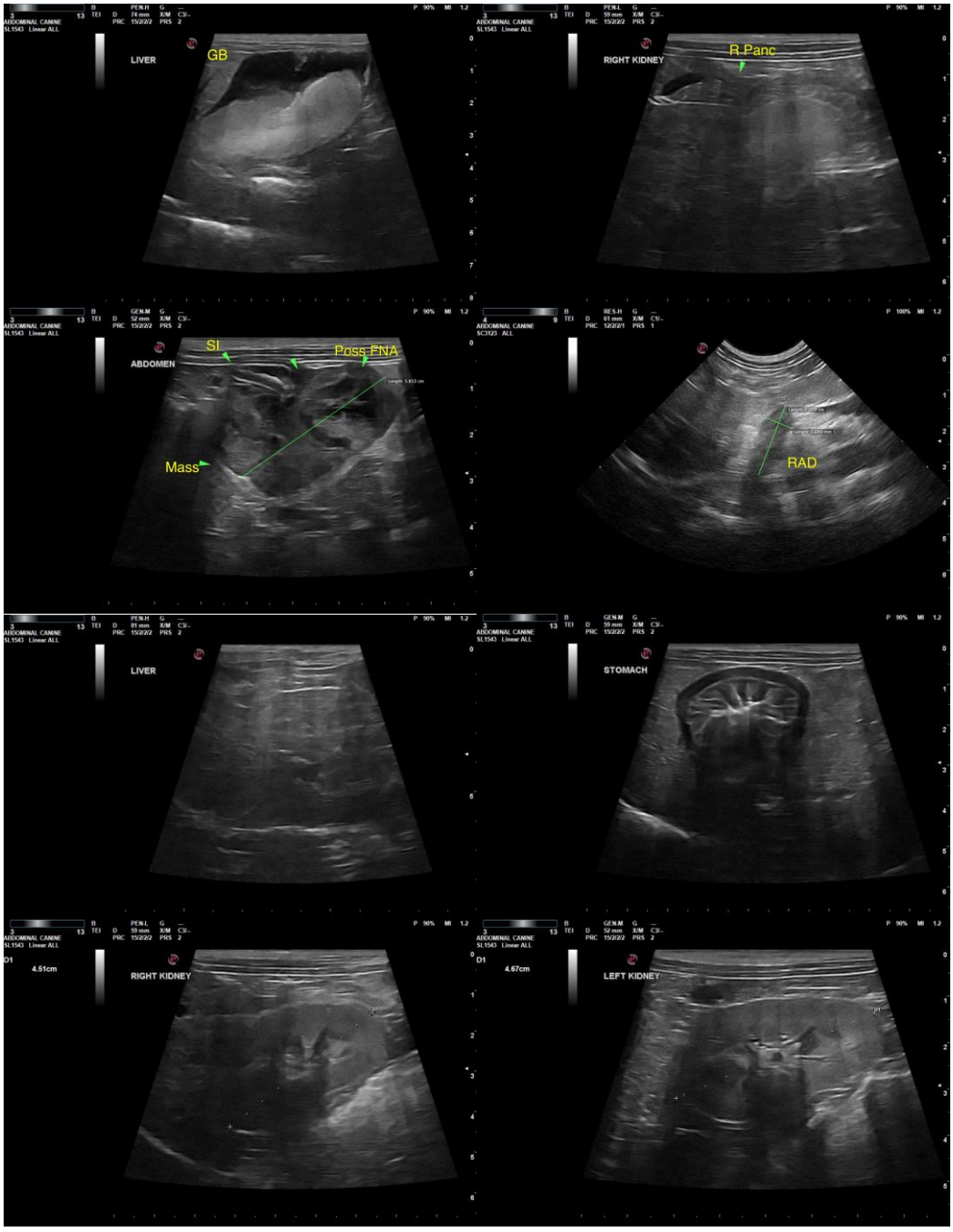

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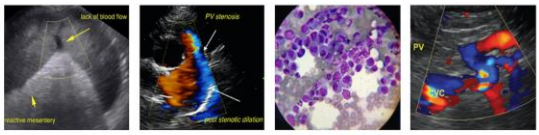

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com