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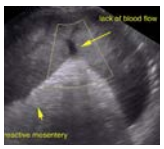
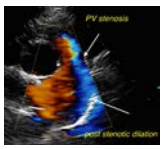
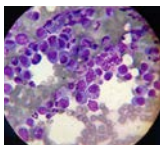
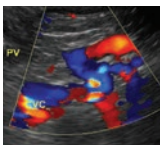





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Zoey Ruoff

SPECIES
Canine

BREED
Dachshund

SEX
Spayed Female

AGE
13 Years

WEIGHT
46 Pounds

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

IMAGING PERFORMED BY
Dr. Suciu

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Mucera

INVOICE
42579

DATE
11/6/22

PRESENTING CLINICAL SIGNS

Referred for abdominal ultrasound for increased liver enzymes (bloodwork 10/24/22), currently Zoey is on Denamarin. History of atopy, managed with Apoquel. BCS 8/9
Abnormal PE/Chem/CBC/UA Results: High AST 215 (15-66) High ALT 923 (12-118) High ALP 1213 (5-131) Normal T4 (1.9)

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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Scant pyelectasia noted in the left kidney. The left kidney measured 5.4 cm. The right kidney measured 6.5 cm. Minor medullary mineral noted in both kidneys.

Adrenal Glands

The left adrenal gland was mildly enlarged in size, exhibiting subtle asymmetrical contour and mild non-mineralized, non-homogeneous parenchyma. The left adrenal gland measured 1.1 cm at the cranial pole and 1.1 cm at the caudal pole.

The right adrenal gland was indistinctly visualized, exhibiting mild prominent size based on caudal pole with measurement of 1.0 cm.

Spleen

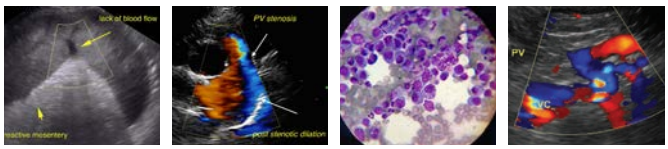
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, discrete, hyperechoic, non-disruptive intraparenchymal nodule was noted measuring 1.3 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and 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.



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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. This is likely consistent with age related pancreatic changes, and incidental.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

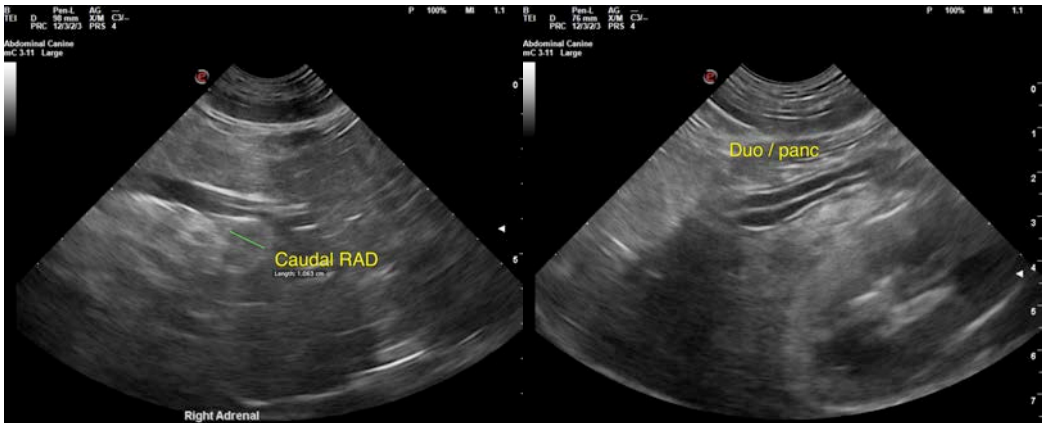
ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy with subjective benign intraparenchymal nodule – non-specific, vacuolar hepatopathy, chronic inflammatory/immune mediated disease, hyperplasia, hematopoiesis, focal lipogranuloma, fibrosis, or other hepatopathy, with neoplastic criteria considered less likely.
- Sonographically normal gallbladder
- Bilateral mild adrenomegaly – no overt adrenal tumors.
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA cytology of the hepatic nodule, assuming normal clotting status, could be considered for further assessment, primarily to potentially identify inflammatory cell type, if present, and rule out unlikely potential for hepatic neoplastic criteria.

The bilateral mild adrenomegaly was non-specific, given lack of reported clinical signs (i.e., PU/PD, polyphagia, etc.). If these signs are present or rise, full adrenal workup with LDDST or ACTH stimulation test may be considered. Continued hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial. Hepatic functionality is likely normal, assuming normal albumin, BUN, glucose, and cholesterol levels.



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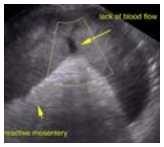
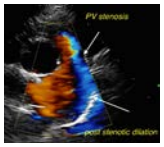
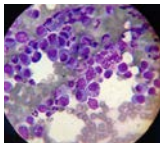
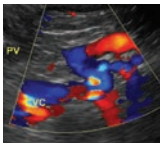

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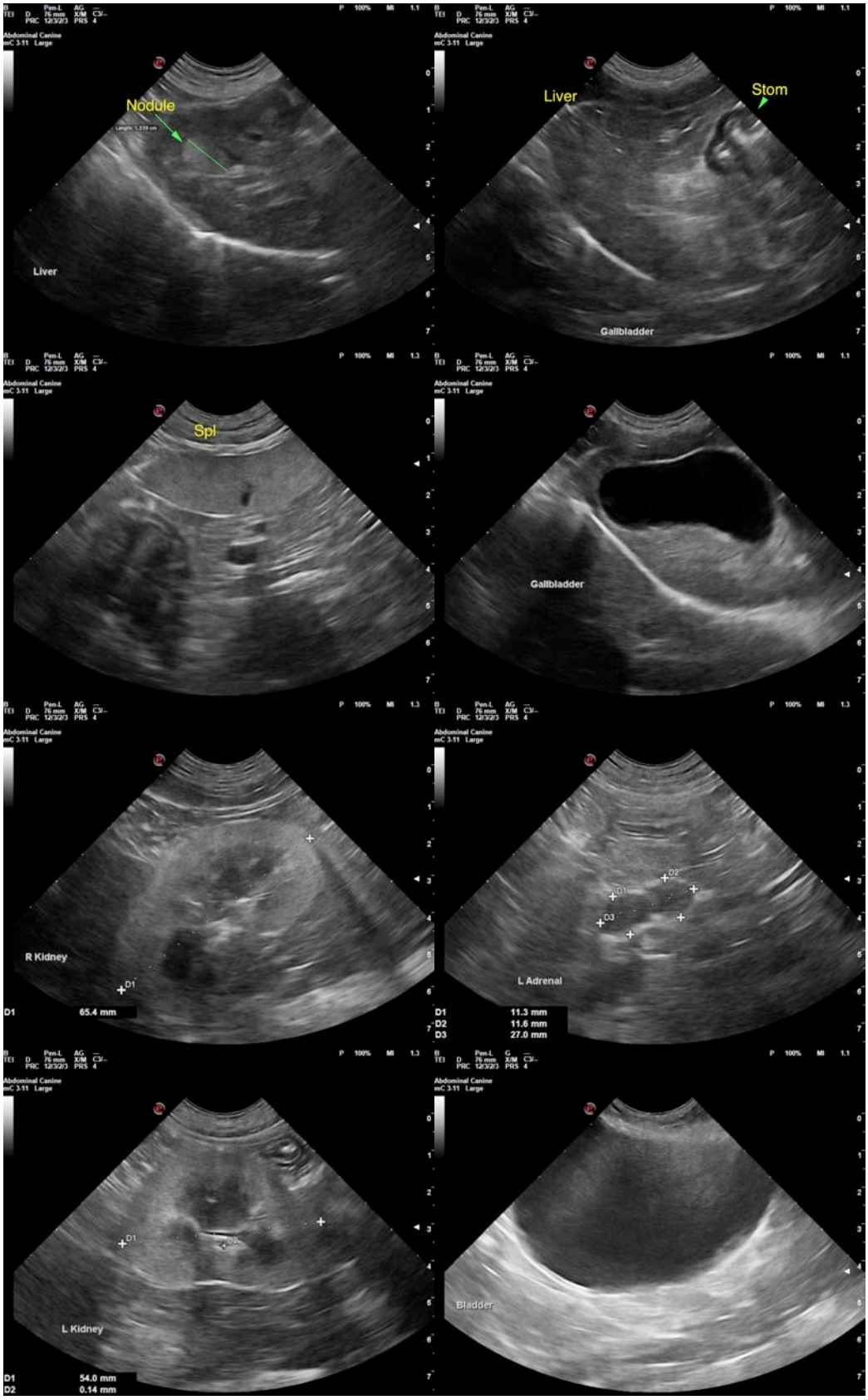

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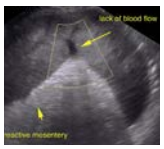
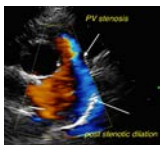
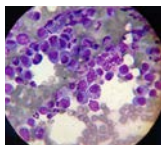
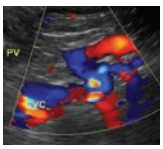

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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