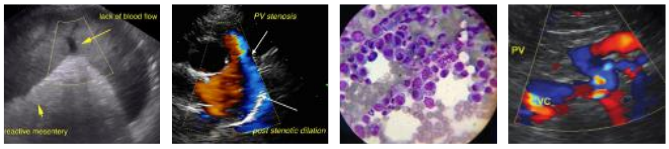
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




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

**PATIENT**

Jeet Callahan

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

18.2 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging Kansas City

**REFERRING VET**

Dr. Scott Carlson

**INVOICE**

13046

**DATE**

12/13/21

## PRESENTING CLINICAL SIGNS

History: Difficulty rising, lethargy, partial anorexia, intermittent coughing. Bloody diarrhea today. Abnormal PE/Chem/CBC/UA Results: Abnormal abd palpation, rads show likely hepatomegaly (also r/o spleen). ALP 441, Glob 4.4, TP 8.2

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology in the area of the residual prostate.

No overt pathology in the area of the aortic trifurcation.

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. Variably sized cortical cysts were present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.9 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present with no overt evidence of adrenal hyperplasia or neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.61 cm width in the caudal pole. The right adrenal gland measured 0.57 cm width in the cranial pole and 0.57cm width in the caudal pole.

### *Spleen*

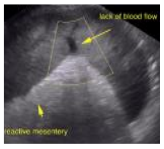
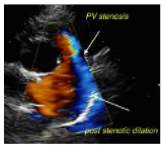
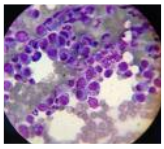
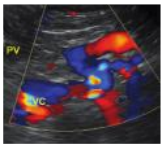
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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. Potential for minor splenic folding which is not indicative of underlying splenic pathology.

### *Liver*

The liver mild to moderate generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size without overt evidence of mural or peripheral inflammation with moderate mildly inspissated gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

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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 ventral gastric body wall measured 0.25 cm.

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. The duodenum wall measured 0.36 cm. The jejunum wall measured 0.27 cm.

The colon exhibited intact yet subjective mild prominent wall layering with semi-formed feces. The descending colon wall measured 0.15 cm.

### *Pancreas*

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral mild chronic renal changes with cortical cysts
- Hepatomegaly with parenchymal remodeling- subjectively benign
- Moderate gallbladder debris (non-mucocele)
- Probable mild enterocolitis
- Heterogeneous to mildly echogenic pancreas- age-related variant with potential for low-grade to chronic pancreatitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver is nonspecific yet most consistent with benign hepatomegaly with likely age-related parenchymal remodeling, suspected vacuolar hepatic changes and non-clinical cholestasis given the presence of gallbladder debris suspected. Potential for mild inflammatory enteropathy possible yet considered less likely with hepatic neoplasia considered less likely differential diagnosis. Hepatosupportive medications and ursodiol may prove beneficial.

Potential for structurally insignificant generalized inflammatory gastroenteropathy could be considered if recurrent or persistent gastrointestinal signs. Fresh fecal analysis +/- GI panel to include PLI, TLI, cobalamin and folate for further assessment would be warranted. Empirical therapy for enterocolitis is recommended.

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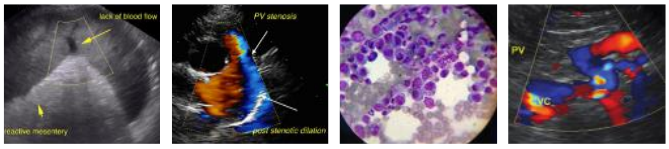

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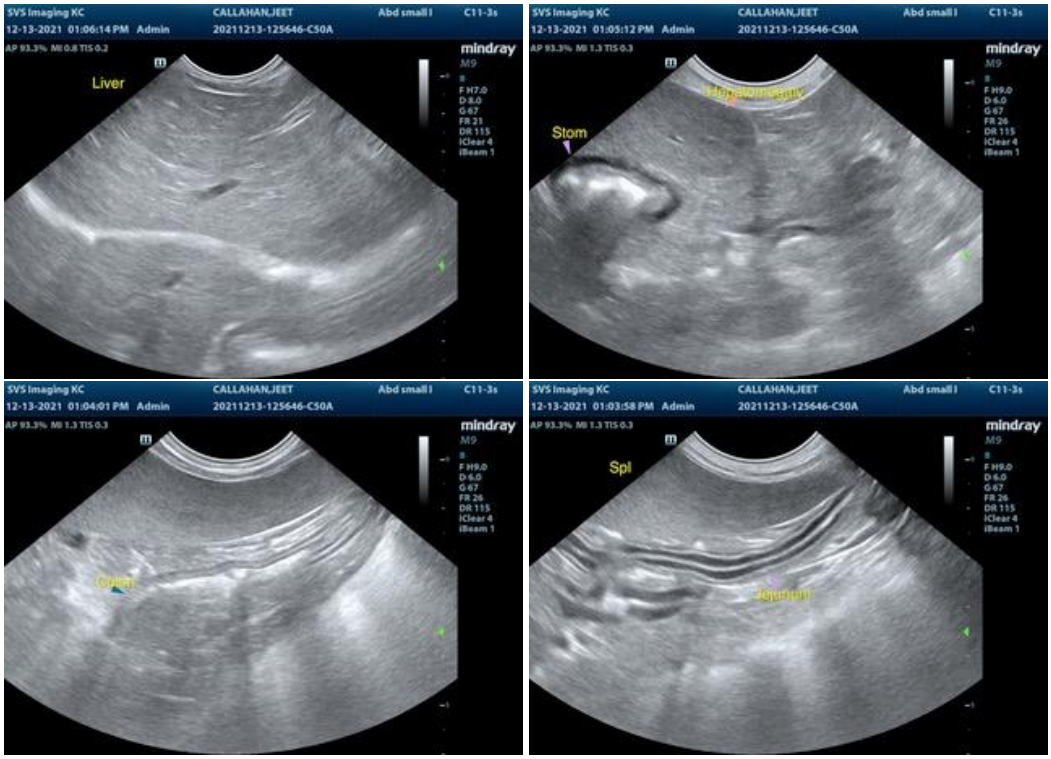


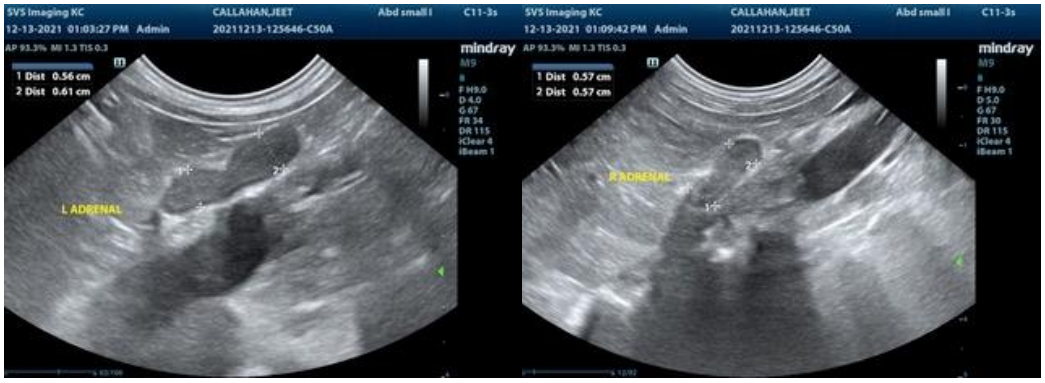


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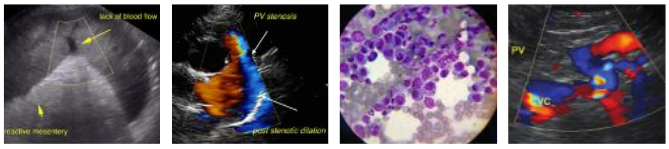

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**