SonoPath
Clinical Sonography & Telecytology
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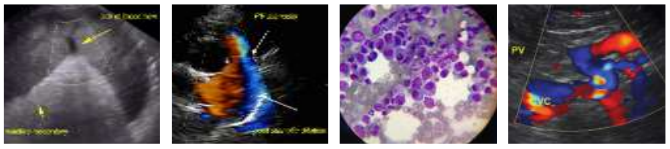


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Roxy Philippi

SPECIES
Canine

BREED
Mix

SEX
FS

AGE
9 years

WEIGHT
49 lbs.

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

IMAGING PERFORMED BY
Dr. Hannah Fearing

HOSPITAL NAME
Lanier AH

REFERRING VET
Dr. Fearing

INVOICE
12849

DATE
12/18/21

PRESENTING CLINICAL SIGNS

Hx of seizure-like activity on 12/13 - shaking, drooling, and urinated but sitting up, no apparent loss of consciousness. Resolved over about 20 min.
Abnormal PE/Chem/CBC/UA Results: BW after event 12/13: cbc: wnl/nsf chem: alk phos 1342 ALT 166 T4 wnl UA: wnl/nsf

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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

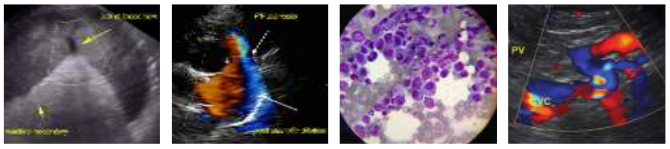
A subtle, mild uniformly hyperechoic, non-expansive nodule was present in the left cranial adrenal gland. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.45 cm in diameter. The overall left adrenal gland measured 0.57 cm width at the cranial pole and 0.73 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the cranial pole and 0.66 cm width at the caudal 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 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. A solitary, nonhomogeneous intraparenchymal nodule was present in the mid liver measuring 1.3 cm in diameter. 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 anechoic content, and without evidence of peripheral



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inflammation. Sectorial, mildly prominent to echogenic caudal gallbladder and gallbladder neck wall was present. 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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with solitary, nonhomogeneous intraparenchymal nodule
- Potential low-grade sectorial cholecystitis
- Subtle left adrenal nodule - suspect adenoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver, as well as the intraparenchymal nodule, were nonspecific yet likely suggestive of benign hepatopathy with suspected solitary lipogranuloma or nodular to regenerative hyperplasia. Metabolic, reactive, or vacuolar hepatopathy, given the primary ALP elevation, with potential for primary or concurrent nonspecific hepatitis (viral, bacterial, Leptospirosis, toxin), are possible. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology +/- Leptospirosis titers / PCR if clinically indicated. Hepatosupportive medications including Denamarin and Ursodiol +/- antibiotic trial initially for 2 weeks with continued monitoring of hepatic enzymes may be considered.

The hepatic nodule is likely too dep for FNA. Sonographic monitoring of both the hepatic and left adrenal nodule for evidence of progression Is recommended.

Although hepatic functionality Is likely normal, if normal albumin, glucose, cholesterol, and BUN levels, bile acid testing may be considered for definitive hepatic function assessment, given the recent seizure-like activity.

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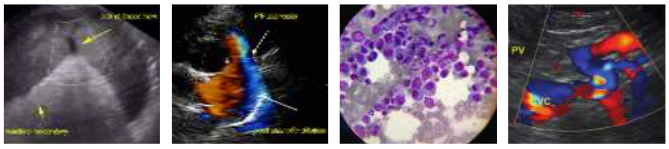

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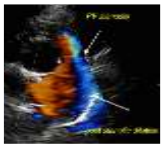
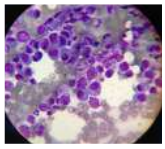
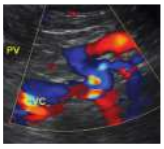

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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