



PATIENT

Bella Colucci

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

9 years

WEIGHT

15.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Riverdale Integrative
VC

REFERRING VET

Dr. Kuo

INVOICE

15577

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Patient with previous history of benign hepatopathy/nodular hyperplasia presents for persistently elevated liver enzymes. On liver support supplements.

Abnormal PE/Chem/CBC/UA Results: RBC 8.94, HCT 57.8, HGB 21.6, reticulocytes 152, lymphocytes 0.941, ALT 137, ALP 1,793, GGT 18, chol. 376, creat. kinase 222.

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. Pinpoint areas of medullary mineral were noted in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.38 cm width at the caudal pole.

Spleen

The spleen exhibited normal size and contour overall with subtle generalized splenic parenchyma heterogeneity. A solitary, nondisruptive, hyperechoic nodule was present in the medial parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was mildly enlarged with a maintained symmetrical capsule contour. Generalized mild nonuniform increased parenchyma echogenicity was noted exhibiting moderate coarse echotexture and evidence of parenchyma remodeling. Multiple, discrete hypoechoic nodules were noted with an example measuring 0.68 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Static hepatopathy - vacuolar hepatopathy, inflammatory / immune mediated disease, hyperplasia, hematopoiesis, early fibrosis are all potentials, hepatic neoplastic criteria is considered unlikely
- Sonographically unremarkable gallbladder
- Minor pinpoint renal medullary mineral - static
- Splenic myelolipoma
- Normal bilateral adrenal glands
- Heterogeneous pancreas - suspect mild age-related / patient variant and incidental, potential for low-grade chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for or possibly identify inflammatory cell type if present.

Hepatosupportive medications including +/- Ursodiol, due to its antioxidant and immunologic effects within the liver, would be appropriate. Spec cPL could be considered if previous pancreatic episodes or if clinical signs consistent with chronic pancreatitis arise.



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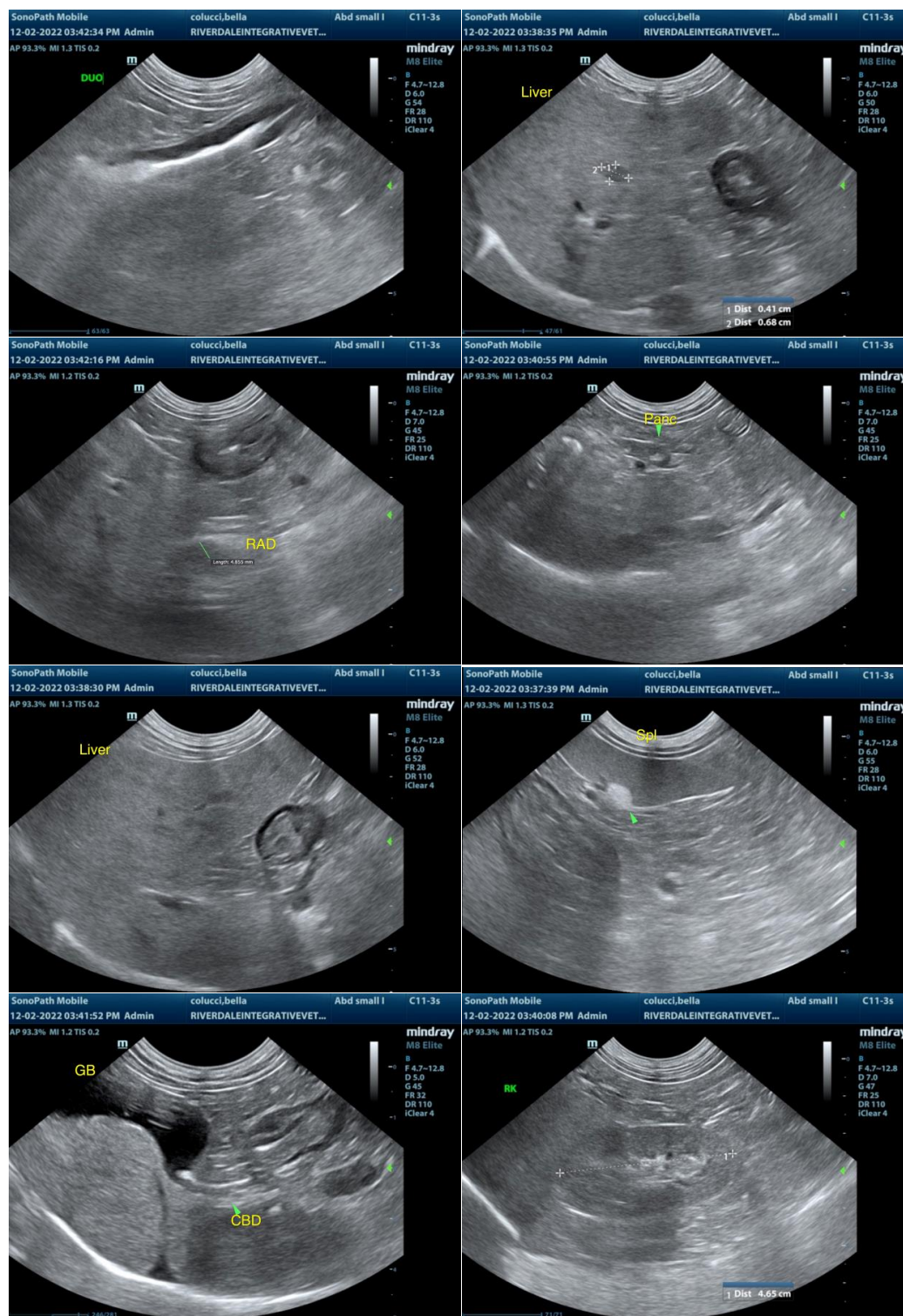
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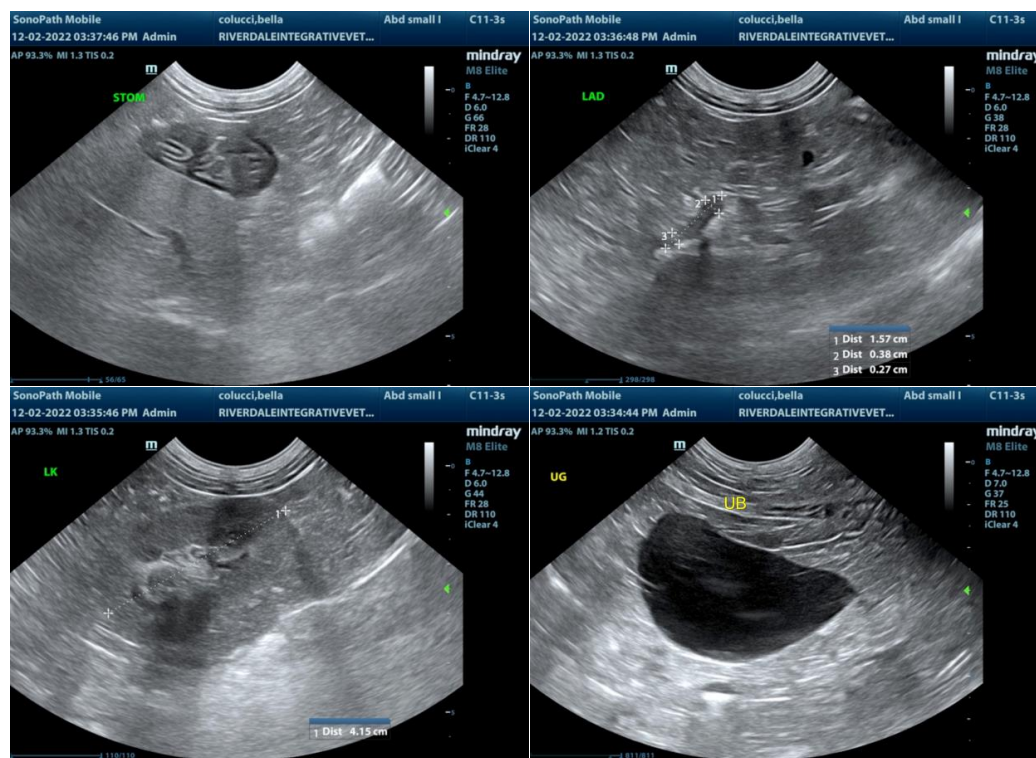
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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