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Clinical Sonography & Telecytology
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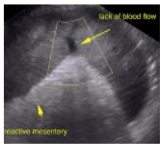

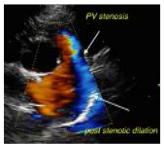

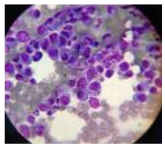
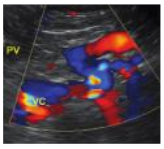

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gracie Moberly

SPECIES

Canine

BREED

Terrier X

SEX

FS

AGE

13 years

WEIGHT

7.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

Dr. Maryam

INVOICE

15716

DATE

12/27/22

PRESENTING CLINICAL SIGNS

Hx of benign growths on liver with spleen which were removed surgically (complete splenectomy). Hx of pu/pd. ACTH stim test normal.

Abnormal PE/Chem/CBC/UA Results: Marked ALT elevation 768 (ref 10-125). Marked ALP elevation 1094 (ref 23-212). GGT elevation 54 (ref 0-11).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention which prohibited full evaluation of the urinary bladder walls. No evidence of neoplastic criteria, sediment, or calculi was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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 pelvic dilation was present. Pinpoint areas of medullary mineralization were noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was borderline prominent in size based on caudal pole width measurement in light of body weight. Symmetrical capsule contour and homogeneous parenchyma were maintained. No evidence of neoplastic criteria. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was within normal limits for size size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 0.48 cm width at the cranial pole.

Spleen

The spleen was not present owing to previous splenectomy. No evidence of pathology in the area of the previous spleen.

Liver/ Gallbladder

The liver was mild to possibly moderately enlarged with maintained symmetrical to mildly rounded hepatic contour. The liver parenchyma was mildly nonuniform and hypoechoic with a moderate coarse echotexture and intermittent nondisruptive, discrete, hyperechoic, intraparenchymal nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, dependent, echogenic luminal gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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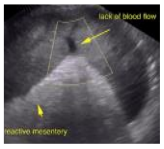

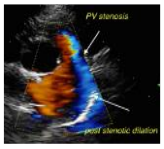

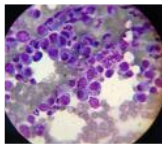
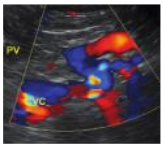

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Gastrointestinal

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 presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with nonspecific increased duodenal mucosa echogenicity.

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, which is likely consistent with age-related pancreatic changes and incidental. No sonographic evidence of active pancreatitis or neoplastic criteria.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild nonhomogeneous to intermittently nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Nonspecific increased duodenal mucosa echogenicity
- Mild chronic renal changes exhibiting pinpoint to minor medullary mineral
- Borderline prominent left adrenal gland - nonspecific given previous normal ACTH stimulation test

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is nonspecific with potential considerations including vacuolar hepatopathy, nonobstructive cholestasis, inflammatory disease i.e., cholangiohepatitis, nodular hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with infiltrative neoplasia thought less likely. Further assessment may include screening hepatic FNA cytology, assuming normal clotting status. Leptospirosis titers / PCR could be considered if given hepatic enzyme elevations, reported PU/PD, and normal ACTH stimulation test.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Empirically, hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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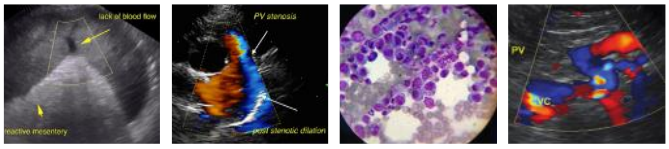

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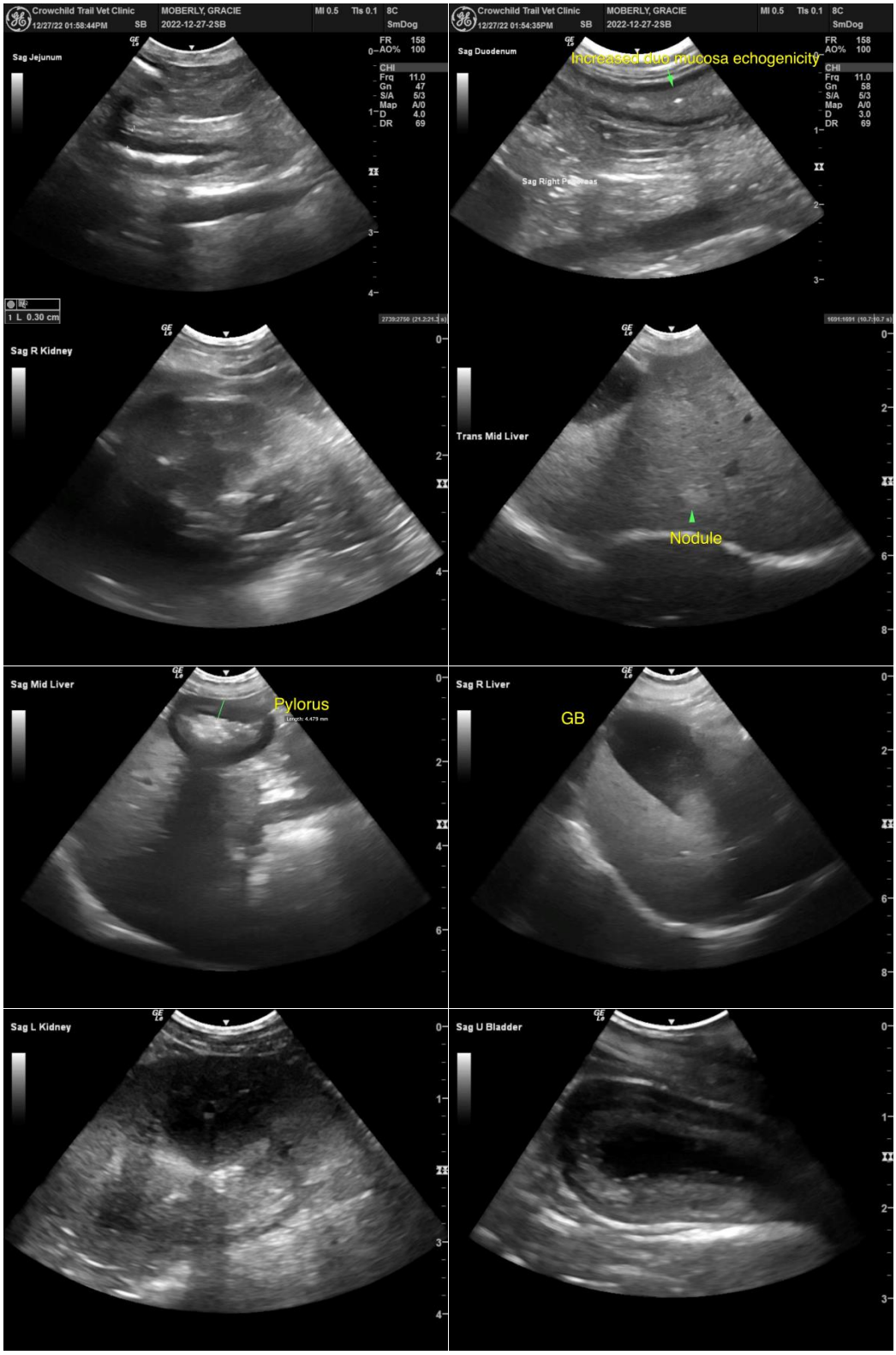

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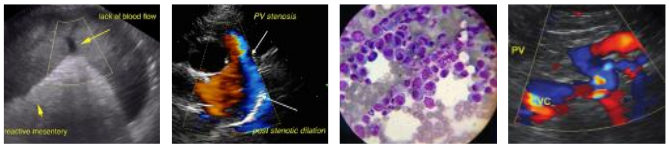

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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