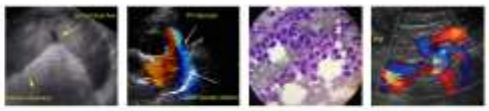
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Fiona Coburn

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

10 years

WEIGHT

66.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfold County VS

REFERRING VET

Christina Poor BVetMed

INVOICE

12939

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Ataxic, epilepsy, head tilt, lethargy, immune mediated polyarthritis, abdominal distension. anemia. Rads ? heart base mass ? abdominal mass. On: Prednisone 20 mg BID, phenobarbital , cyclosporine. BP: 130, 132, 132, 134 mmHg. *Previous AUS 6/8/20 R. McKenzie Daniel, DVM, Sonopath): hepathopathy, age-related renal changes.
Abnormal PE/Chem/CBC/UA Results: HCT 28%; WBC 18.56, neut 14.61, BUN 113; creat 2.1; ALT 340; ALP >2400; AST 95;

Urinary System

The urinary bladder was mildly distended in size yet with normal tone containing anechoic urine. 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in both kidneys. The left kidney measured 7.4 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly subnormal in size likely owing to Prednisone therapy. The left adrenal gland measured 0.32 cm width at the caudal pole and 0.28 cm width at the cranial pole. The right adrenal gland measured 0.30 cm width at the caudal pole and 0.25 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with primarily maintained finely textured homogeneous parenchyma with subtle parenchyma heterogeneity including a solitary, nonspecific, yet non-expansive, discreet hypoechoic nodule in the mid caudal spleen. The nodule measured 0.4 cm in diameter.

Liver/ Gallbladder

The liver exhibited generalized enlargement with nonuniform mild increased parenchyma exhibiting moderate coarse echotexture. No distinct hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild, nondependent, particulate yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta / chyme was present in the stomach.

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 jejunum wall width measured 0.37 cm.

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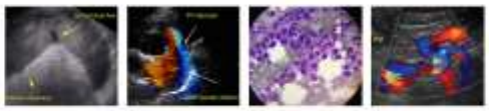

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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 omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mild nonuniform parenchyma hyperechogenicity
- Mild gallbladder debris (non-mucocele)
- Bilateral moderate chronic renal changes with mild pyelectasia
- Nonspecific discreet hypoechoic splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific with considerations including vacuolar hepatopathy, hepatopathy secondary to Prednisolone or Phenobarbital, chronic hepatitis / cholangiohepatitis, cholestasis, or other hepatopathy with hepatic neoplasia considered a less likely differential diagnosis. Hepatosupportive medications Including Denamarin and Ursodiol may prove beneficial.

No overt evidence of intraabdominal tumor or peritoneal effusion as a cause of abdominal distention. If abdominal distention is present, hepatomegaly as a cause of the distention would seem probable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The pyelectasia is likely owing to chronic renal changes or pelvic scarring.

The splenic nodule, although not specific, is suggestive of focal hyperplasia, hematopoiesis, splenitis, or similar benign pathology, given the lack of additional splenic nodules. Sonographic monitoring of the nodule for evidence of progression would be appropriate.

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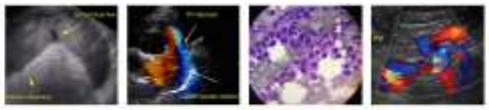

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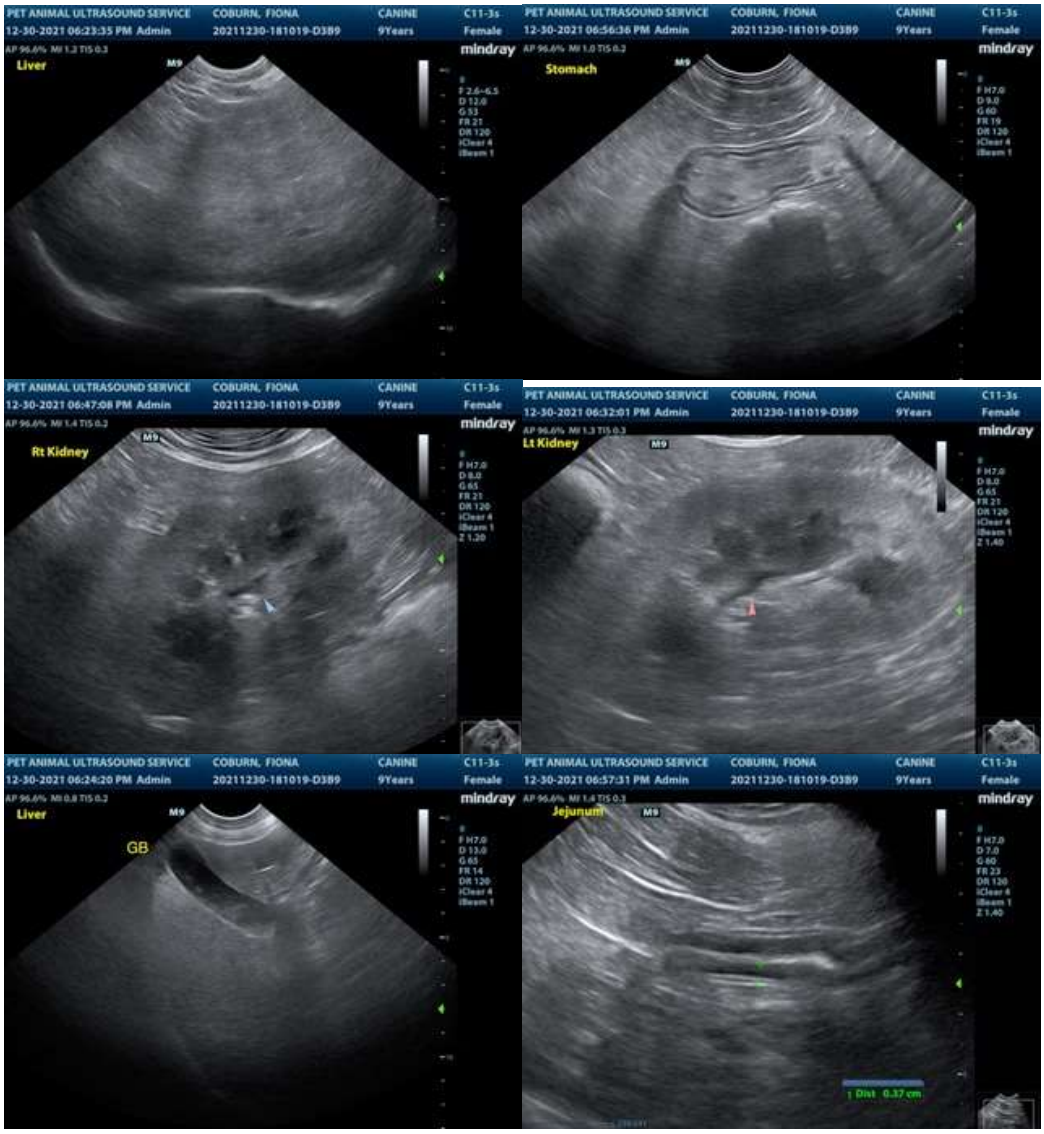

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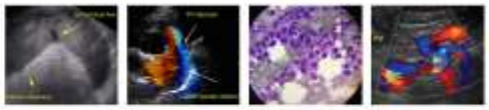

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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