



PATIENT PRESENTING CLINICAL SIGNS

Sophie Springgate

PAWS Request Form: Chief Concern / Provisional Diagnosis: hepatopathy characterized by persistently elevated ALP. Increasing difficulty urinating and defecating (suspect secondary to weakness/OA). Relevant Medical History and Physical Exam findings: Sophie presented for examination on urgent care for PU/PD, lethargy, reduced appetite and reduced fecal output. On examination she was found to have severe muscle atrophy and weakness of the hind end with overall orthopedic discomfort. There was no pain on abdominal palpation. Sophie was monitored while urinating and found to have frequent small urinating with difficulty posturing. Sever dental disease and mild lenticular sclerosis. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: CBC: LYM 830 (L), BASO 120 (H) CHEM: ALP 381 (H) [previously 941] UA: USG 1.036, UPC 0.1 Current medications (include full name, dosage and frequency): Amantadine 100mg SID Vetprofen 75mg SID Proin 50mg BID Dasuquin daily Welactin (omega 3 fish oils) daily Relevant Radiograph Findings(email radiographs if available): Abdominal radiographs: Mild hepatomegaly and splenomegaly. Significant fecla material in the colon but no evidence of mass effect or bowel obstruction.

SPECIES

Canine

BREED

Lab Ret

SEX

FS

AGE

12 Years, 9 Months

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

49326

DATE

12-30-21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 uterine remnant.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. The left kidney measured 6.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

A small, nonexpansive mildly nonhomogeneous to hyperechoic nodule was present in the left adrenal gland with mild asymmetrical capsule contour . The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 1.0 x 0.64 cm. The left adrenal gland measured 1.16 cm width at the caudal pole and 0.81 cm width at the cranial pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.57 cm width in the caudal pole.

Spleen

The spleen exhibited subjective mild generalized enlargement primarily maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Intermittent variably echogenic nonexpansive splenic intraparenchymal nodules were present. An example of a subtle hypoechoic nonexpansive splenic nodule measured 0.58 cm width in the mid spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver / Gallbladder



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The liver exhibited subjective mild generalized enlargement. 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. Focal to intermittent discreet hypoechoic intraparenchymal nodules were present in the liver. 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.

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The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing. No evidence of pyloric outflow obstruction.

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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 0.46 cm width.

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

Pancreas

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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 was evident.

Free Abdomen

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DABVP (Canine and Feline)

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Left adrenal nodule - suspect adenoma.
- Mild splenomegaly with variably echogenic nodules - subjectively benign; nodules may indicate myelolipomas, focal to intermittent areas of lymphoid hyperplasia, hematopoiesis, or incidental splenitis, potential for splenic neoplastic disease considered less likely differential diagnosis.
- Vacuolar hepatopathy pattern with focal to intermittent likely benign intraparenchymal nodules - suspect focal areas of hematopoiesis or nodular to regenerative hyperplasia.
- Mild gallbladder debris (nonmucocele)

Secondary

- Mild chronic renal changes.
- Gastric ingesta - suspect postprandial presentation.

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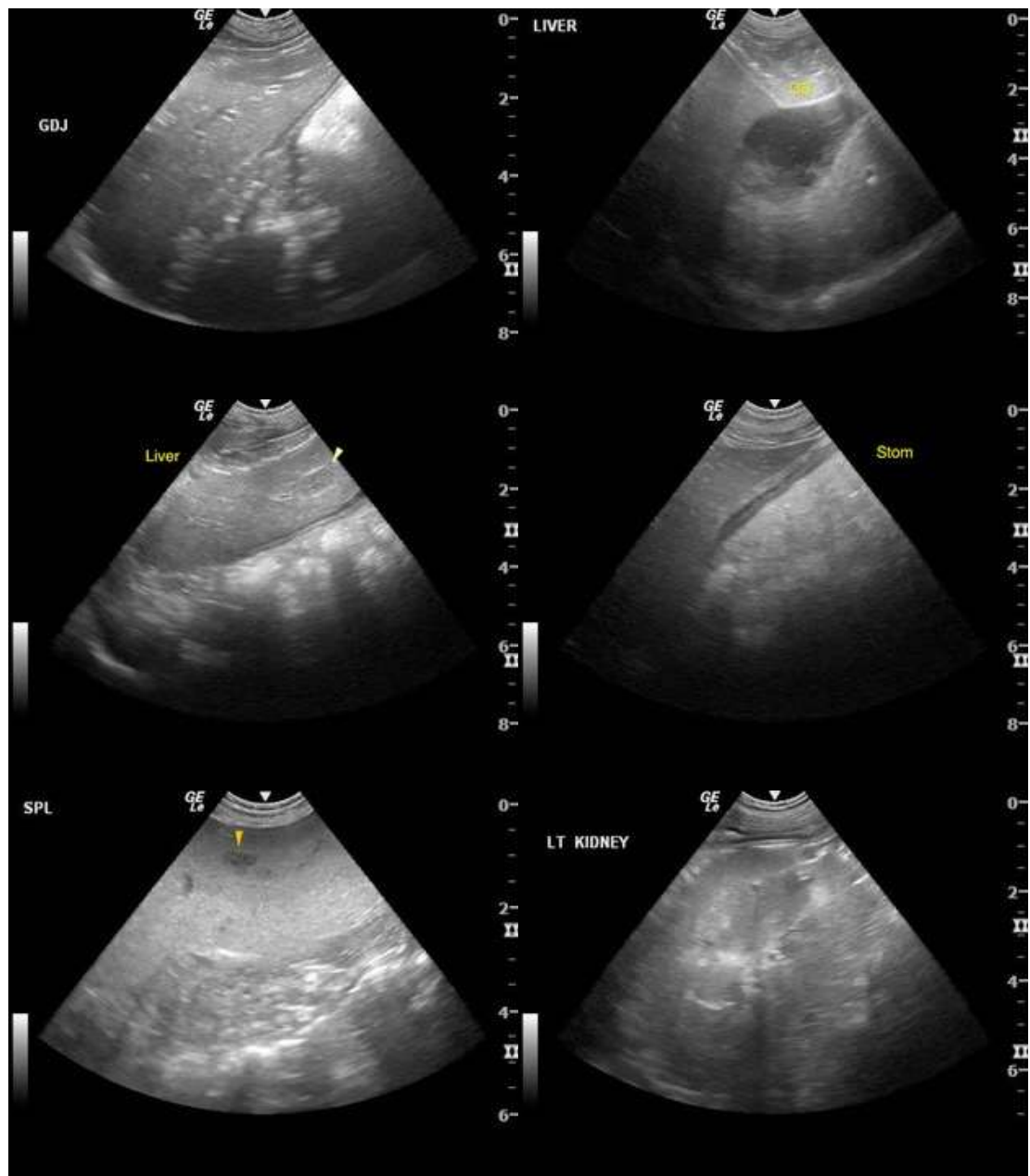
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for emerging left adrenal neoplastic nodule, i.e., adenocarcinoma or pheochromocytoma, possible yet thought less likely at this time. Screening blood pressure recommended. Ideally, sonographic monitoring of the left adrenal nodule for evidence of progression with initial recheck in 4-6 weeks recommended.

Assuming normal clotting status, hepatosplenic parenchymal and nodule FNA, if accessible, using a 25 gauge needle could be considered for screening cytology primarily to ensure only benign changes are present.





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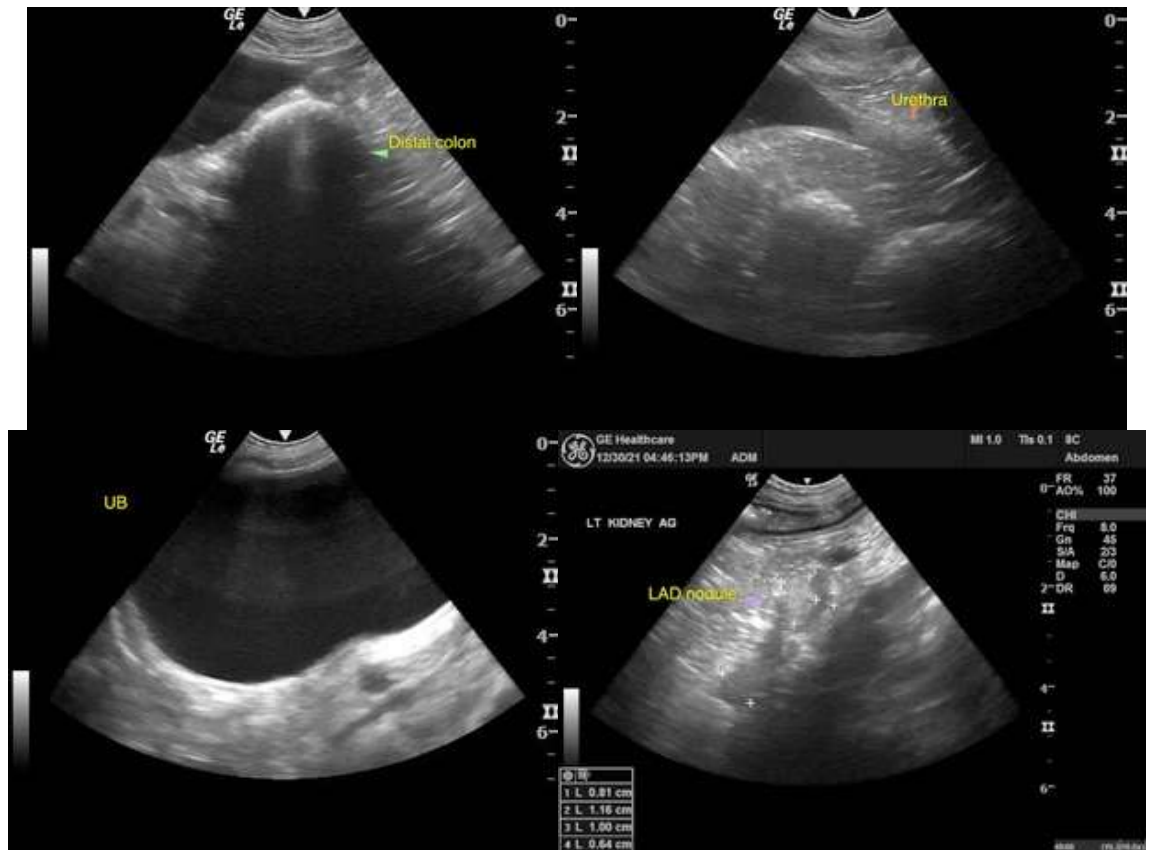
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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