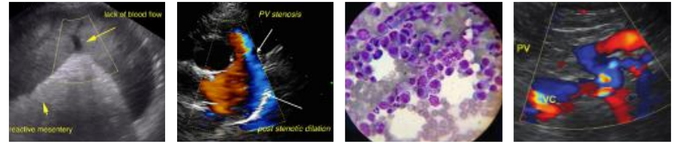
SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Harper Delorimier

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

INVOICE

13494

DATE

1/19/22

PRESENTING CLINICAL SIGNS

History: decreased appetite x~10 days, lethargy x~10days pyrexia, pruritus physical exam-- painful abd palpation non diagnostic, obese pet, umbilical hernia, stiff-legged gait, mammary gland mass Current Medications Gabapentin 100mg-2 capsules, clavamox, carprofen

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 were noted. Aortic trifurcation was normal.

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 pyelectasia was present. The left kidney measured 6.2 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild enlargement of the caudal pole with primarily maintained homogeneous parenchyma and normal capsule symmetry. The left adrenal gland measured 2.3 cm in length x 0.99 cm at the caudal pole in width.

The right adrenal gland was mildly prominent in size with primarily homogeneous parenchyma and maintained symmetrical capsule contour, measuring 3.3 cm in length x 1.0 cm in 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.

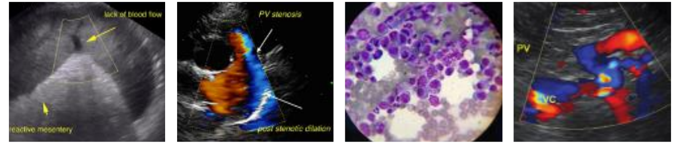
Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent particulate nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach walls were sonographically unremarkable with intact wall layering. The stomach contained mild retained ingesta exhibiting focal to progressive distal acoustic shadowing. The ventral gastric body wall measured 0.36 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing digesta/chyme. The duodenum wall measured 0.36 cm.

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 omental masses, lymphadenopathy or peritoneal effusion was present.

Other

No overt pathology in the area of the uterus or bilateral ovaries, including no evidence of pyometra or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Subjective prominent bilateral adrenal glands
- Hepatomegaly, exhibiting parenchyma hyperechogenicity
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas- age-related/patient variant. Mild remodeling owing to previous inflammation or low-grade to chronic pancreatitis possible.
- Overtly normal gastrointestinal tract with mild gastric and segmental small intestinal ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of mild retained gastric ingesta is nonspecific and may correlate with recent meal ingestion. However, if documented NPO, some degree of gastric and potential segmental small intestinal stasis may be possible.

The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies, chronic hepatitis/cholangiohepatitis, lipidosis, fibrosis or other hepatopathies while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected.

Adrenal testing could be considered in this patient, if clinical signs suggestive of adrenal disease are present. Minor potential for nonobstructive gastric foreign material cannot be definitively excluded. Ideally, sonographic reassessment of the stomach following documented 10-12 hour fast is recommended.

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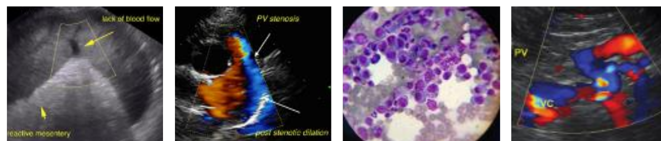

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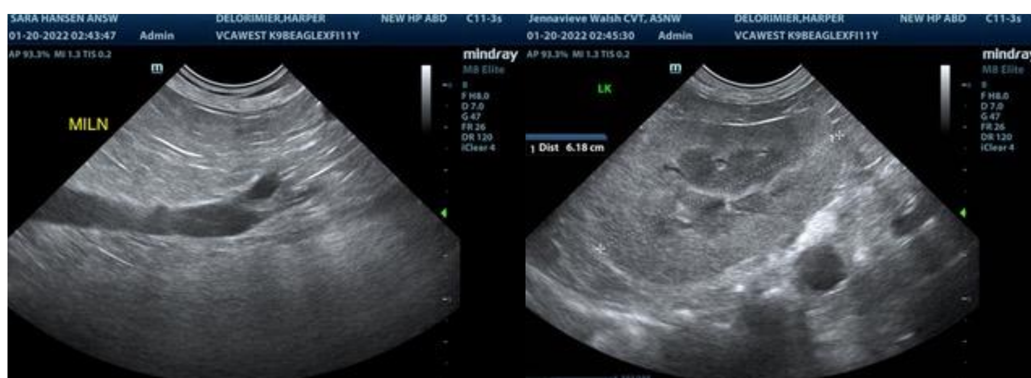

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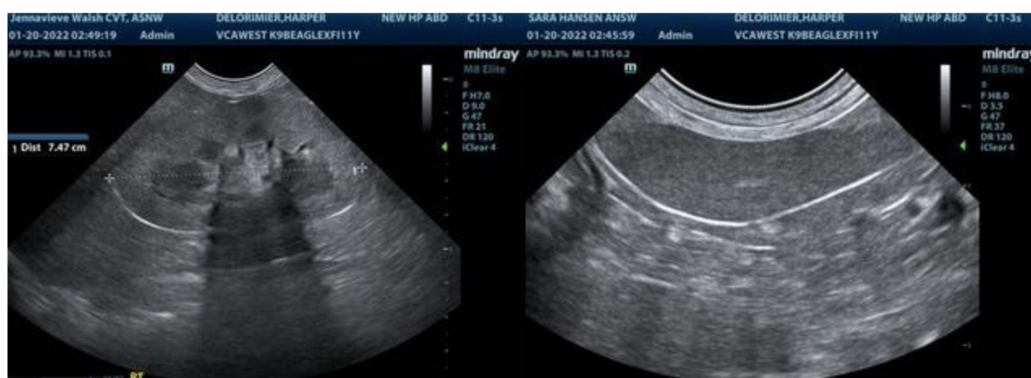

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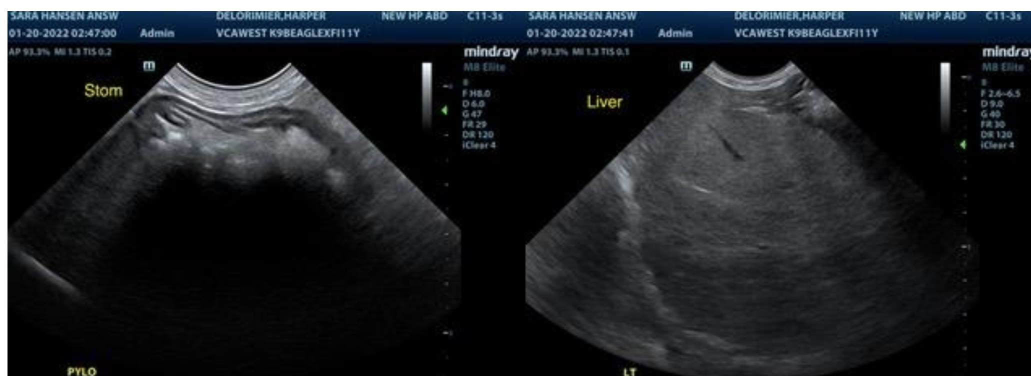

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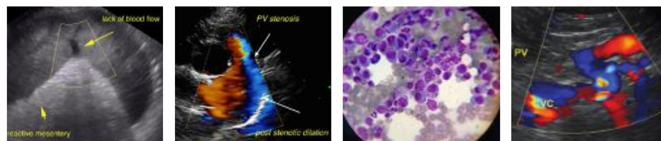

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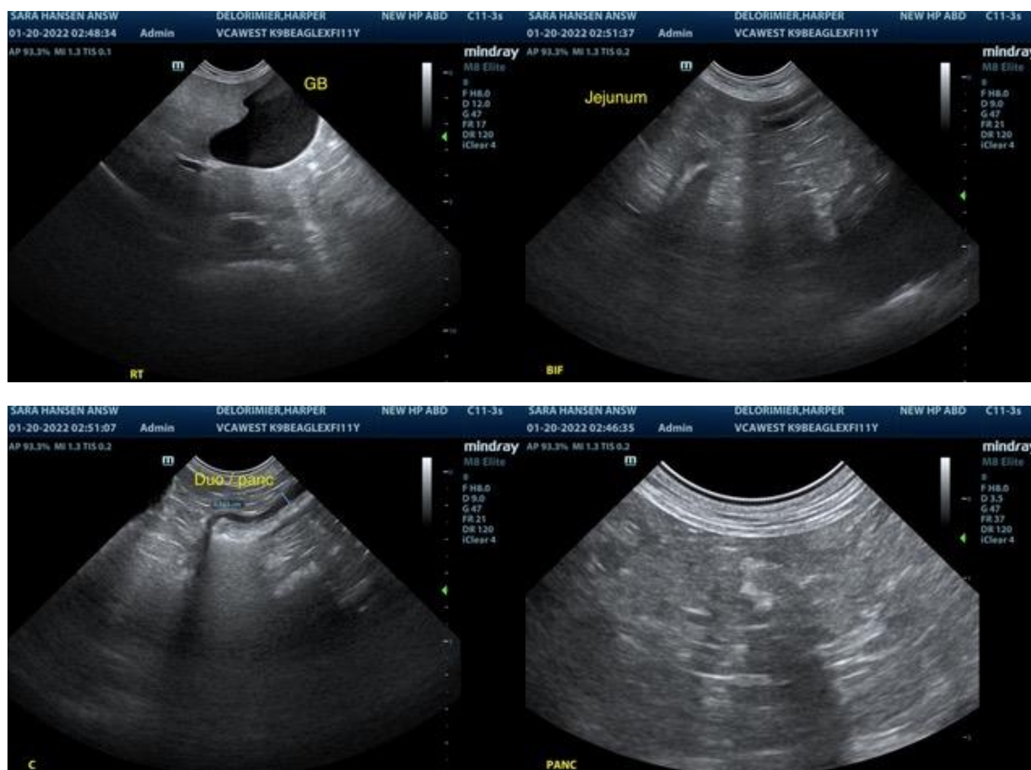

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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