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Clinical Sonography & Telecytology
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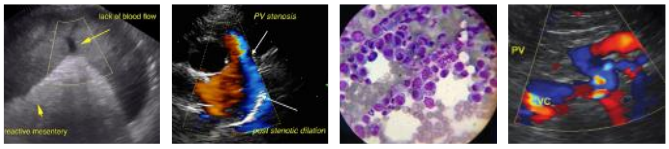

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Winnie Hiltz

SPECIES

Canine

BREED

Pitbull Mix

SEX

F/S

AGE

7 years

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Dulude

INVOICE

16114

DATE

2/10/23

PRESENTING CLINICAL SIGNS

-Repeat from 3/2022, elevated liver enzymes. ACTH stim normal, repeating.
Abnormal PE/Chem/CBC/UA Results: ALKP >2000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. No mineral or calculi 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. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The bilateral adrenal glands exhibited suspect discrete to pinpoint areas of dystrophic medullary mineral, which is likely incidental. No evidence of adrenal tumors. The left adrenal gland measured 2.9 cm length x 0.77 cm width at the caudal pole. The right adrenal gland measured 3.3 cm length x 0.62 cm width at the caudal pole.

Spleen

The spleen exhibited mild symmetrically expansive uniform cranial splenic macronodule to small mass exhibiting similar echogenicity compared to adjacent noninvolved splenic parenchyma. Focal hyperechoic areas within the cranial splenic macronodule to small mass were noted, likely suggestive of benign myelolipomas, areas of fibrosis, or possible emerging mineralization. The cranial splenic macronodule / small mass measured 3.2 cm in diameter. The remainder of the spleen not involved with the macronodule/ small mass was sonographically normal.

Liver/ Gallbladder

The liver was generalized to variably enlarged exhibiting asymmetrical contour and suspected variable lobar swelling. Generalized mild nonhomogeneous parenchyma was present including indistinctly marginalized, nonhomogeneous, focally cystic masses in the deep mid to left liver measuring 6.6 cm in diameter, and in the caudal aspect of the right to caudate liver measuring approximately 8.8 cm in diameter. Intermittent small thinly walled intraparenchymal cysts were noted throughout the liver, as well as focally within the left and right masses. The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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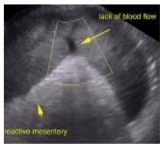

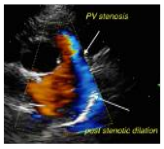

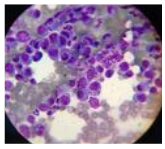
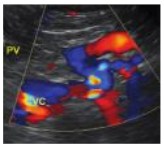

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Gastrointestinal

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 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 omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting variable lobar swelling, previously noted deep mid to caudal right / caudate nonhomogeneous, focally cystic masses
- Normal gallbladder with mild luminal debris
- Heterogeneous pancreas
- Isoechoic primarily homogeneous cranial spleen macronodule / small mass
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver exhibited similar presentation compared to the previous ultrasound and may correlate with previous cytology findings. The potential for emerging neoplastic criteria within the liver cannot be definitively excluded.

The homogeneous uniform cranial splenic macronodule / small mass, sonographically, was not overtly suggestive of neoplastic criteria, which is thought less likely. Further assessment may include re-FNA cytology of the liver, as well as screening FNA cytology of the splenic macronodules / small mass, assuming normal clotting status and using a 25-gauge needle. Hepatosupportive medications including Denamarin and Ursodiol pending recheck ACTH Stimulation test and sonographic monitoring of both the hepatosplenic abnormalities would be a more conservative approach.

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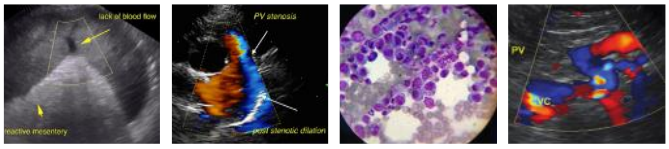

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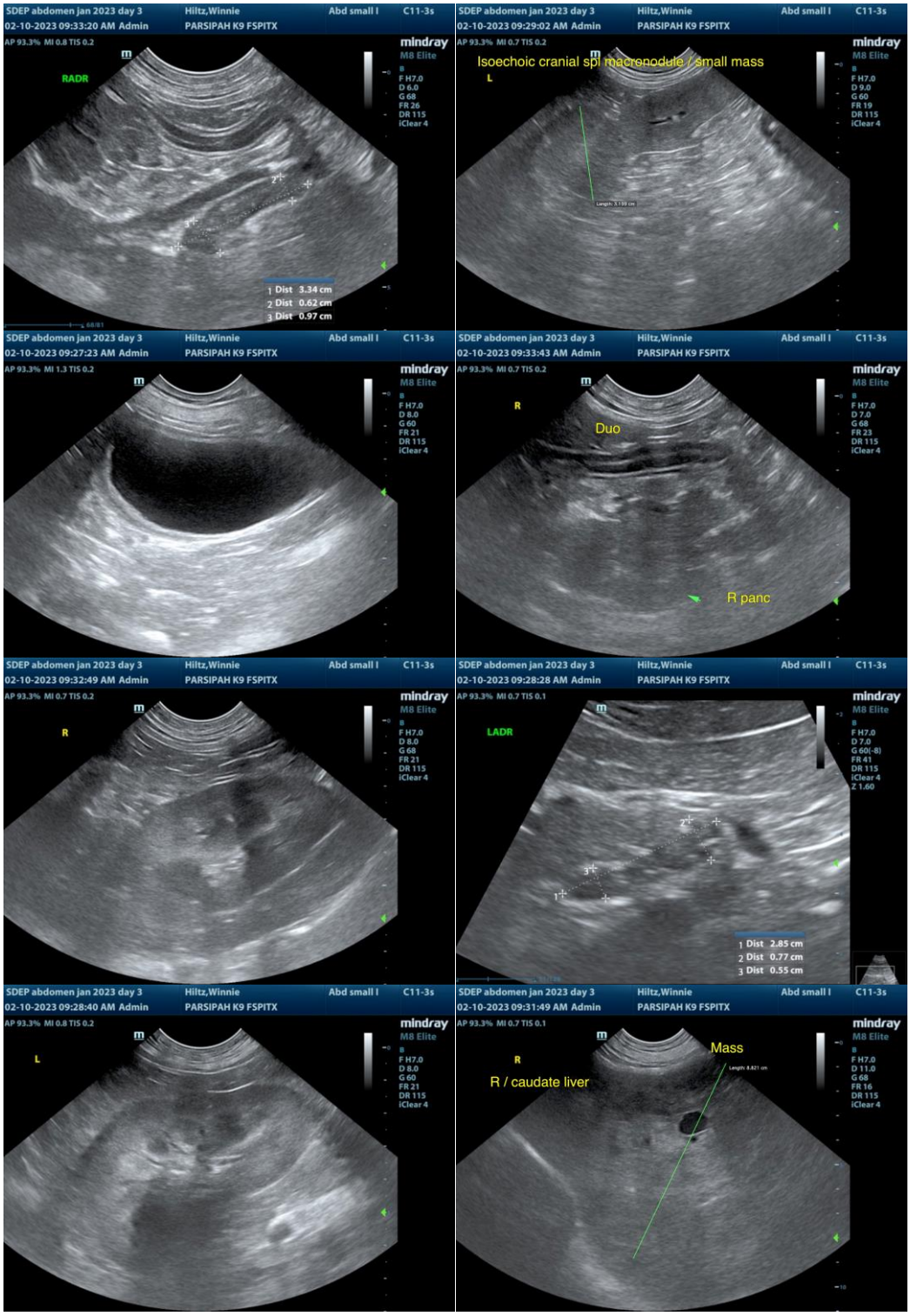

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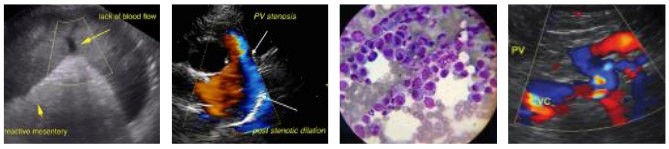

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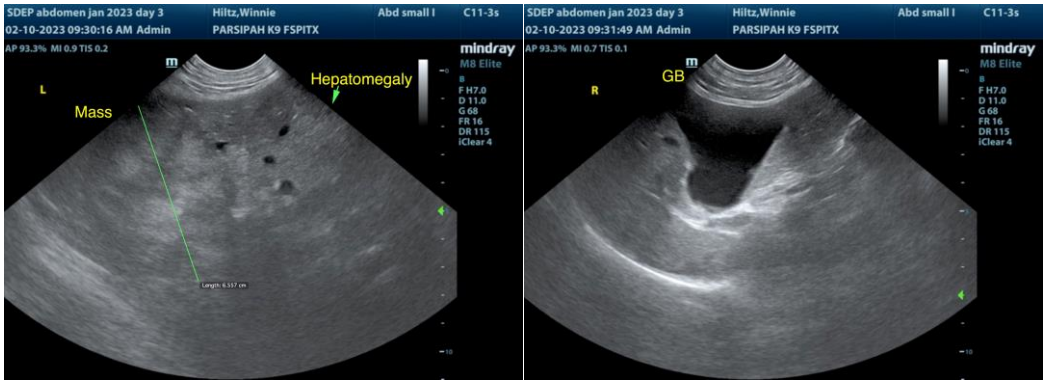

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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