**PATIENT**

Lucy DiLorenzo

**SPECIES**

Canine

**BREED**

Yorkie X

**SEX**

Spayed Female

**AGE**

8 Years 9 Months

**WEIGHT**

30 Pounds

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Family Pet Practice

**INVOICE**

35664

**DATE**

2/15/22

**PRESENTING CLINICAL SIGNS**

Presents for recent ingestion of potentially large amount of chocolate (from a bakery). Recent surgery (January 26, 2022) to remove a soft tissue sarcoma from base of tail (not completely excised) and cystotomy to remove numerous irregular stones. Currently no clinical signs.

Abnormal PE/Chem/CBC/UA Results: See attached BW. Severely elevated liver enzymes and abnormal coag values. These values were previously normal (Nov 2021). ALT 873, AST 118, ALP 447, GGT 91, Total Bili 2.2, Triglycerides >500, BUN low, WBC 10.9.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder was normal in size and tone. Focal polypoid lesions were noted in the ventral apical urinary bladder, exhibiting similar homogeneous echogenicity compared to adjacent normal appearing urinary bladder wall. Example measured 0.55 cm in width. A minor amount of persistent dependent mineral to sand was present. Urethra was normal in 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 5.0 cm. Minor non-obstructive medullary mineral present.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.72 cm at the caudal pole.

**Spleen**

The spleen was normal size and contour with generalized subtle parenchymal heterogeneity with non-expansive discrete to non-homogeneous nodule present in the mid caudal spleen, measuring 1.0 cm diameter. The nodule was non-specific with considerations including myelolipoma, focal hyperplasia, hematopoiesis, with neoplastic criteria considered less likely. Sonographic monitoring of this nodule for evidence of progression would be appropriate.

**Liver**

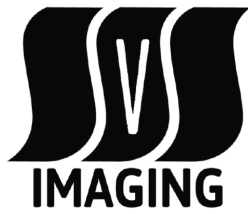
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of post-hepatic stasis or obstruction.

**Gastrointestinal**

The stomach presented intact yet subjective mild prominent wall layering. The stomach contained a minor amount of retained chyme along with several non-specific shadowing echoes. Example measured 0.75 cm in diameter.

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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Minor duodenal ileus present.

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

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**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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Minor persistent dependent urinary bladder mineral/sand with probable focal ventral apical polypoid cystitis.
- Mild chronic renal changes with non-obstructive minor medullary mineral
- Non-specific subtle splenic nodule
- Hepatopathy
- Possible mild gastroduodenitis with several non-obstructive, shadowing gastric luminal echoes
- Non-specific hepatitis (viral, bacterial, Leptospirosis, toxin in this case, etc.), vacuolar hepatopathy with non-obstructive hepatocholestasis with less likely potential for occult hepatic neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The polypoid cystitis may be owing to previous mineral or potentially related to recent cystotomy. Neoplastic criteria is considered unlikely, yet sonographic monitoring of the polypoid lesions is recommended.

If coagulation parameters normalize, ultrasound guided FNA of the liver using 25-gauge needle could be considered for screening cytology. Empirically, hepatosupportive medications +/- antibiotic protocol for hepatitis/cholangiohepatitis with monitoring of hepatic parameters would be reasonable. As-needed gastrointestinal support recommended if clinically indicated.

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Ideally, sonographic monitoring of the gastric echoes for evidence of gastric emptying or persistent retained echoes recommended.

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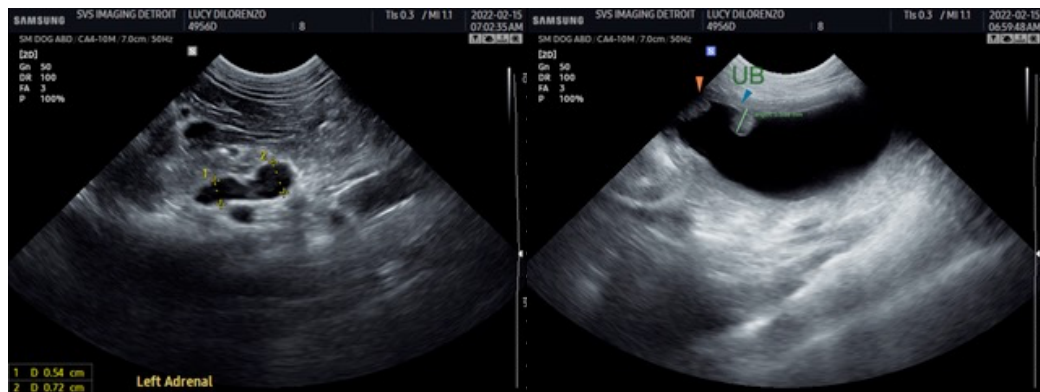
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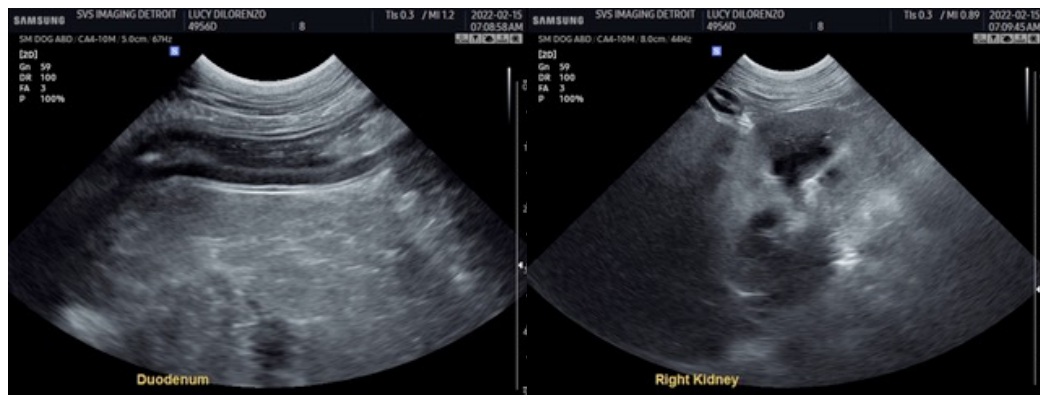
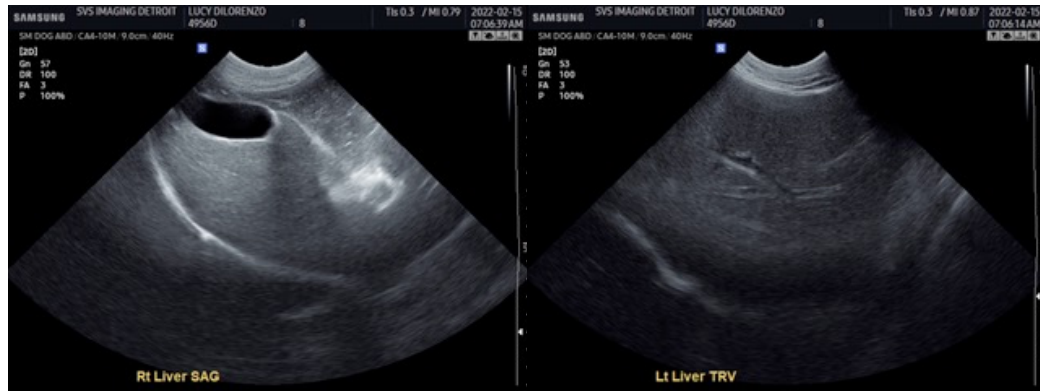
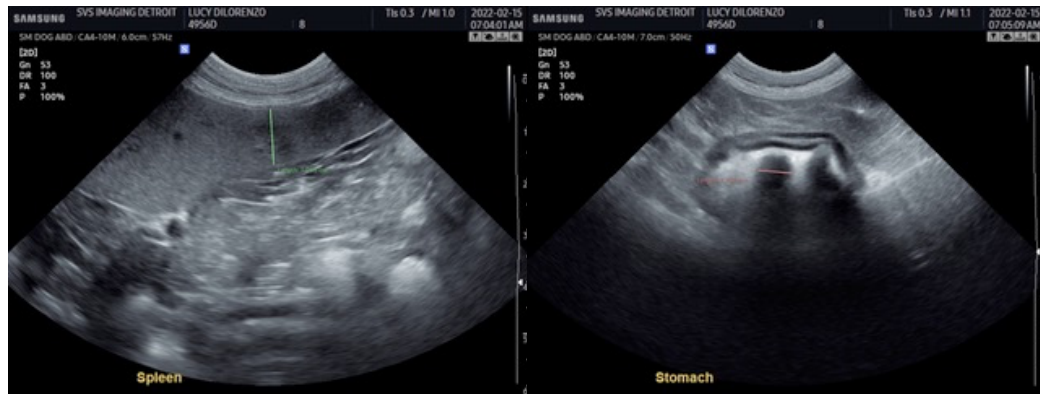
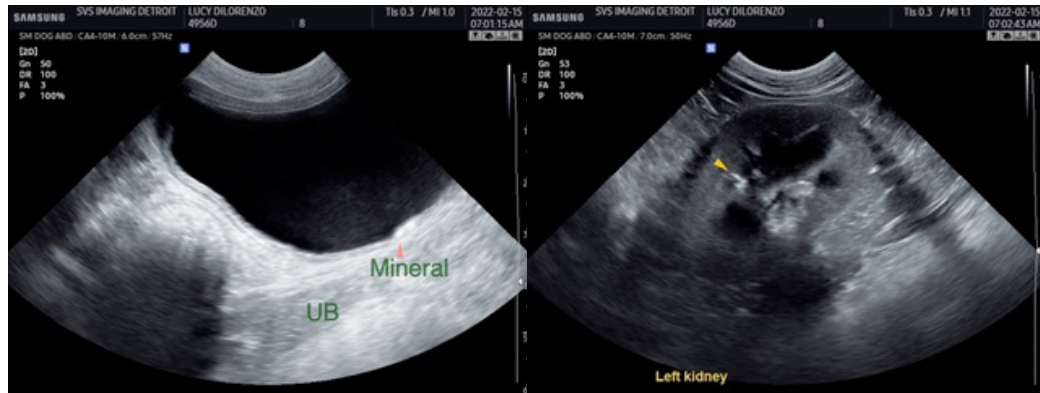
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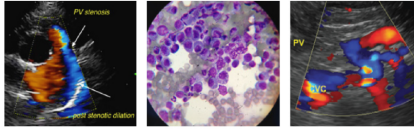
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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