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Clinical Sonography & Telecytology
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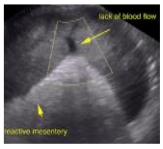
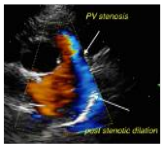
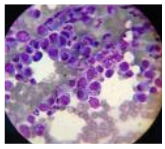
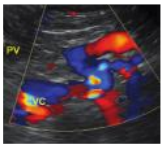





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brownie Wright

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16 years

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Martinsville

REFERRING VET

Dr. Shendell

INVOICE

16177

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Check Liver Current meds: Enrofloxacin, amoxi, ondansetron

Abnormal PE/Chem/CBC/UA Results: from 2 weeks ago, ALT 2408, AST 371, ALP 9639, GGT 55, bilitotal 14.3, chol 446, lipase 309, SCPL 279, Lepto ELISA and PCR Negative, neutro 13.42, SDMA 19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal structure. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. Subjective mild decreased proximal urethral tone was noted with normal structure to a depth of 5.0 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 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 6.7 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

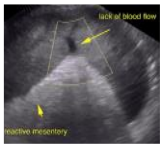
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.52 cm width at the caudal pole.

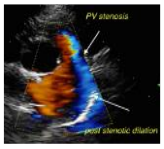
Spleen

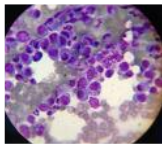
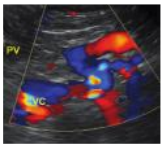
The spleen exhibited overall normal size and contour with primarily maintained homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, subtly expansive, hypoechoic nodule was noted in the lateral spleen measuring 2.0 cm diameter. The nodule appeared to distort the lateral splenic capsule subtly yet symmetrically without evidence of parenchymal escape. Normal splenic vascularity was noted. 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. No splenic masses were noted.

Liver/ Gallbladder

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 primarily anechoic luminal content. No evidence of sludge was noted. No evidence of gallbladder or peripheral gallbladder inflammatory





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criteria was noted. The common bile duct was not definitively visualized. No evidence of post hepatic obstruction was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid 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 mechanical / metabolic 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific subtly expansive splenic nodule - hyperplasia, hematopoiesis, focal splenitis, granuloma, and emerging neoplasia are all potentials
- Hepatopathy - subjectively benign
- Normal gallbladder
- Mild hypomotile stomach
- Mild chronic renal changes
- Mild heterogeneous pancreas - no sonographic evidence of significant / active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific yet not consistent with infiltrative neoplastic criteria. Considerations may include vacuolar hepatopathy, nonspecific hepatitis (viral, bacterial, toxin, less likely Leptospirosis, etc.,), nonobstructive cholestasis, infiltrative neoplasia (thought less likely), or other. Correlation with recheck of hepatic enzymes is suggested.

Potential for low-grade / chronic pancreatitis may be possible if previous or current clinical signs suggestive of pancreatitis are noted.

Pending reassessment of hepatic enzymes, screening hepatic parenchyma and splenic nodule FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment. Hepatosupportive medications such as SAM-e or vitamin E may prove beneficial.

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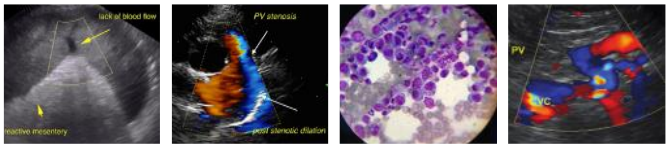

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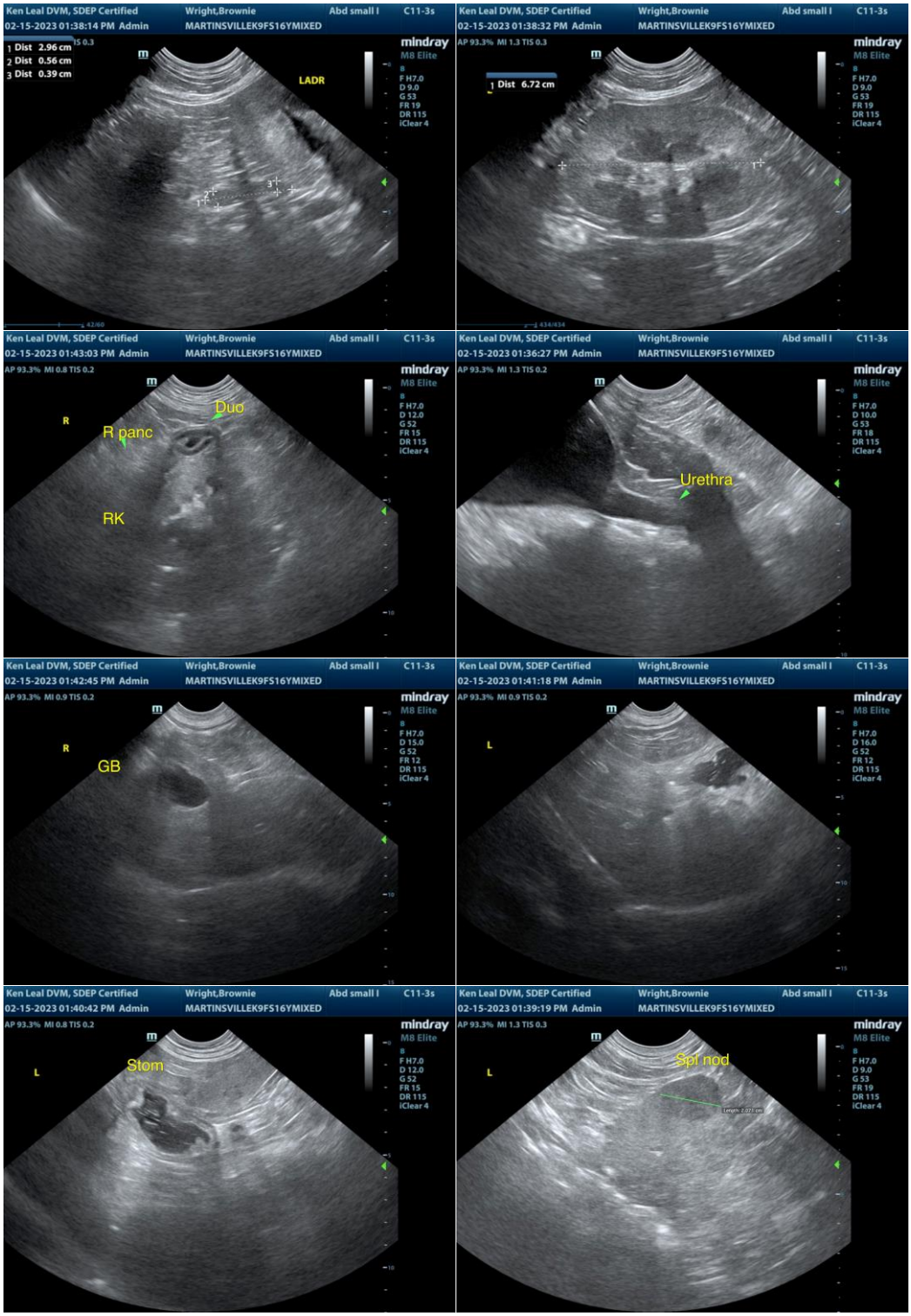

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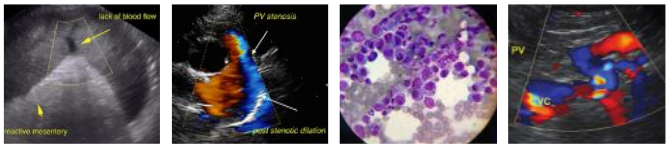

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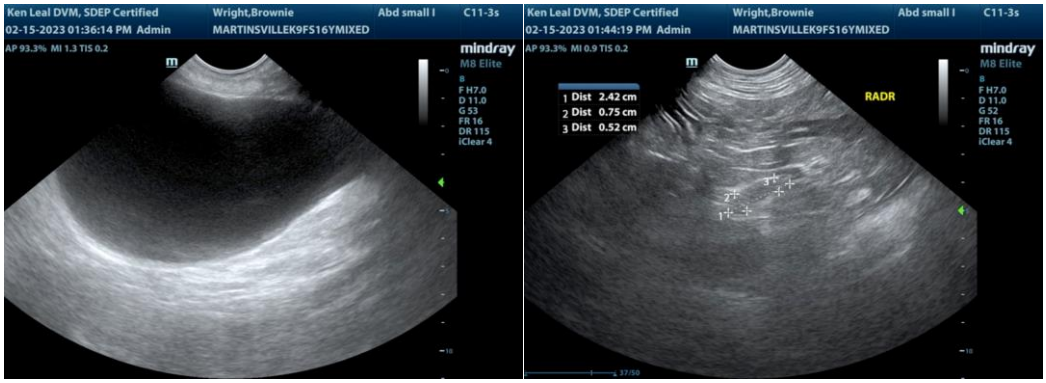

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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