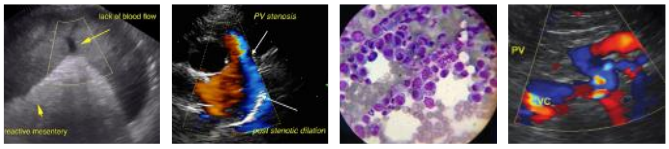
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hannah Edwards

SPECIES

Canine

BREED

Miniature Pincher

SEX

FS

AGE

11

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Veterinary Service

REFERRING VET

Dr. D'Ascenzo

INVOICE

16189

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Abdominal distension-organomegaly
Abnormal PE/Chem/CBC/UA Results: ALT 198, ALKP 944

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.

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 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet overtly normal in size, position, and shape measuring 0.62 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

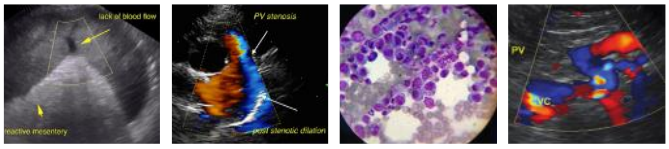
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver presented mild to moderately 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. Intermittent subtly hypoechoic nondisruptive intraparenchymal nodules were present with an example measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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.



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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.

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. A cyst was present it the area of the pancreas base dorsal to the stomach / pylorus measuring 1.8 cm diameter.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Hepatomegaly exhibiting intermittent, subtle, nonspecific yet subjective benign intraparenchymal nodules - vacuolar hepatopathy pattern with subtle areas of hyperplasia, hematopoiesis, or similar, potential for mild primary or concurrent inflammatory hepatopathy i.e., cholangiohepatitis, given the presence of gallbladder debris, is possible
- Mild gallbladder debris (non-mucocele)
- Pancreatic remodeling with pancreatic cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal neoplastic criteria was noted.

Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment, primarily to assess for evidence of inflammatory cells. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Possible low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or elevated Spec cPL.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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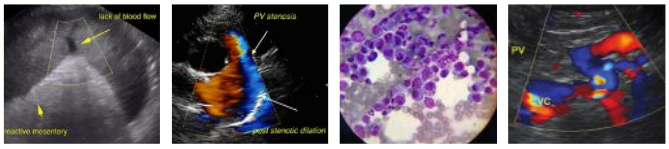

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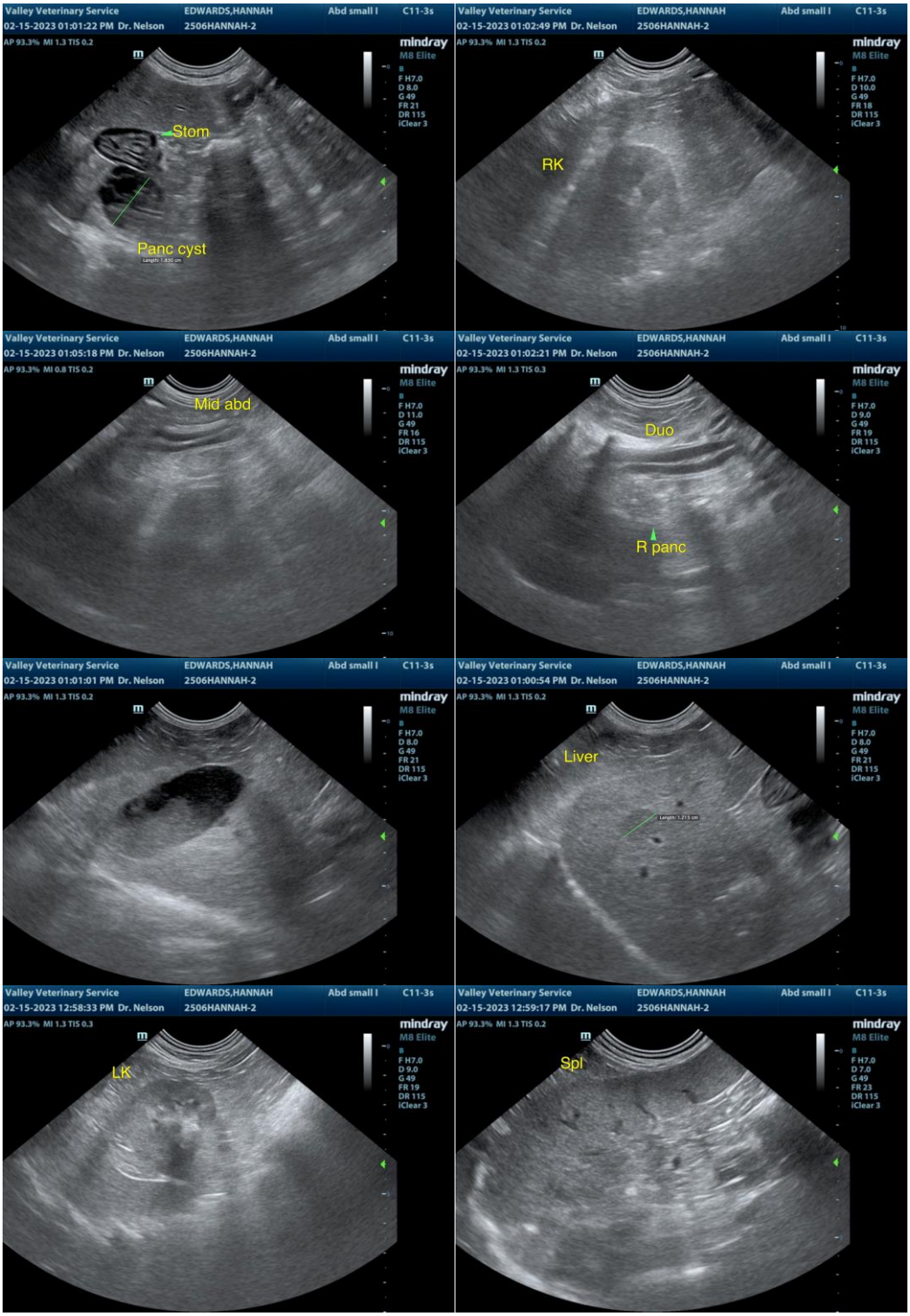

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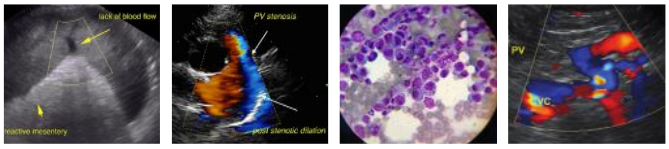

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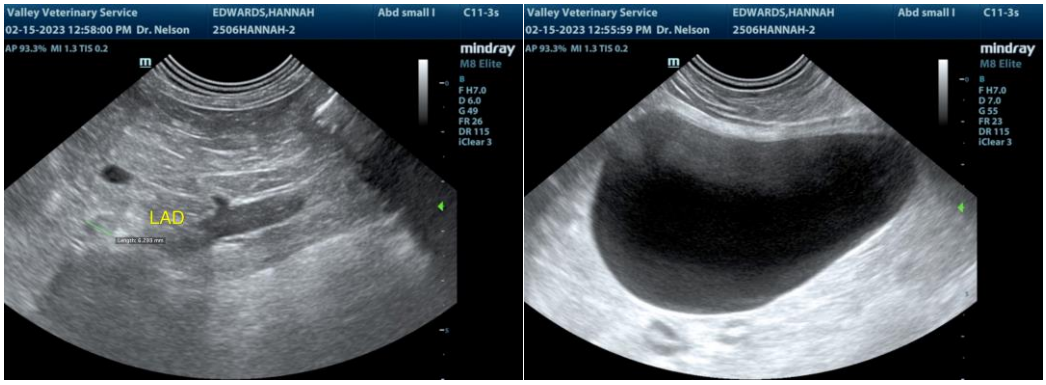

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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