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Clinical Sonography & Telecytology
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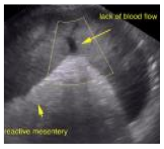
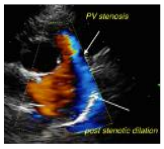
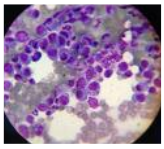
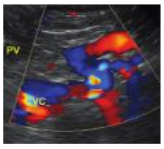





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kaya DiSalvo

SPECIES
Canine

BREED
Siberian Husky

SEX
Spayed Female

AGE
11 Years

WEIGHT
42 Pounds

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

IMAGING PERFORMED BY
Amy Priest

HOSPITAL NAME
Long Valley AH

REFERRING VET
Dr. Stephanie Welch

INVOICE
20941

DATE
2/2/23

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, asymptomatic.

Abnormal PE/Chem/CBC/UA Results: ALT = 107, AST = 66, Alkphos = 541 TT4 = Consistently borderline low

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 were noted. No overt evidence of cystitis criteria. No urinary bladder tumors. 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 pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and overall shape. Minor asymmetrical adrenal capsule contour was present. The left adrenal gland measured 0.78 cm width.

The right adrenal gland was not distinctly visualized yet without overt pathology, subjectively measuring 0.6 cm at the caudal pole.

No obvious evidence of adrenal tumors.

Spleen

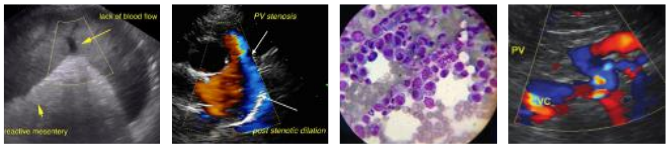
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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

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. The cystic and common bile ducts were normal.

Gastrointestinal



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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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy- suggestive of vacuolar hepatopathy pattern
- Sonographically normal gallbladder
- Mild age-related kidneys
- Sonographically normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary adrenal disease may be considered less likely in this case given the lack of clinical signs suggestive of Cushings syndrome, i.e., PU/PD, polyphagia, etc. However, if clinical suspicion for Cushings syndrome, adrenal testing for further assessment could be considered. Screening FNA cytology, assuming normal clotting status, is warranted for further clarification to assess for evidence of inflammatory cells or hepatic antigenic stimulation. Empirically, hepatosupportive medications and novel protein or hydrolyzed diet, especially if evidence of hepatic antigenic stimulation on cytology with continued monitoring of hepatic enzymes may prove beneficial.

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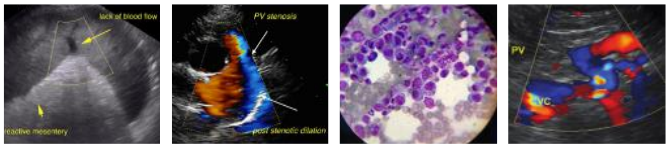

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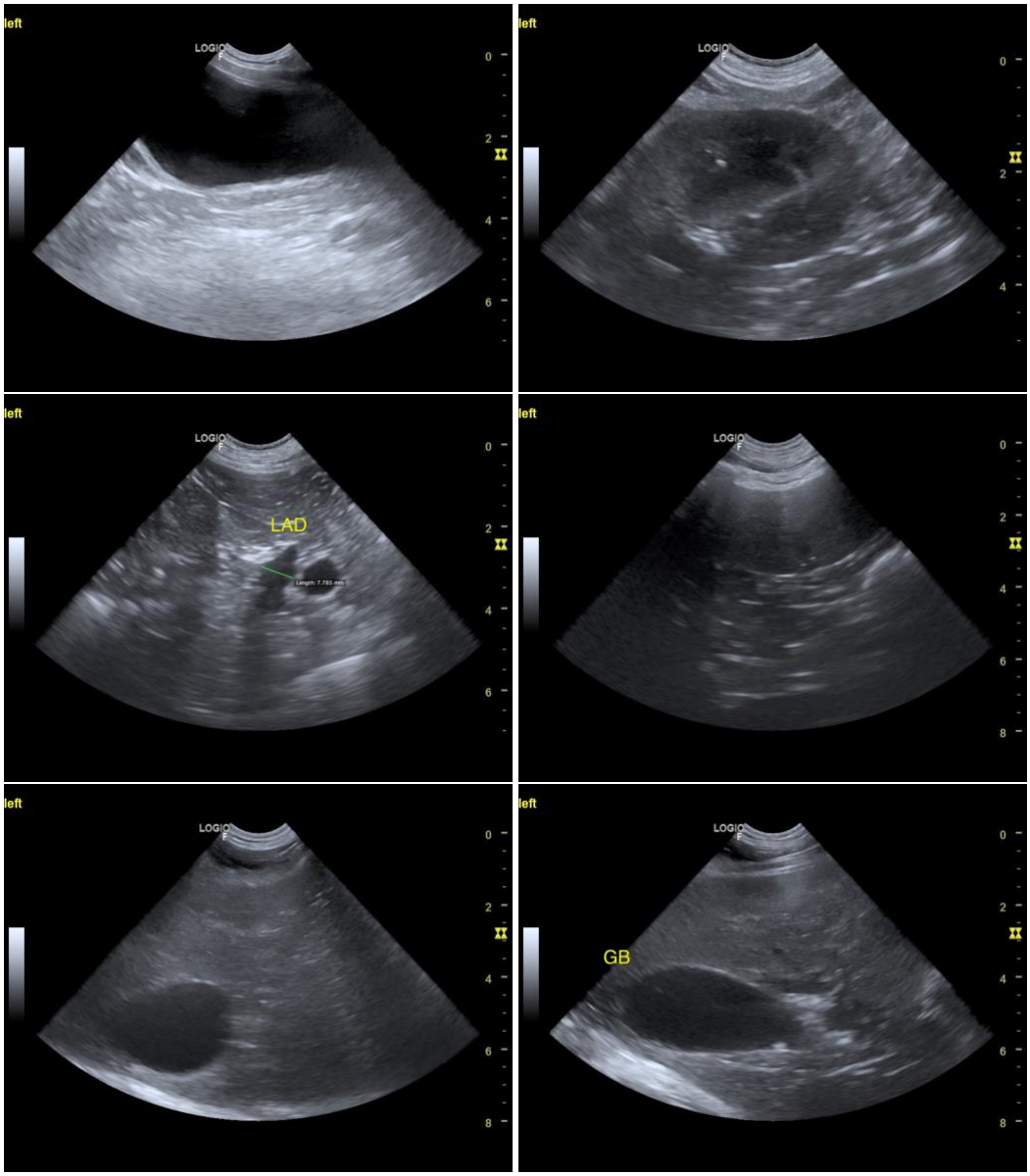

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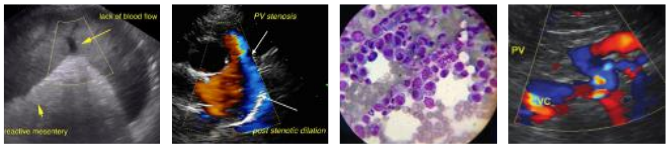

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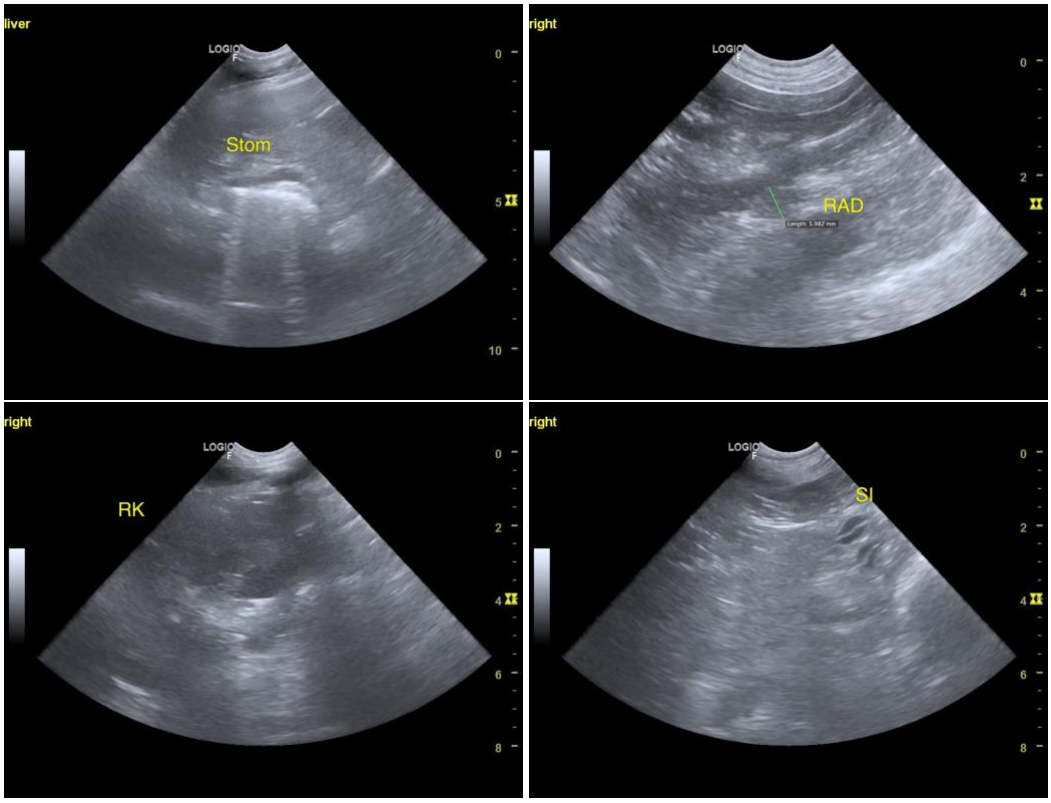

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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