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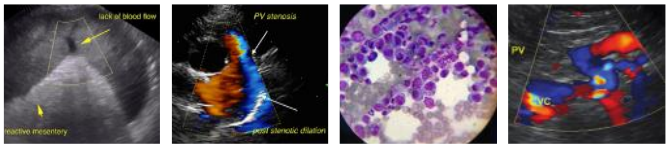

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chachi Feldbaum

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

11 years

WEIGHT

19.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian NG

INVOICE

16253

DATE

2/22/23

PRESENTING CLINICAL SIGNS

Patient presents for elevated liver values, clinically okay.

Abnormal PE/Chem/CBC/UA Results: ALP 231, PSL mildly elevated, Phos. mildly elevated, cholesterol elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, mineral or calculi. 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight, exhibiting a maintained symmetrical capsule contour and primarily homogeneous parenchyma. No adrenal tumors were noted. The left adrenal gland measured 2.0 cm length x 0.59 cm width at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented as mildly 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 containing anechoic content with minor, congealed gallbladder debris in the area of the gallbladder neck. The cystic and common bile ducts were normal.

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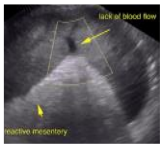

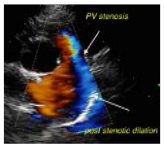

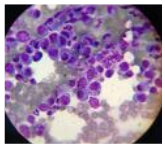
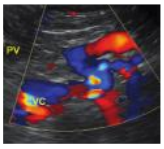

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Gastrointestinal

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Minor congealed gallbladder debris
- Heterogeneous pancreas
- Mild age-related kidneys
- Borderline prominent bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given no reported clinical signs consistent with Cushing's Syndrome, the bilateral prominent adrenal glands are likely incidental without evidence of neoplastic criteria.

Sonographically, the appearance of the liver is most consistent with a vacuolar hepatopathy pattern.

No sonographic evidence of significant or active pancreatitis with potential for age-related remodeling or low-grade / chronic pancreatitis is possible. However, given no clinical signs consistent with chronic pancreatitis, continuing monitoring of PSL level would be reasonable. Concurrent continued monitoring of ALP levels with potential for hepatosupportive medications would be appropriate.

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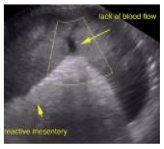

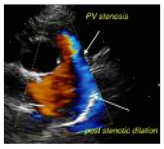

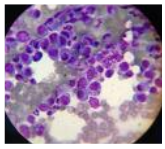
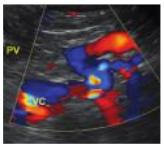

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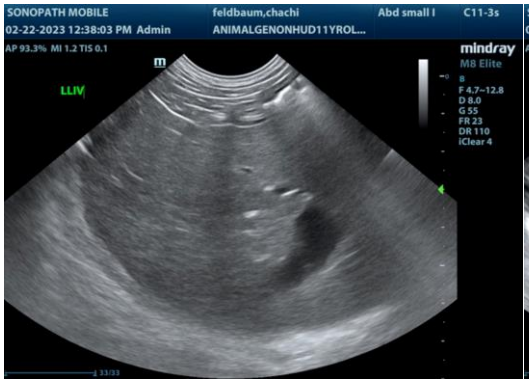

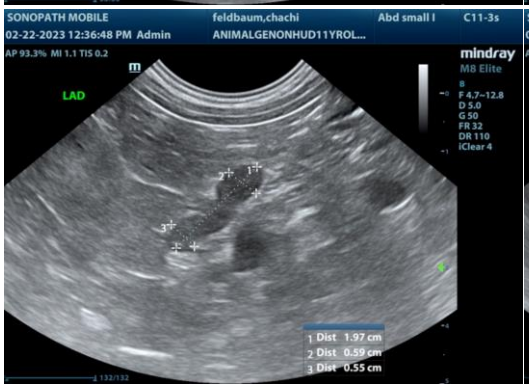

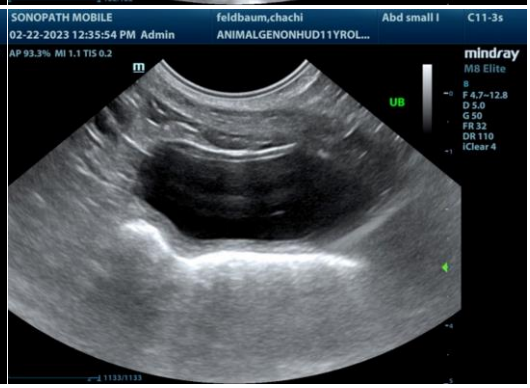

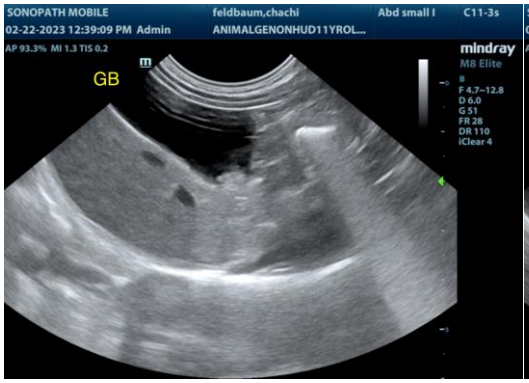

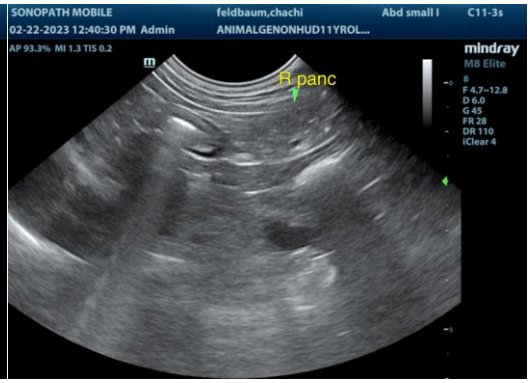

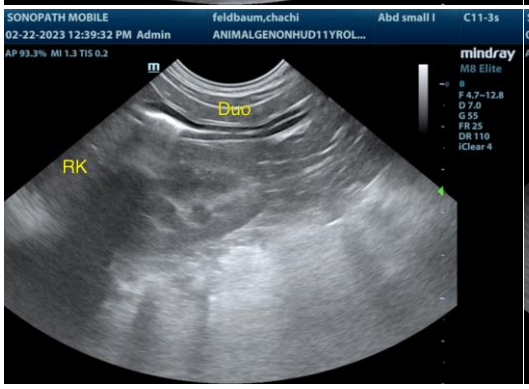

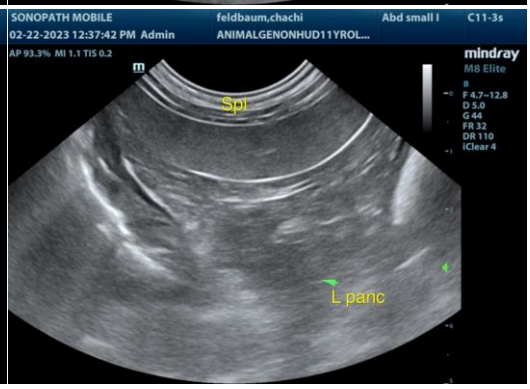

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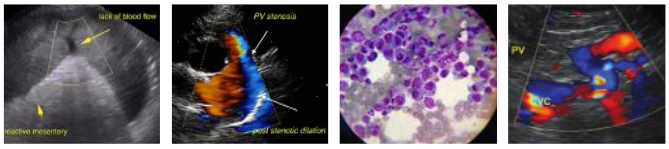

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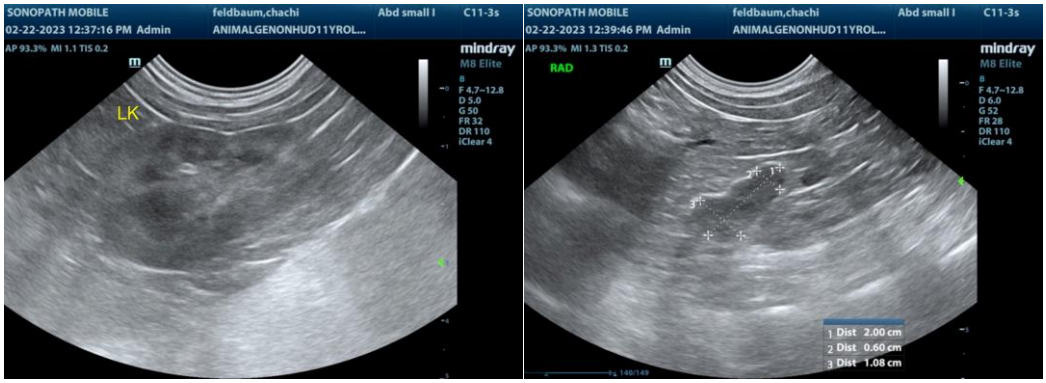

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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