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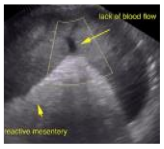
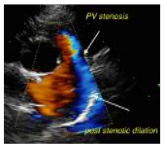
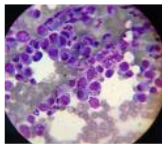
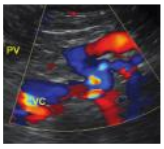
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Jameson Newman

SPECIES

Canine

BREED

Standard Poodle

SEX

M/N

AGE

9 years

WEIGHT

10 m

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal Hospital

REFERRING VET

Dr. Mary Arpaia

INVOICE

16267

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2/22/23

PRESENTING CLINICAL SIGNS

Labwork ran showed progressively increasing liver enzymes, abdominal radiographs noted hepatomegaly- abdominal US recommended P has been on SP hepatic support, Galliprant in the past, Joint support supplements Abdominal radiographs showed Radiographically unremarkable thorax. 2) Mild generalized hepatomegaly. Generalized hepatomegaly is a non-specific finding with uncertain significance. Differentials to consider include hyperplasia, steroid hepatopathy, congestion, lipidosis, diabetes mellitus, inflammatory hepatopathies, and neoplasia. Correlate with clinical biochemical findings and consider ultrasound examination with biopsy/fine needle aspirate if indicated. 3) Heterogeneous soft tissue opaque material in the stomach most consistent with recent meal ingestion. Repeated radiography after a period of fasting may be helpful to confirm appropriate gastrointestinal emptying.

Abnormal PE/Chem/CBC/UA Results: Jan 2023 labwork: CBC - Wnl; Chemistry profile - Superchem: wnl except - ALT 299 (12-118) - ALP 454 (5-131) - Cholesterol 456 (92-324) - CPK 41 (59-895); Accuplex - Heartworm (Antigen) NEGATIVE Borrelia burgdorferi NEGATIVE Ehrlichia canis NEGATIVE Anaplasma phagocytophilum NEGATIVE; Thyroid hormones - TT4 2.1 (0.8-3.5); Urinalysis - USG 1.054 pH 7 urine chems: 3+ pro urine sedi: nsf MA: 15.6 (<2.5) Jan 30 2023 Vitamin D levels low 75.3 ng/dL Oct 2021 ALT 228 ALP 181

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 residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

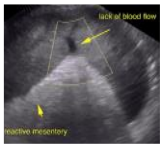
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.4 cm in length. The right kidney measured 7.1 cm in length.

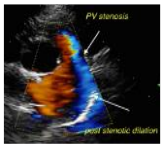
Adrenal Glands

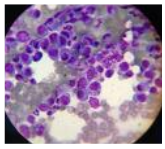
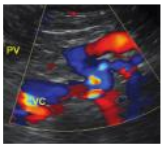
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.75 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.82 cm width at the cranial pole.

Spleen

The spleen exhibited subjective mild enlargement yet maintained a symmetrical capsule contour and primarily finely textured homogenous parenchyma. Focal to intermittent nondisruptive variably





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hyperechoic splenic nodules consistent with myelolipomas were present. Concurrent, mildly expansive hypoechoic to nonhomogeneous mid to cranial splenic nodule without associated capsule distortion was present measuring 2.4 cm in diameter. Possible indistinctly visualized concurrent similar appearing nodule in the cranial spleen. Normal to adequate splenic vascularity was noted. A small soft tissue echo was present within the splenic vasculature consistent with a small subjective nonobstructive intrasplenic thrombus. The intrasplenic thrombus measured approximately 2.0 cm x 0.4 cm.

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. 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 contained echogenic, nonshadowing ingesta without signs of 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

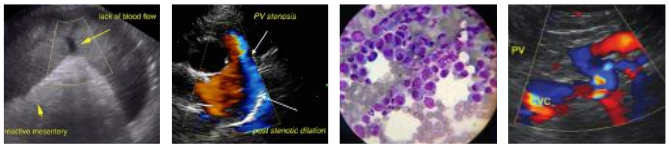
The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy or significant peritoneal free fluid was present. A small pocket of scant free fluid was noted in the left cranial abdomen around the caudal liver and possible cranial spleen.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly exhibiting nonspecific mildly expansive hypoechoic nodules, probable benign myelolipomas, and small intrasplenic thrombus
- Nonspecific hepatopathy - vacuolar hepatopathy, nonobstructive cholestasis, inflammatory hepatopathy, infiltrative neoplasia (less likely), all potentials
- Sonographically normal gallbladder
- Gastric ingesta - probable post prandial presentation
- Scant perihepatic / perisplenic free fluid
- Mild age-related kidneys, sonographically unremarkable bilateral adrenal glands



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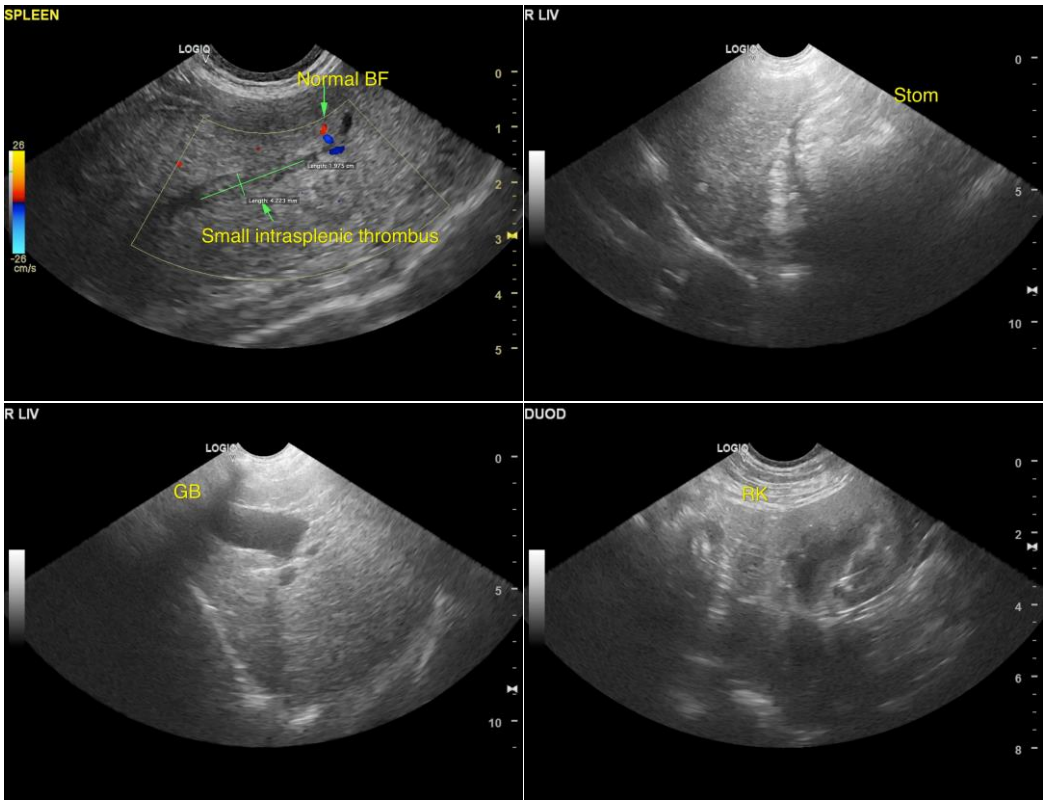
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of splenic capsule distortion associated with the splenic nodules, the small pocket of free fluid may potentially be physiologic, assuming normal albumin levels.

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the mild expansive, hypoechoic splenic nodule, as well as screening hepatic parenchyma FNA cytology is recommended for further clarification.

The small intrasplenic thrombus is suspected to be incidental given the overtly adequate to normal splenic vascularity yet continued monitoring as well as monitoring of the splenic nodules for evidence of progression could be considered. Pending sampling, if evidence of splenic neoplastic process, splenectomy with hepatic biopsies could be indicated.

Hepatosupportive medications may prove beneficial.



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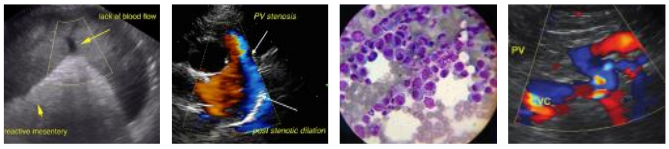

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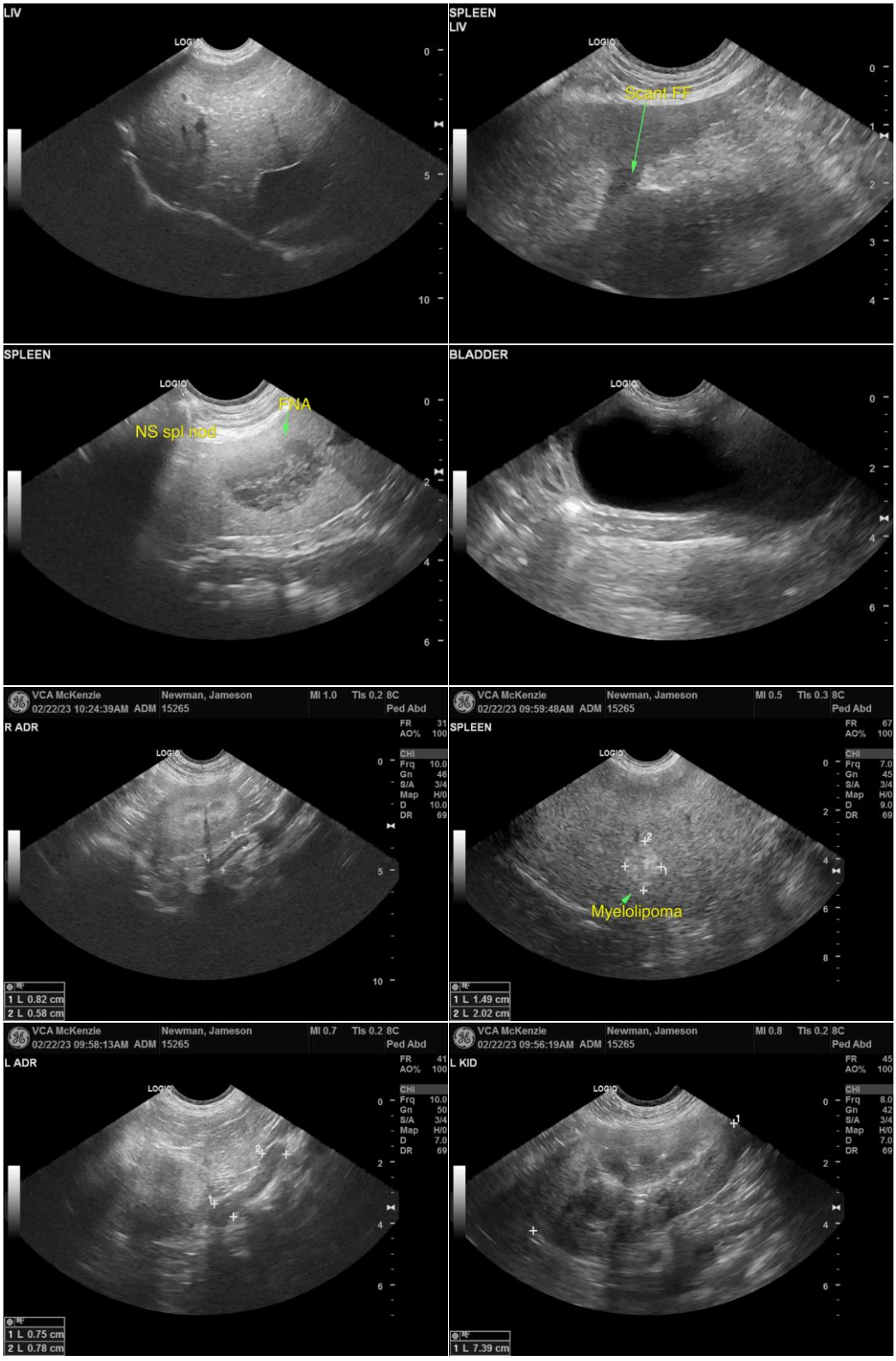

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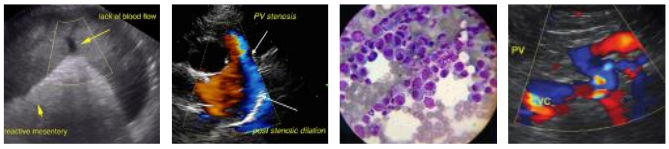

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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