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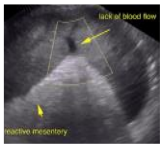
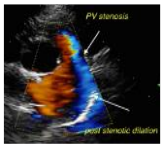
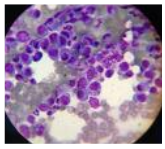
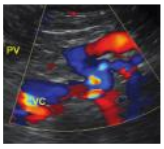
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Lilly Gugelman

SPECIES
Canine

BREED
Dachshund

SEX
F/S

AGE
14

WEIGHT
9.50

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

IMAGING PERFORMED BY
Cassidy Braverman, CVT

HOSPITAL NAME
Bush Animal Hospital

REFERRING VET
Dr. Newman

INVOICE
16305

DATE
2/23/23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: ^Dental disease, otherwise doing well

Abnormal PE/Chem/CBC/UA Results: Lab Findings: ^Chronic progressing hepatic values with Alt 294, GGT 22 and alkp 906 dfdx: vacuolar hepatopathy, open Rest of cbc/chem wnl Current Medications: ^occ tramadol for pain Radiographic Findings: ^none Previous U/ S from April 2020 INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include benign vacuolar hepatopathy in light of the elevated ALP with potential for cholestasis in light of gallbladder debris or inflammatory hepatic disease in light of the elevated ALT. No overt evidence of hepatic neoplasia which is considered unlikely.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to recent voiding. No overt pathology was noted. Mild anechoic urine was present with no evidence of sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Nonobstructive renoliths were noted primarily in the lateral diverticuli. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

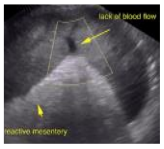
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No adrenomegaly or tumors were noted. The left adrenal gland measured 1.5 cm length x 0.46 cm width at the caudal pole. The right adrenal gland measured 1.5 cm length x 0.52 cm width at the caudal pole.

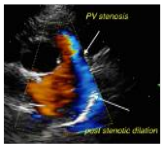
Spleen

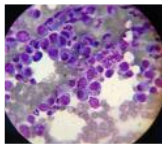
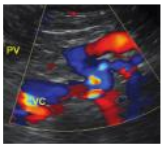
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented 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





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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate, inspissated, hyperechoic gallbladder 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.

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, consistent with probable age-related pancreatic changes. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with nonobstructive renolithiasis
- Age-related adrenals - no adrenomegaly / tumors
- Benign hepatopathy - consistent with vacuolar hepatopathy pattern, nonobstructive cholestasis, potential for primary or concurrent inflammatory hepatopathy i.e., cholangiohepatitis
- Moderate inspissated gallbladder debris (non-mucocele)
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications including Denamarin and Ursodiol are recommended if not currently instituted with continued monitoring of hepatic enzymes going forward. Screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory cells or hepatic anagenic stimulation.

Sonographic reassessment specifically of the gallbladder is suggested if progressive cholestasis or evidence of cranial abdominal / subxiphoid discomfort on palpation.

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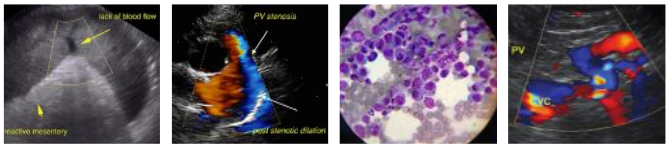

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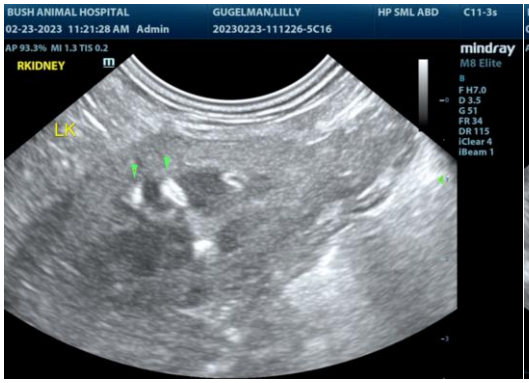

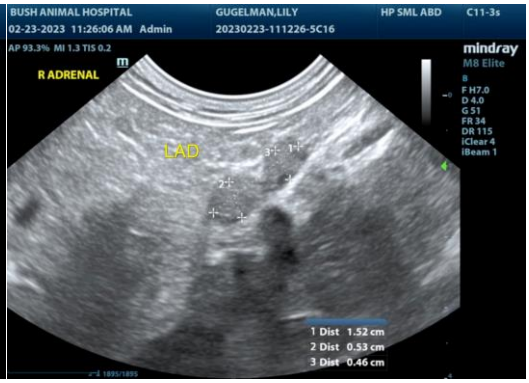

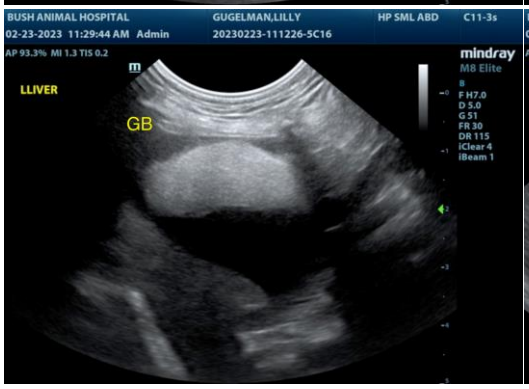

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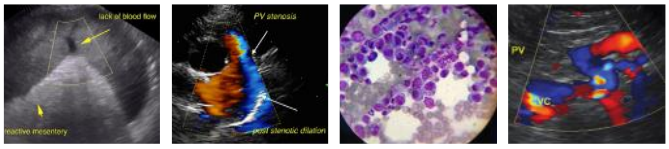

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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