IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Dash Senger

SPECIES

Canine

BREED

Greyhound

SEX

NM

AGE

10 years

WEIGHT

85.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Jullian Sullivan DVM

INVOICE

13424

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Presented for presurgical blood work and ECG prior to dental- severe periodontal disease. Blood work revealed elevation of ALT (283), AST (64), TBili (0.4), ConjBili(0.2), WBC (9.6), Platelets (239), RBC (9.34), Hematocrit (66.3), Hemoglobin (23.8). ECG revealed tall P waves, potentially indicating R atrial enlargement or normal patient variation. History of prior hepatopathy in Spring 2021, had abdominal ultrasound with SVS at that time, symptoms ended up resolving on denamarin and amoxi/clav. Abnormal PE/Chem/CBC/UA Results: Severe periodontal disease, no murmur auscultated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, 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 residual prostate was without pathology, measuring 1.4 cm in diameter.

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 9.1 cm in length. The right kidney measured 8.1 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 3.4 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 exhibited mild subnormal size and primarily maintained uniform normoechoic parenchyma exhibiting mild coarse echotexture. Areas of asymmetrical ventral and caudal capsule contour was present with possible areas of isoechoic nodular regeneration. Subjective prominent hepatic vasculature was present in the mid liver. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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 was present. Nonspecific mild cranial to right cranial increased omental echogenicity was present. Intermittent pockets of very scant peritoneal free fluid were noted in the lateral abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subnormal liver exhibiting areas of asymmetrical hepatic contour, potential for areas of nodular regeneration, subjective prominent mid liver hepatic vasculature
- Sonographically unremarkable gallbladder
- Bilateral mild chronic renal changes

Secondary Findings

- Nonspecific mild increased cranial to right cranial abdominal mesentery, intermittent pocket of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific yet most consistent with chronic hepatopathy, given its subnormal size and potential areas of nodular regeneration. Nonspecific chronic hepatitis, given the ALT/AST elevation, is considered a primary differential diagnosis vs. other hepatopathy. Hepatic functionality may be normal assuming normal albumin, glucose, cholesterol, and BUN levels. However, bile acid testing is recommended prior to anesthetic considerations.

Empirically, reinstitution of hepatosupportive medications +/- antibiotic trial could be considered with assessment of clinical response. A hepatic core surgical biopsy would be required for a definitive diagnosis.

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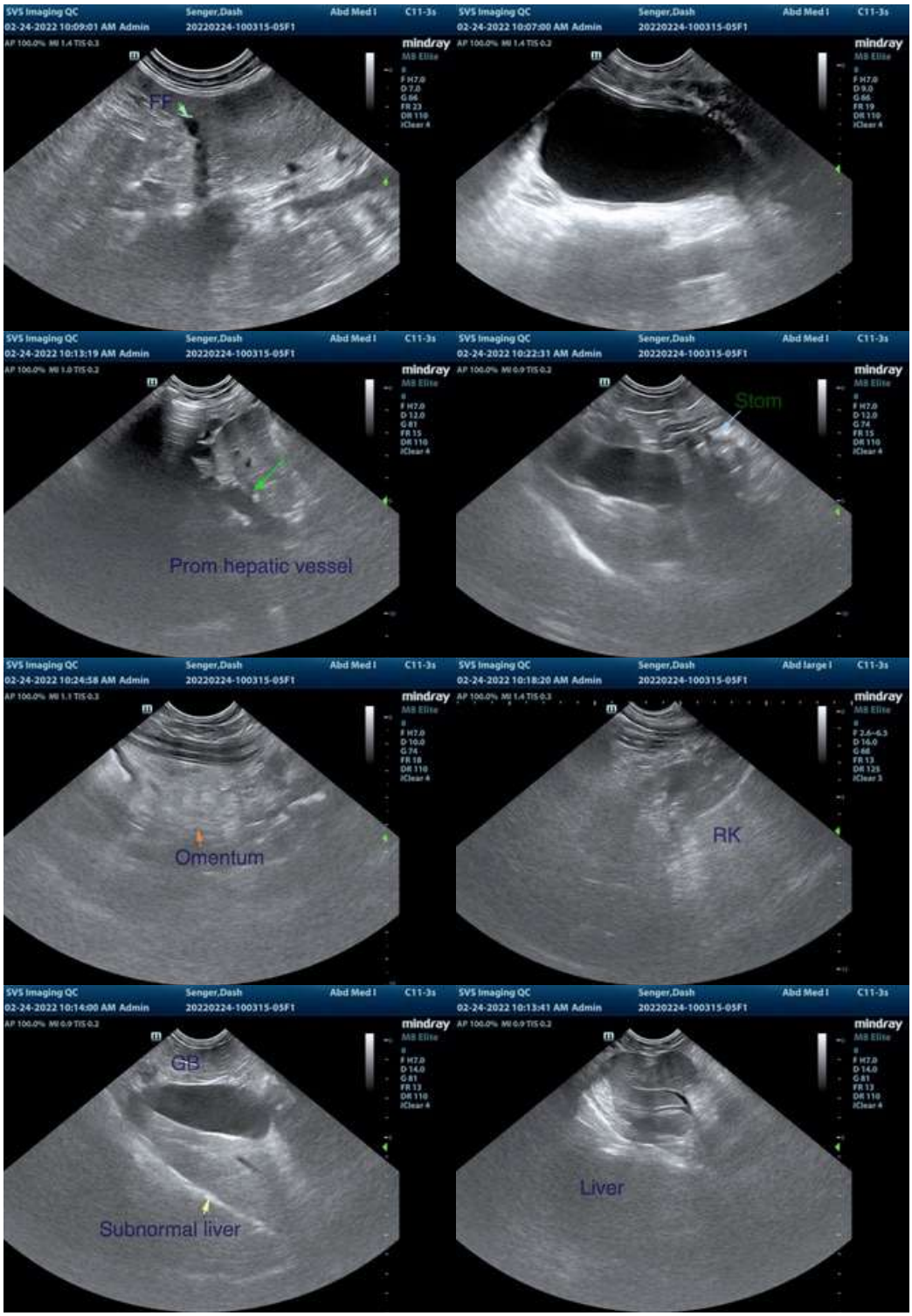

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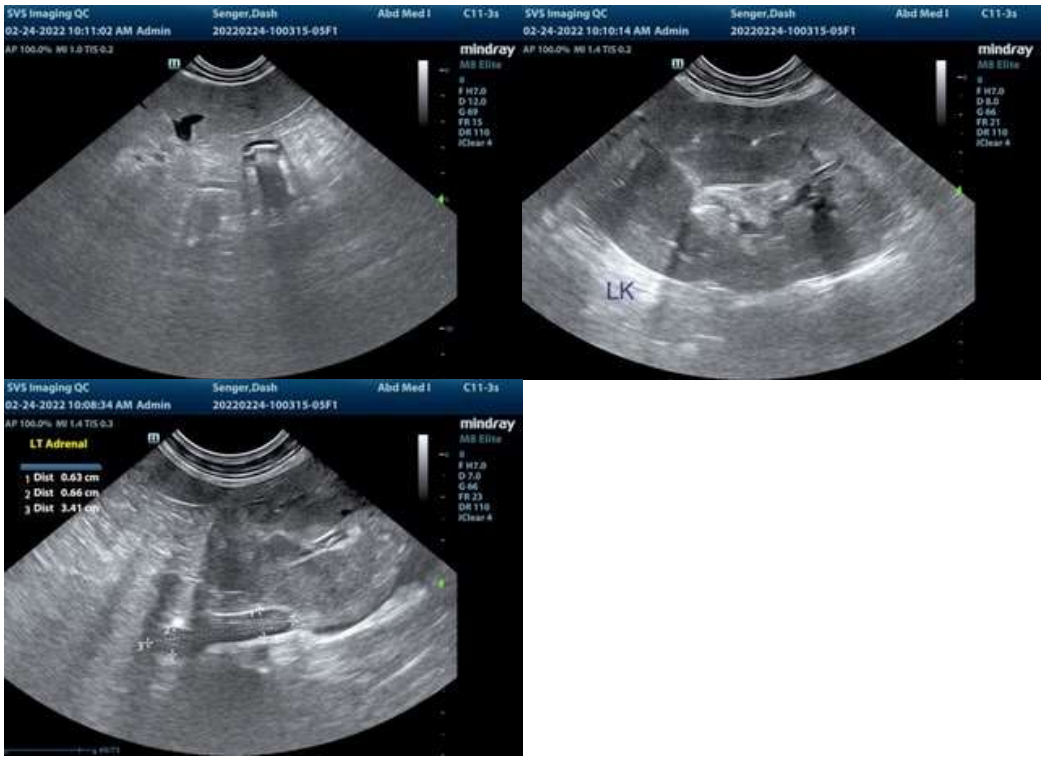

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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