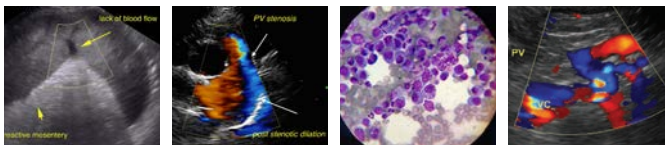
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Zoe Shep Mix

SPECIES

Canine

BREED

Shep Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

78.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Despinto

INVOICE

45547

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Elevated Liver Values, Gets vaccines elsewhere but per records UTD on Lepto
Abnormal PE/Chem/CBC/UA Results: ALT 173, AST 60, GGT 26, Bili 0.2

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 or sediment. No mineral 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 6.1 cm each.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.66 cm at the caudal pole.

No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present primarily in the medial parenchyma, adjacent to the hilus and potentially coalescing. The nodules were non-disruptive and consistent with benign myelolipomas. Potential for emerging areas of splenic mineralization or less likely previous infarcts. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

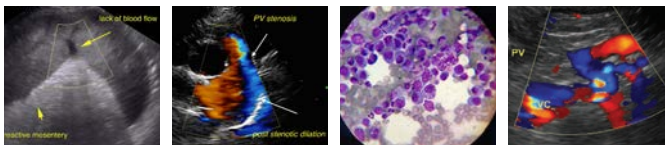
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of a vascular anomaly. No evidence of hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and 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 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.



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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.

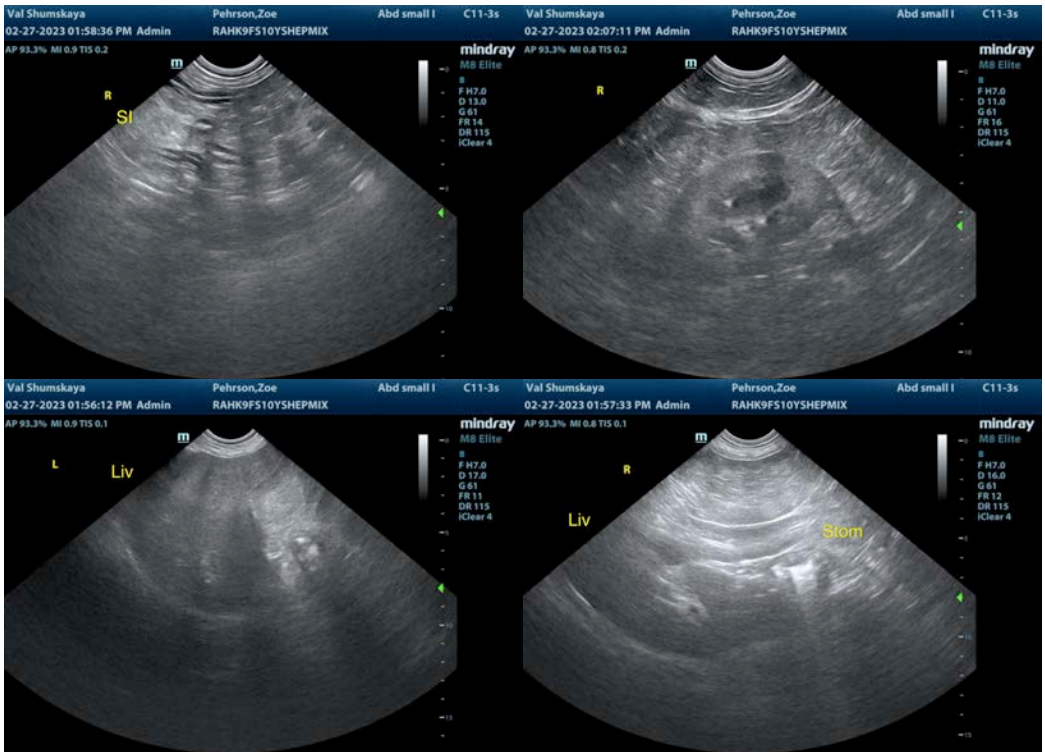
ULTRASONOGRAPHIC FINDINGS

- Low-grade benign hepatopathy
- Sonographically normal gallbladder
- Mild age related kidneys
- Benign splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, mild geriatric abdomen without sonographic evidence of significant visceral, specifically hepatobiliary, pathology. Although non-specific, potential for low-grade inflammatory hepatopathy or mild non-obstructive hepatic cholestasis. Assuming normal clotting status, screening hepatic FNA cytology could be considered initially for further clarification and possible identification of inflammatory cell type, if present.

Empirically, hepatosupportive medications include Denamarin +/- Ursodiol would be reasonable with monitoring of hepatic enzymes going forward.



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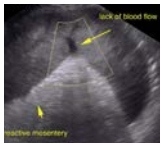
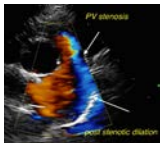
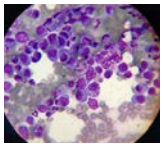
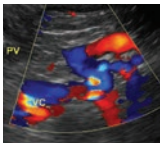

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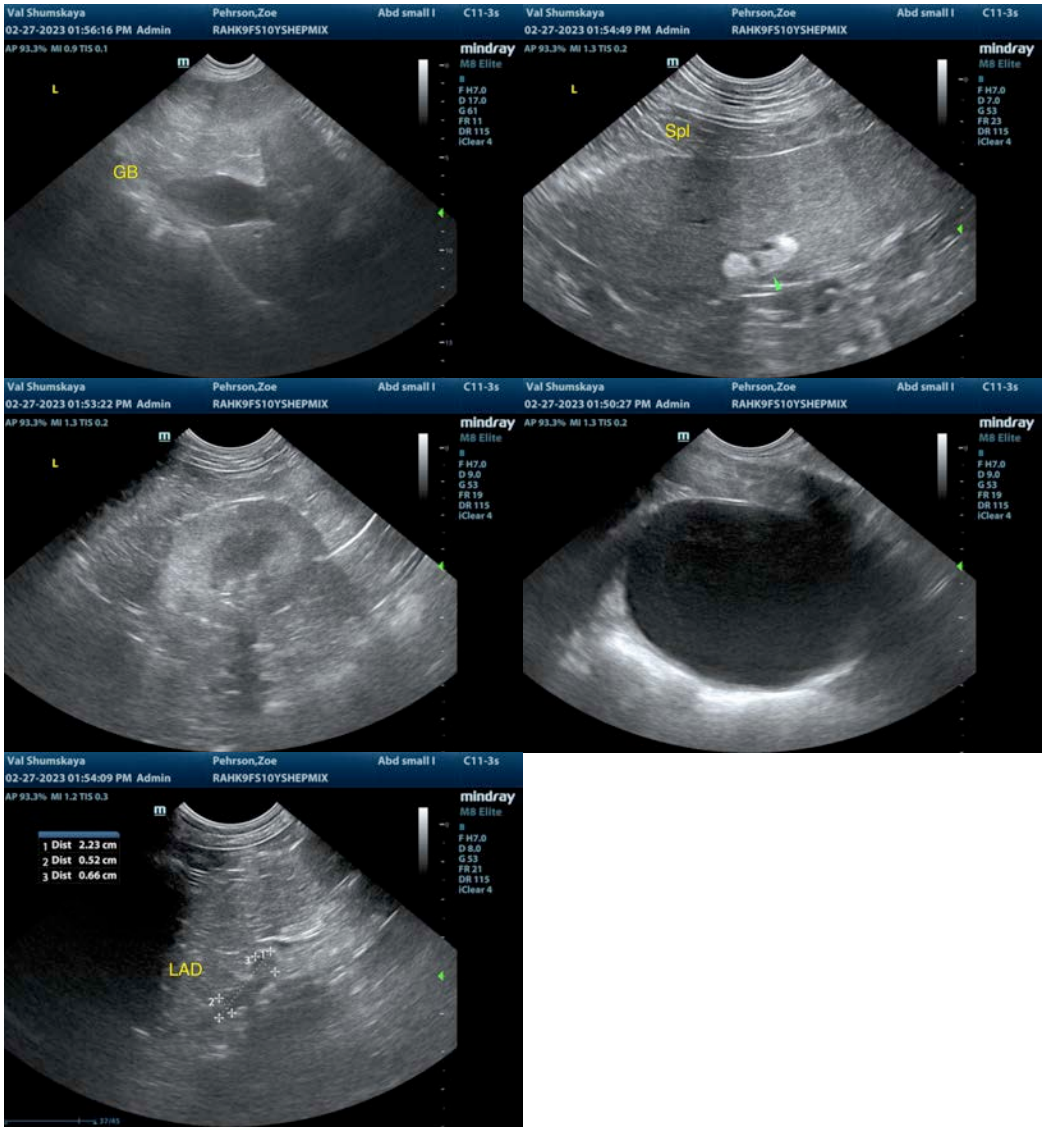

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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