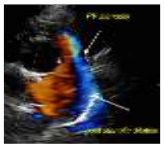
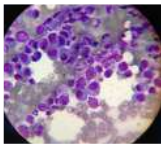
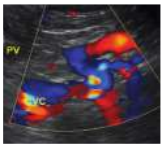
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Penny Loggie

SPECIES

Canine

BREED

Min Pincher

SEX

Spayed Female

AGE

12

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Resolution Vet Ultrasound LTD

REFERRING VET

Dr. Cumyn

INVOICE

13245

DATE

2/3/22

PRESENTING CLINICAL SIGNS

PU PD Not doing right mild elevation of liver enzymes.
Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes

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 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. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

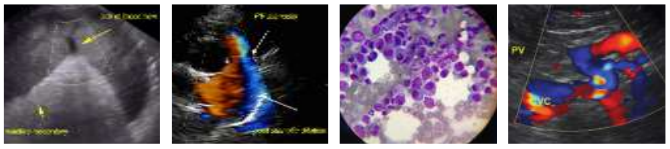
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement with symmetrical contour. Hepatic parenchymal remodeling with indistinct to discreet hypoechoic parenchymal nodules were present. An example of a nodule measured 0.68 cm width. The gallbladder was non-distended in size. The gallbladder walls were sonographically unremarkable without evidence of inflammation. Moderate, nondependent to congealed yet nonorganized subjective mobile gallbladder debris was present. No evidence of peripheral gallbladder inflammation was noted. 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 contained mild to moderate, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenojejunal chyme was present. No overt evidence of mechanical obstruction was noted.

Normal visible colon wall layers were present with semi-formed to soft 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

Primary Findings

- Hepatopathy exhibiting nonuniform to discreetly nodular parenchyma - may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy, with neoplasia considered a less likely differential diagnosis yet cannot be excluded
- Moderate congealed yet subjective mobile gallbladder debris - possible early gallbladder mucocele
- Heterogeneous pancreas with remodeling - age-related / patient variant, remodeling owing to previous inflammation, or low-grade chronic pancreatitis possible
- Gastric ingesta with overtly normal small bowel - potential for mild gastroenteritis
- Chronic renal changes with minor pinpoint medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the liver using a 25-gauge needle could be considered for screening cytology primarily to assess for evidence of inflammatory cells.

Screening UCCR or LDDST could be considered, given the PU/PD and presentation of the liver, although evidence of overt adrenal hyperplasia was not obvious.

Potential for low-grade or chronic pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation is noted.

Hepatosupportive medications including Denamarin and Ursodiol, as well as conservative therapy for chronic pancreatitis with as-needed gastrointestinal support may be considered if clinically indicated.

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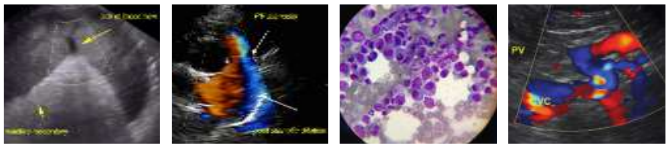

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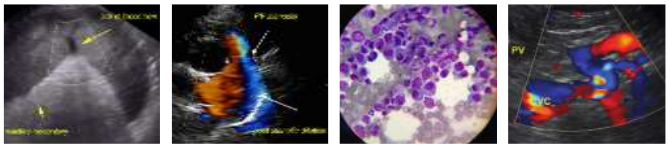

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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