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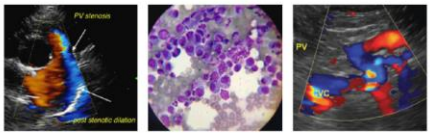

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Marley Chavez

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

12yr

WEIGHT

49.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy LaSarge

HOSPITAL NAME

SVS Imaging NW

REFERRING VET

Dr. Kelly

INVOICE

12868ag

DATE

02/03/2023

PRESENTING CLINICAL SIGNS

Owners noticed increased bloating and gas for about 1 month. Firm abdomen on exam - palpation-hard to tell if fluid accumulation vs mass, allergies. No blood work or radiographs done

Abnormal PE/Chem/CBC/UA Results: No blood work done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Bilateral pinpoint medullary mineral was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was variably enlarged in the mid to cranial gland with mild asymmetrical contour and non-homogenous nodular parenchyma. No evidence of mineralization, capsule escape of vascular invasion. The left adrenal gland measured 1.4 cm width at the caudal pole and 4.1 cm length. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland measured 0.57 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 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 and mild non-organized debris. 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 mild retained echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material.

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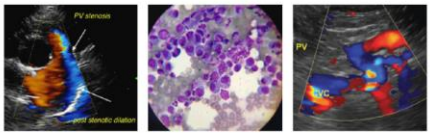

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The right pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Suspect distal right limb hyperechoic nodular parenchyma which may indicate pancreatic nodular hyperplasia, fibrosis or possible overlaying hepatic/mesenteric lymph node. No signs neoplasia criteria.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age related renal changes
- Variably enlarged left adrenal gland
- Mild hepatomegaly-subjectively benign
- Mild gallbladder debris (non-mucocele)
- Overtly normal GI tract with mild potentially retained gastric ingesta/chyme
- Heterogenous focal hyperechoic right pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given lack of reported clinical signs, the enlarged left adrenal gland is of unclear clinical significance with considerations including benign hyperplasia, functional vs non-functional adenomatous change or potential for emerging neoplasia is possible. Correlation with full lab work and UA suggested. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e. pheochromocytoma. Sonographic reassessment of the left adrenal gland for evidence of progressive enlargement with recheck in 4-6 weeks would be ideal.

Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial if evidence of increased hepatic enzymes or cholestasis.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

A urine C/S on a sterile urine sample recommended if evidence of inflammatory sediment.

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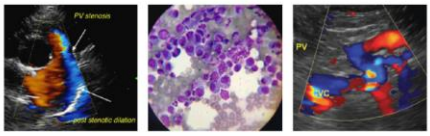

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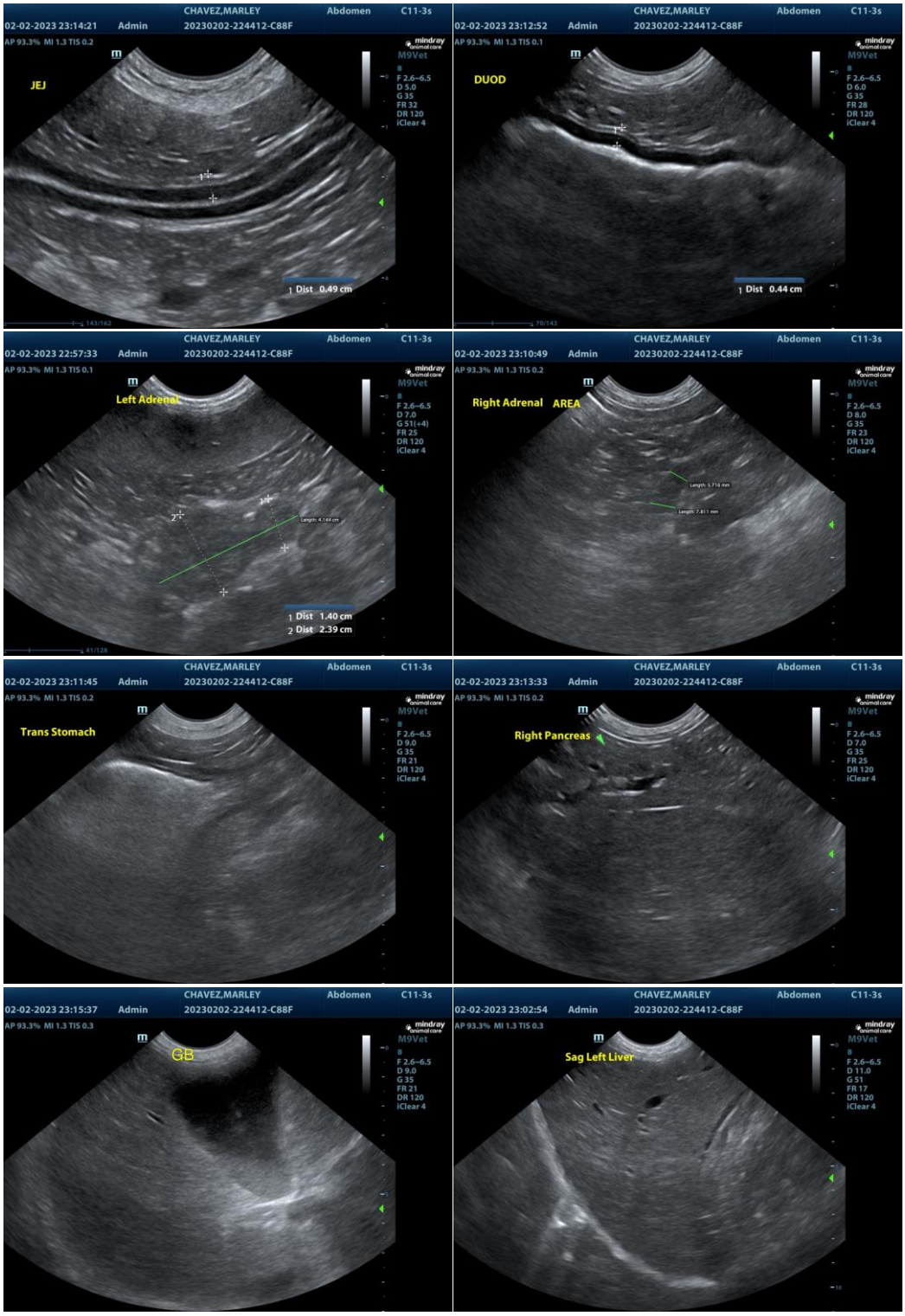

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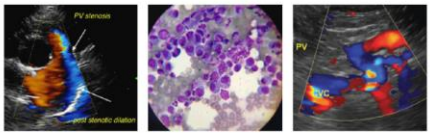

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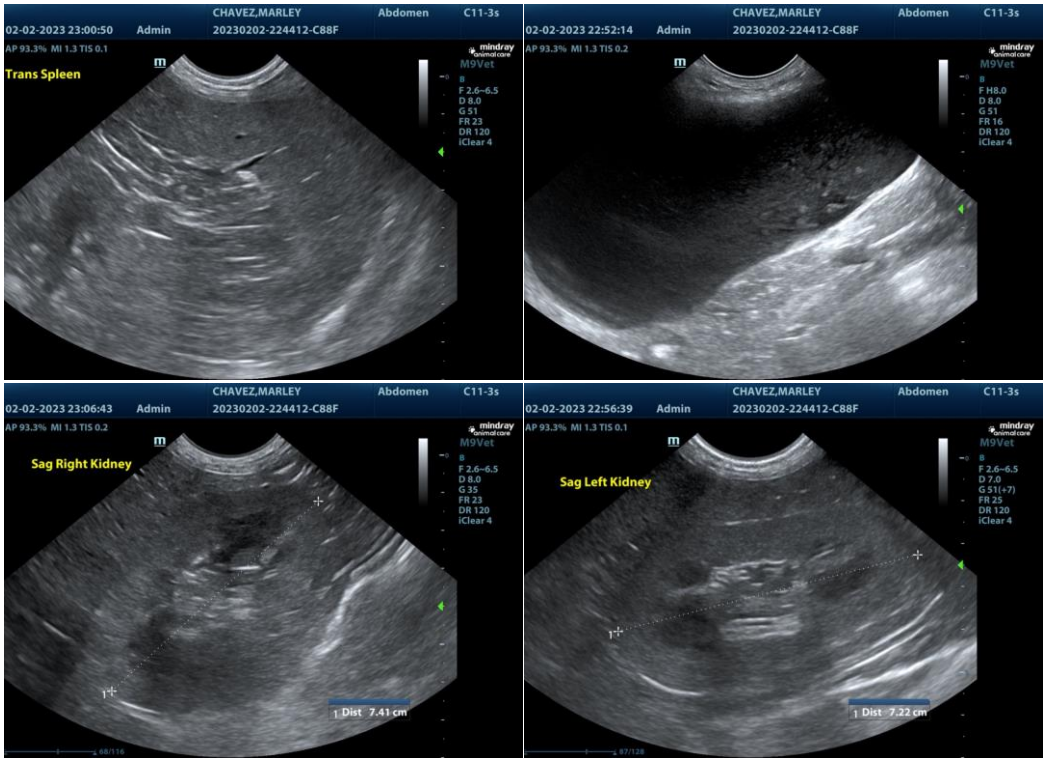

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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