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Clinical Sonography & Telecytology
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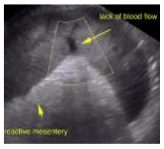
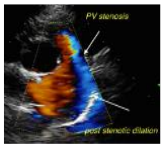
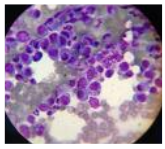
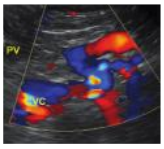

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Onyx Kemper

SPECIES
Canine

BREED
Retriever Mix

SEX
Neutered Male

AGE
12 Years

WEIGHT
35 Lbs.

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME
DPC Veterinary H

REFERRING VET
Dr. Cotto

INVOICE
13757

DATE
2/4/22

PRESENTING CLINICAL SIGNS

History: Was at another clinic for vomiting and lethargy.
Labs: ALP 372, ALT 512, Total Bili 1.2, BUN 14, Albumin 3.4, Calcium 10.5, Creatinine 0.9, Unremarkable CBC, 4Dx negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Moderate dependent mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was nornmal.

No overt pathology in the area of the residual prostate, although not definitively visualized.

Normal size and margination was 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 5.6 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Both adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland subjectively measured 0.57 cm at the caudal pole in width. The right adrenal gland subjective measured 0.46 cm at the caudal pole in width.

Spleen

The spleen was normal in size with generalized splenic parenchyma heterogeneity with mild asymmetrical medial capsule contour. Solitary subtly expansive hypoechoic nodule noted in the medial lateral parenchyma, measuring 1.4 cm in diameter.

Liver

The liver exhibited subjective mild enlargement with areas of minor asymmetrical caudal hepatic capsule contour. Variably echogenic to remodeled parenchyma, exhibiting overall subjective decreased parenchyma echogenicity. No distinct hepatic masses or nodules present.

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 yet prominent to mild thickened walls. The lumen was empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.60 cm.

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. The duodenum wall measured 0.47 cm. The jejunum wall measured 0.35 cm.

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

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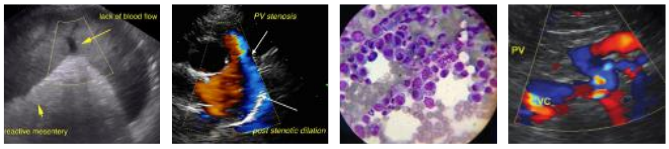

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Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Subtle evidence of perigastric to periintestinal reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting reduced parenchyma echogenicity and generalized parenchymal remodeling- subjective acute on chronic hepatopathy- vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis (viral, bacterial, leptospirosis, toxin, etc.), fibrosis, cirrhosis or other hepatopathy. Potential for hepatic neoplasia cannot be excluded.
- Sonographically unremarkable gallbladder
- Moderate dependent urinary bladder mineral
- Gastritis/gastroenteritis pattern
- Bilateral mild chronic renal changes
- Nonspecific splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the splenic nodule and hepatic parenchyma using 25-gauge needle and assuming normal coagulation parameters would be warranted. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

Leptospirosis/PCR recommended, if clinically indicated. Urine culture and sensitivity on sterile urine sample, given the presence of urinary bladder mineral recommended. Fasting and postprandial bile acids can also be considered given the presence of the urinary bladder mineral, although evidence of a portosystemic vascular anomaly was not obviously evident.

Minor potential for multicentric neoplasia, involving the liver and focal spleen and potential emerging gastrointestinal tract considered a less likely differential diagnosis yet cannot be definitively excluded. empirically, hepatosupportive medications with as needed gastrointestinal support recommended.

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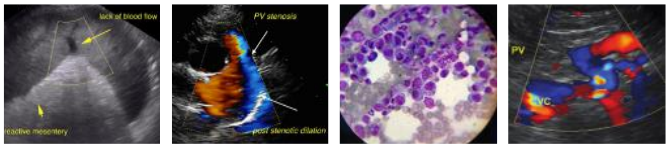

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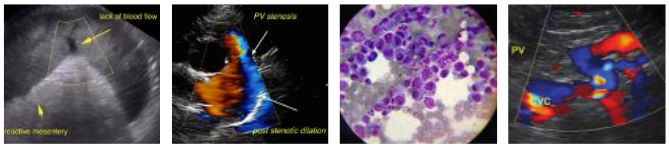

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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