

PATIENT

Pluto Ainsworth

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered Male

AGE

16 Years 9 Months

WEIGHT

56 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT
LVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

13764

DATE

2/4/22

PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~Elevated liver values~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~~Increased ALT, ALP, GGT, CHOL Current medications (include full name, dosage and frequency): ~Denamarin, Milk Thistle, Melatonin, Omeprazole, Vetprofen 2-3 times/week~

Abnormal PE/Chem/CBC/UA Results: sedated dex/torb

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. 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 were noted.

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. Minor pyelectasia was present in the left kidney. The left kidney measured 6.5 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

Mild symmetrical enlargement of the caudal left adrenal was present. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.2 cm width at the caudal pole and 0.82 cm width at the cranial pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.83 cm width in the cranial pole and 0.67 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A multifocal, well-defined, symmetrical, echogenic nodule was present in the caudal pole. 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 nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

Liver

The liver was 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.

The gallbladder was non distended in size with mild to moderate, non-dependent yet non-organized gallbladder. The gallbladder walls were normal without evidence of inflammatory changes or criteria. No



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Pluto Ainsworth evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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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.

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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.

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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.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Mild caudal left adrenomegaly
- Mild chronic renal changes with minor left kidney pyelectasia
- Benign splenic nodule- consistent with probable myelolipoma
- Hepatopathy with minor generalized parenchymal remodeling- subjectively benign
- Minor gallbladder debris (non-mucocele)

WEIGHT

56 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly enlarged caudal left adrenal gland is nonspecific and may include patient variant, mild hyperplasia, adenomatous change with emerging neoplasia considered an unlikely differential diagnosis. If clinical signs suggestive of underlying hyperadrenocorticism are present, screening UCCR may be considered, however, the overall liver was not overtly suggestive of steroid hepatopathy. Potential considerations for the liver may include benign vacuolar hepatopathy, nonspecific hepatitis, non-obstructive cholestasis, or other hepatopathy. Continued hepatosupportive medications, including Ursodiol, given the presence of gallbladder debris would be appropriate with continued monitoring of hepatic enzyme levels.

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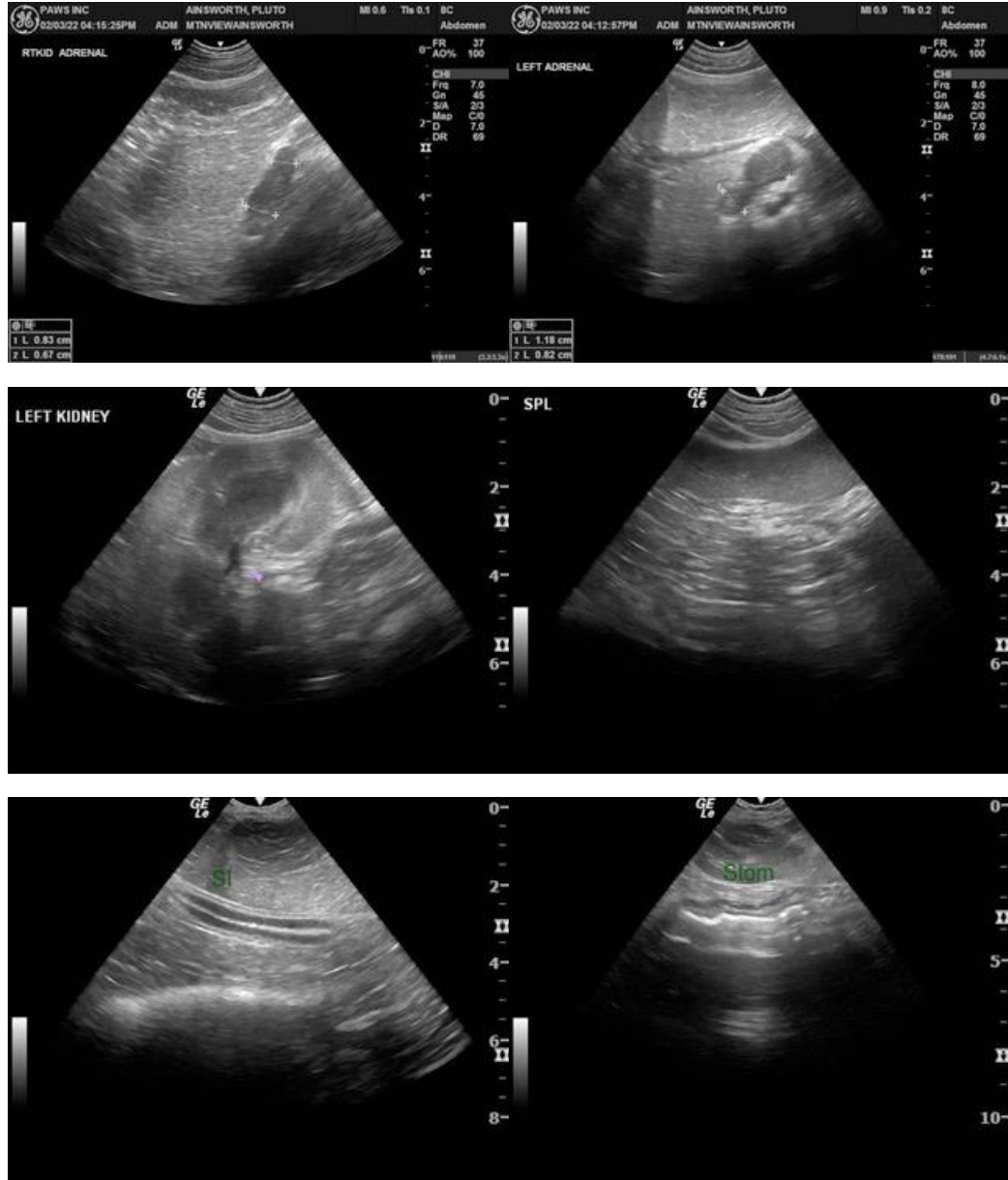
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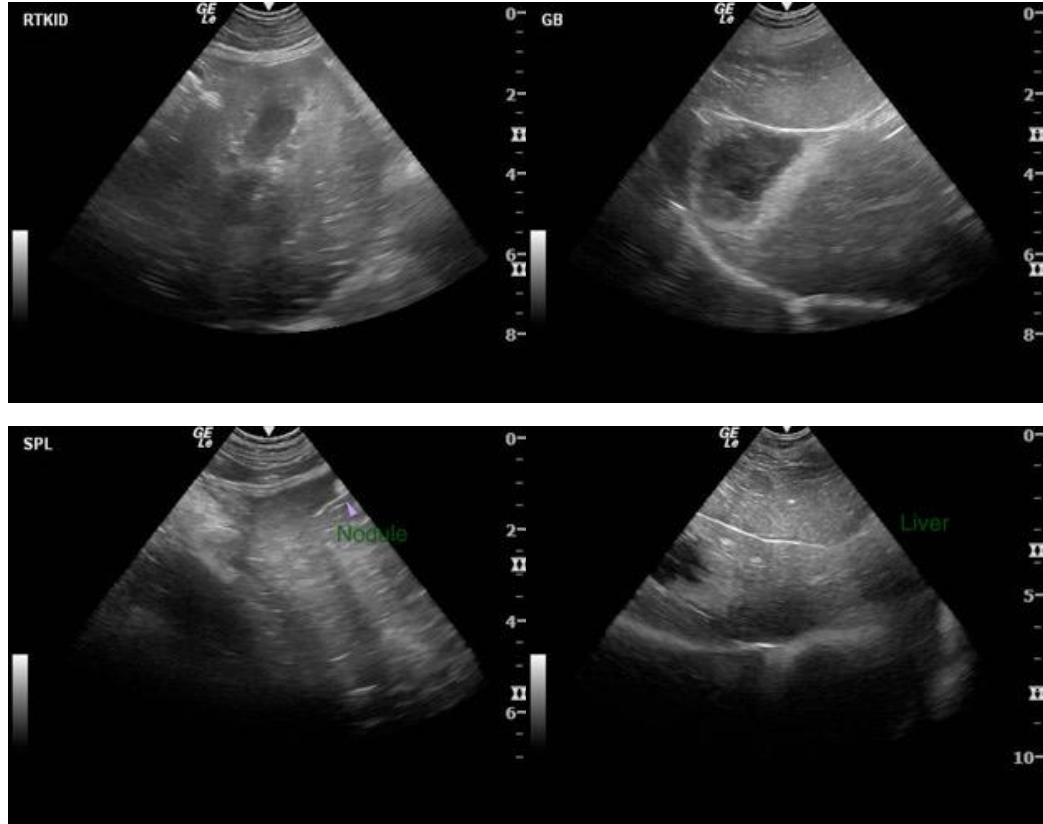
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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