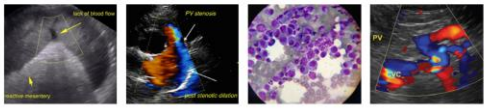
PAUS
Pet Animal Ultrasound Service



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

PATIENT
Maxwell Clay

SPECIES
Canine

BREED
Terrier Mix

SEX
FS

AGE
11 years

WEIGHT
60 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor AH

REFERRING VET
Elsa Yeung, DVM

INVOICE
16092

DATE
2/9/23

PRESENTING CLINICAL SIGNS

Mildly distended abdomen on PE. On Rimadyl 1.8 mg/kg BID (discontinued 2/6/23).

Abnormal PE/Chem/CBC/UA Results: ALP 665, ALT 278.

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. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size, based on caudal pole width measurement. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Possible although not definitive pinpoint areas of dystrophic adrenal mineralization were noted. The left adrenal gland measured 0.62 cm width in the cranial pole and 0.73 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in the cranial pole and 0.73 cm width in the caudal pole.

Spleen

The spleen exhibited generalized mild parenchyma heterogeneity. Intermittent, hyperechoic, nondisruptive nodules were present primarily in the medial parenchyma adjacent to the hilus. Subtle areas of mild medial splenic capsule asymmetry were noted. No splenic masses were noted. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver exhibited generalized enlargement with symmetrical contour and nonhomogeneous parenchyma exhibiting evidence of parenchymal remodeling. A solitary, discrete, non-disruptive, uniform hyperechoic intraparenchymal nodule was present in the mid-left liver measuring 1.1 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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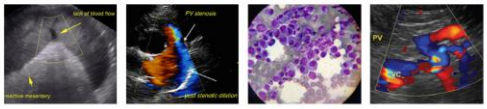

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of 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.

The colon exhibited overall intact, sonographically normal wall layering. The colon contained formed fecal matter. Subjective small cyst associated with the proximal colon wall containing anechoic fluid with minor echogenic content measuring approximately 1.0 cm diameter was present. No evidence of regional inflammation was noted.

Pancreas

The pancreas was normal in size and contour with heterogeneous to mixed echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous to focally nodular liver
- Mild gallbladder debris (non-mucocele)
- Benign splenic nodules - consistent with benign myelolipomas
- Mild chronic renal changes
- Borderline prominent to mild nonhomogeneous bilateral adrenal glands - no adrenal tumors
- Subjective focal colon mural cyst - benign
- Gastric ingesta suspect post prandial presentation
- Remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup is suggested if clinical concern for Cushing's Syndrome.

Chronic vacuolar hepatopathy, inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, probable focal benign lipogranuloma, and fibrosis are possible. Screening hepatic FNA cytology could be considered for further clarification.

No overt evidence of intraabdominal neoplastic criteria was present.

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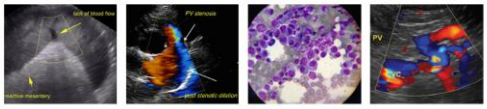

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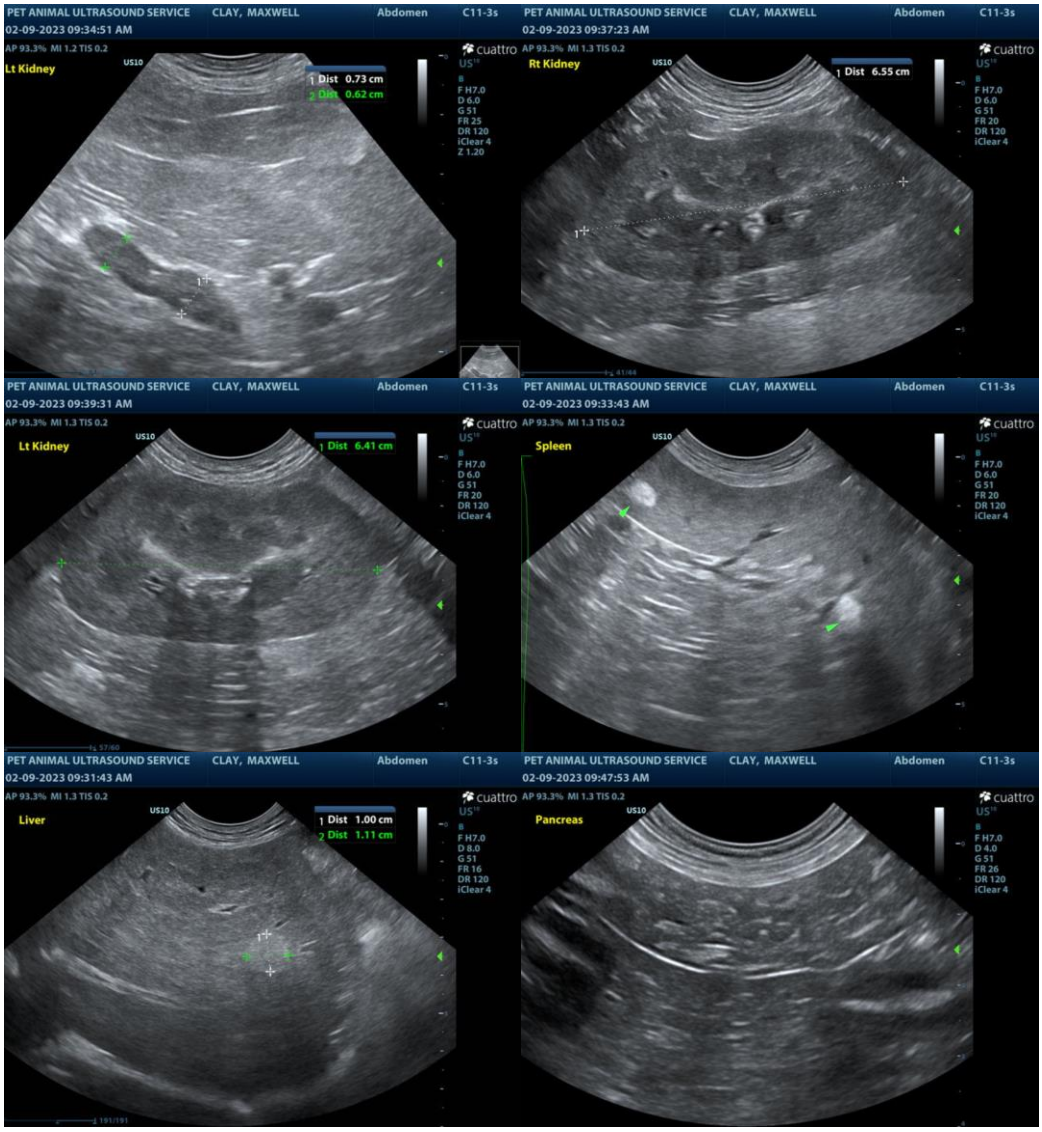
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to rule out parasitism ova / Giardia is suggested if not done. Hepatosupportive medications including Denamarin and Ursodiol, a bland novel protein or hydrolyzed diet trial, high colony count probiotic and empirical deworming may prove beneficial. Full urinary workup including Urinalysis, screening C/S +/- baseline UPC, if clinically indicated, is recommended.



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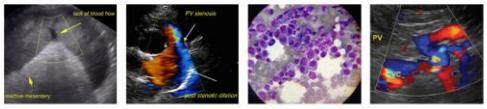

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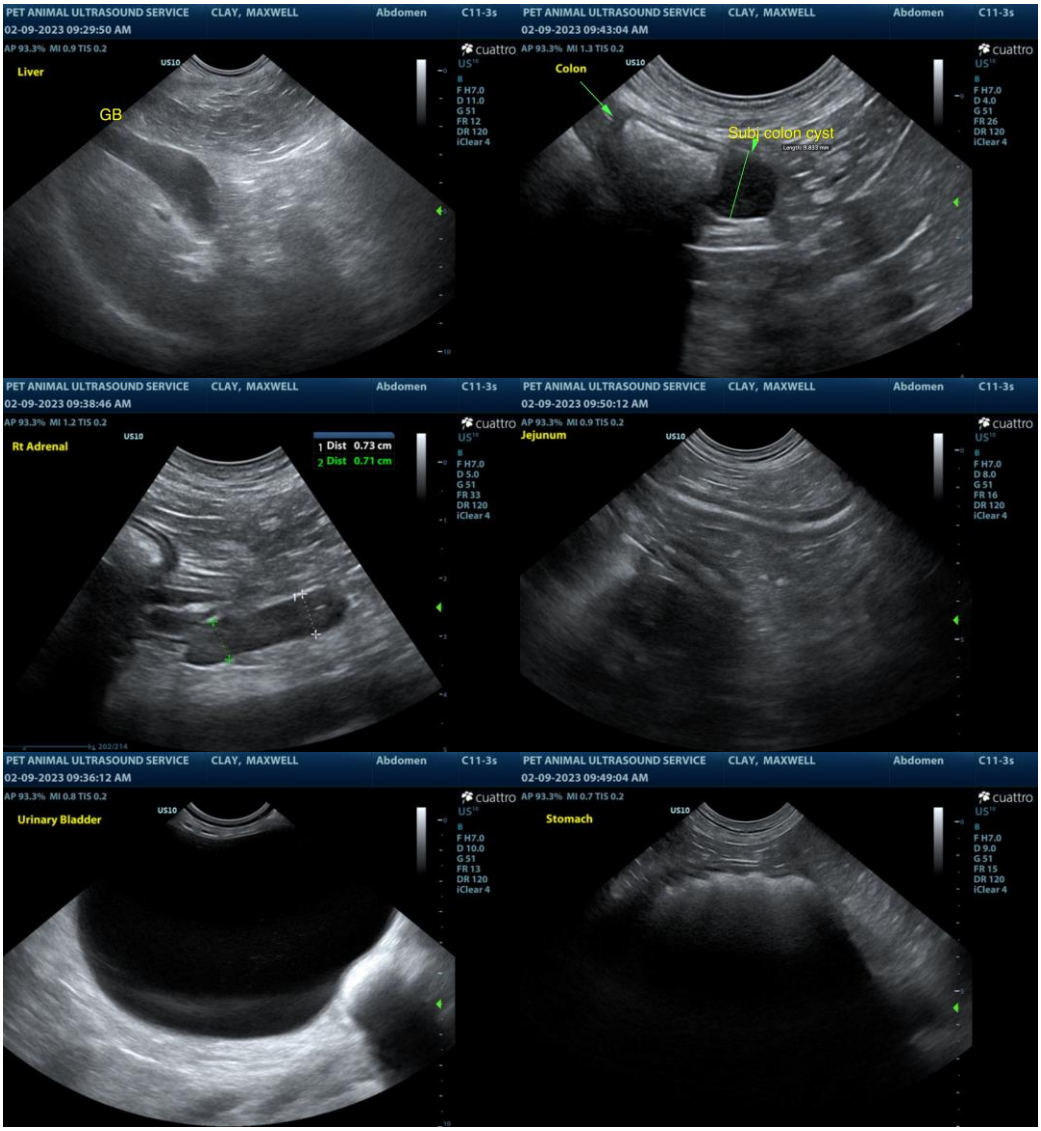

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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