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Clinical Sonography & Telecytology
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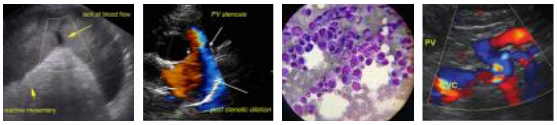


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Wyatt Osness

SPECIES

Canine

BREED

Blue Heeler

SEX

Neutered Male

AGE

8 Years

WEIGHT

54.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

Dr. Larsen

INVOICE

21353

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Difficult to fully assess due to anxiety but no abn noted on the last PE on 1/31/23. History of injury or arthritis but seems to be doing well.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP and ALT, USG 1045, pH 7, mild proteinuria Current Medications none. Radiographic Findings none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.92 cm in width.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 6.4 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 2.0 cm length x 0.58 cm width at the caudal pole.

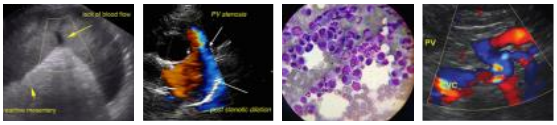
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, primarily small hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of splenic nodule measured 0.52 cm in diameter. The nodules were consistent with benign myelolipomas. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with anechoic content and minor nonorganized gallbladder debris primarily in the cranial lumen. No evidence of gallbladder inflammatory criteria. 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 was empty with no signs of ileus, 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.

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

Pancreas

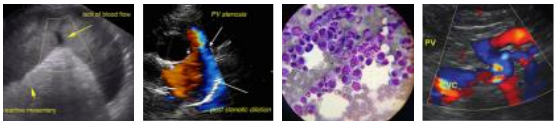
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Benign splenic nodules
- Minor gallbladder debris (non-mucocele)
- Normal bilateral kidneys/adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet consistent with benign hepatopathy. Considerations may include vacuolar hepatopathy, nonspecific inflammatory disease, hepatic cholestasis, or other hepatopathy. Screening hepatic FNA cytology, assuming normal clotting status could be considered, primarily to assess for evidence of inflammatory cells. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. UPC level is suggested if evidence of persistent to possible progressive proteinuria. Hepatic core or surgical biopsy is likely required for a definitive diagnosis. No overt suspicion of adrenal disease given the normal adrenal presentation and lack of clinical signs, i.e., PU/PD, polyphagia, etc.



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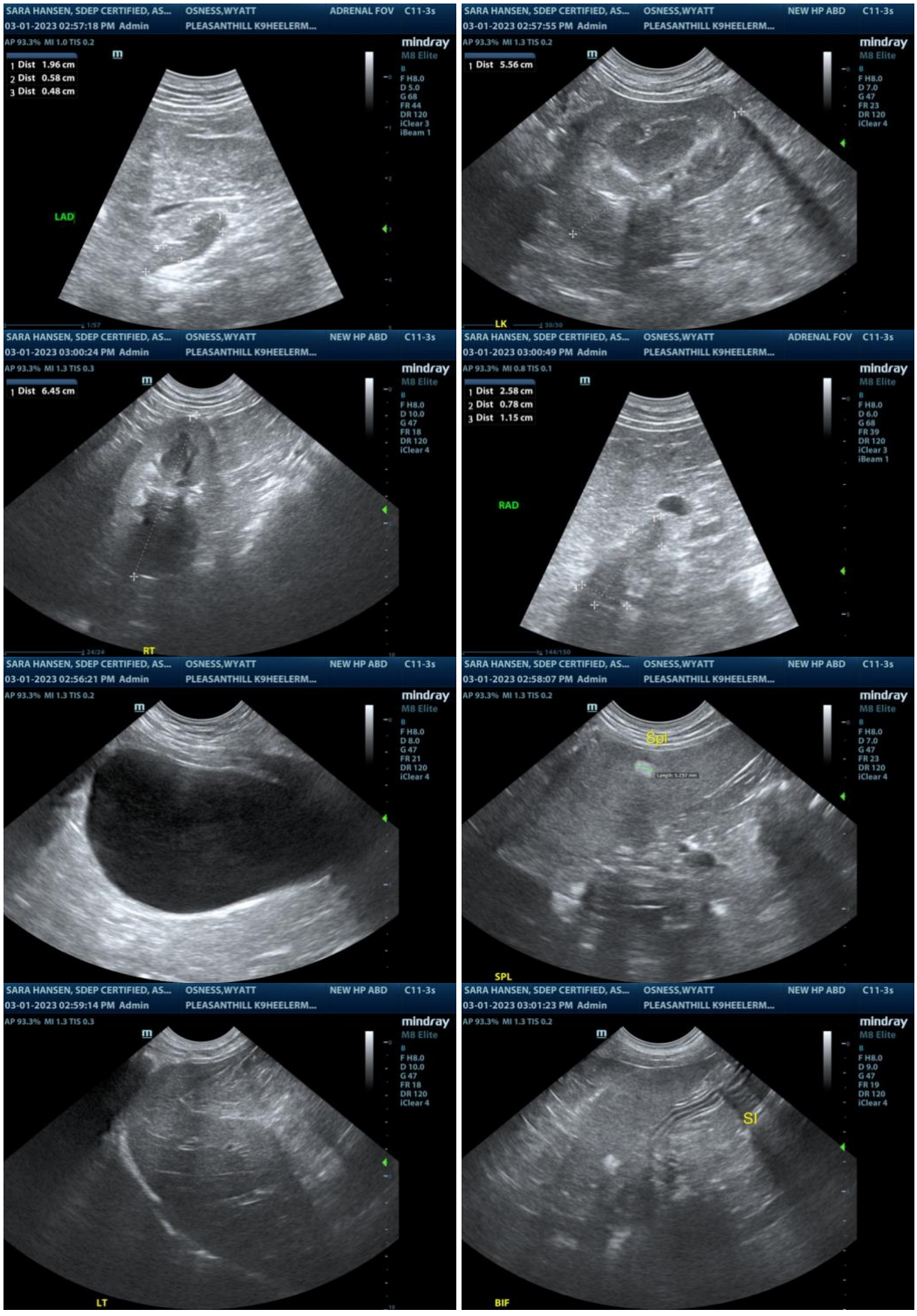

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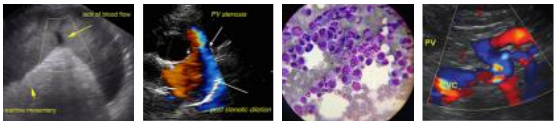

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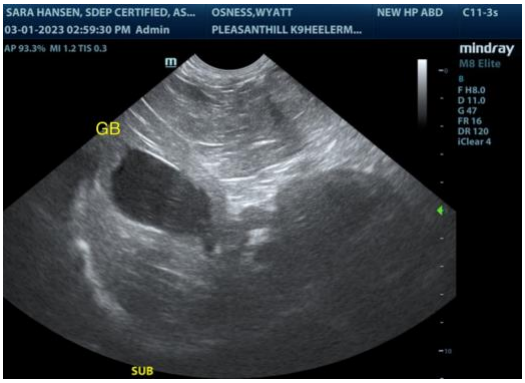

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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