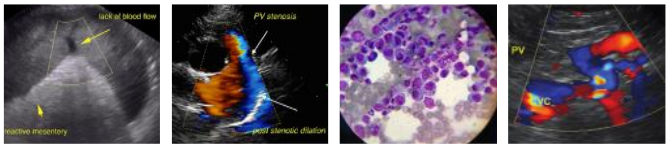
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Chip Salvo

SPECIES

Canine

BREED

Mini Schnauzer

SEX

MN

AGE

14 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Ho Ho Kus Vet

REFERRING VET

Dr. Eisenberg

INVOICE

13495

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Long standing elevation in ALT. U/S last year- Idiopathic hyperlipidemia Current meds: Previcor
Abnormal PE/Chem/CBC/UA Results: ALT 500

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing anechoic urine primarily with static previously noted calculus measuring 0.8 cm in diameter. Minor concurrent, nondependent, particulate sediment, which may indicate minor cellular or crystalline debris, was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

The area of the residual prostate was free of pathology.

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. Focal areas of nonobstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.95 cm length x 0.63 cm width in the caudal pole. The right adrenal gland measured 2.1 cm length x 0.52 cm width in the caudal pole.

Spleen

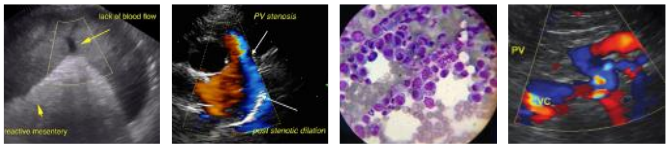
The spleen normal in size and contour exhibiting generalized mild splenic parenchyma heterogeneity with multifocal pinpoint hyperechoic parenchyma foci, which may indicate pinpoint areas of microinfarction, fibrosis, or mineralization. This is considered incidental or age-related change. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver exhibited generalized enlargement with primarily maintained symmetrical capsule contour. The ventral liver extended caudally past the level of the gastric axis. Generalized parenchymal remodeling exhibiting moderate coarse echotexture was present. A solitary, caudoventral, nonhomogeneous macro nodule vs. small nodular mass lesion was present in the mid liver. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Suspect small thinly walled cyst containing anechoic fluid was present in the area of the pancreas base, measuring 0.6 cm in diameter.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Previously noted static cystic calculus
- Mild chronic renal changes with nonobstructive medullary mineral
- Chronic hepatopathy exhibiting generalized parenchymal remodeling with solitary caudoventral intraparenchymal macro nodule or small nonspecific nodular mass lesion
- Mild gallbladder debris (non-mucocele)
- Suspect focal pancreatic cyst - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the hepatic presentation may indicate chronic inflammatory parenchymal disease given the chronic ALT elevation with multiple to potential coalescing areas of nodular to regenerative hyperplasia, hematopoiesis, fibrosis, or similar, with hepatic neoplasia possible yet considered less likely given the chronicity of the hepatic parenchymal changes.

Further assessment may include hepatic cytology, obtained without complication during the ultrasound. Continued hepatosupportive medications are recommended. Additional therapies may be indicated pending hepatic cytology.

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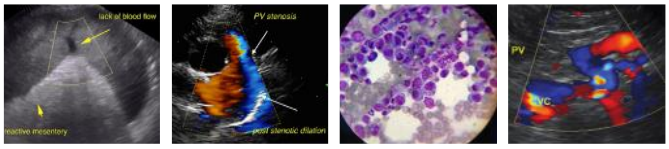

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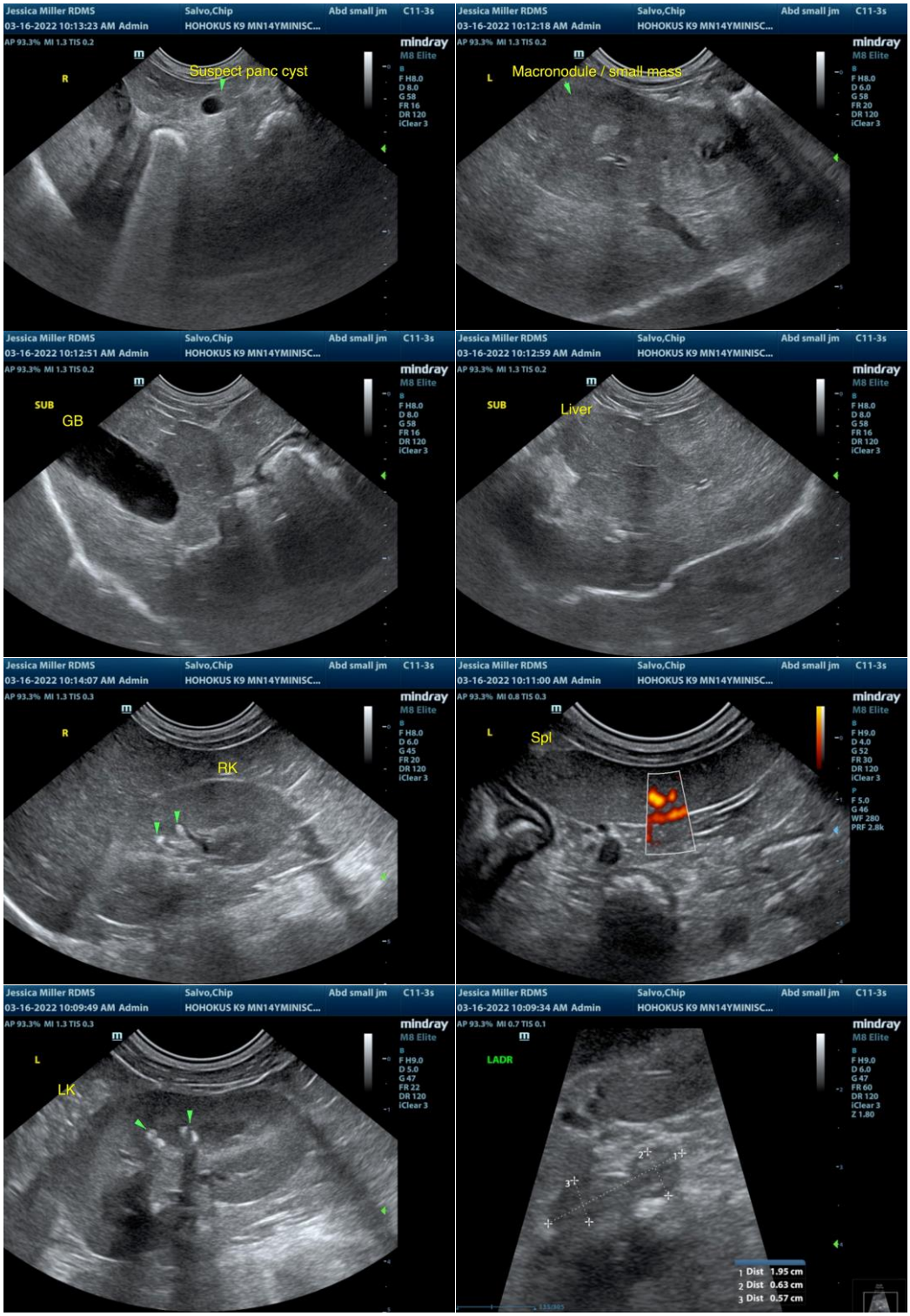

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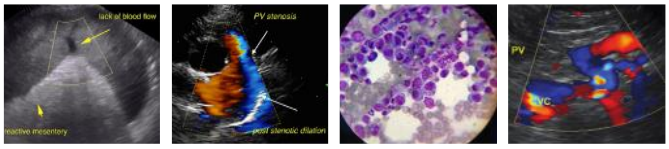

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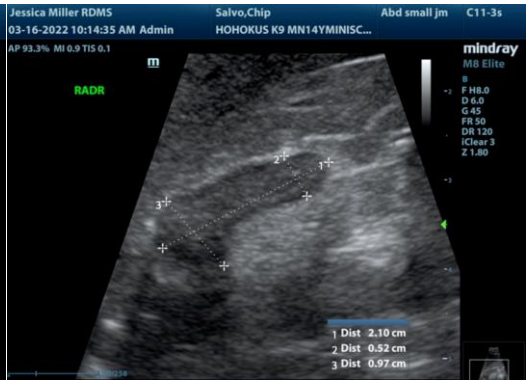

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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