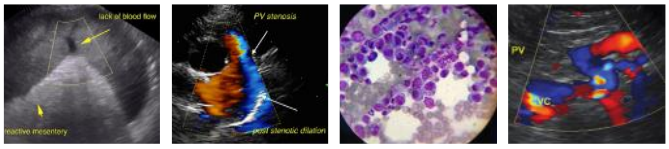
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lulu Hawkes

SPECIES

Canine

BREED

Sheltie

SEX

Spayed Female

AGE

7

WEIGHT

8.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Sunridge VC

REFERRING VET

Dr. Magill

INVOICE

13509

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Moderate elevation of ALT non clinical
Abnormal PE/Chem/CBC/UA Results: Mod elevation of ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment, or calculi. 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 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 4.1 cm in length. The right kidney measured 4.3 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 0.50 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.48 cm width at the cranial pole.

Spleen

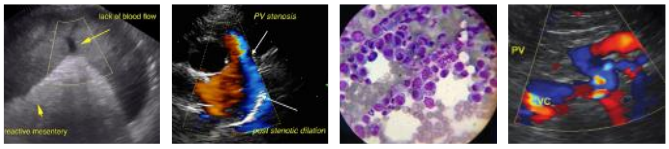
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained a symmetrical capsule contour with normal overall hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Focal discrete nonhomogeneous to mildly echogenic nodule was present in the mid liver, measuring 1.0 cm In diameter. Normal appearance of the portal vascular borders was noted. The gallbladder was non-distended in size. The gallbladder walls were sonographically normal without evidence of inflammatory changes. Primarily anechoic content with a mild amount of congealed, nonmineralized debris or mucus was present in the area of the gallbladder neck. 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.



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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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with focal discrete nonhomogeneous parenchymal nodule
- Mild congealed gallbladder debris - no evidence of gallbladder mucocele or inflammation given the breed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic presentation is consistent with benign hepatopathy and, although not definitive, suggestive of nonspecific inflammatory or potential immune-mediated disease, given the ALT elevation. Assuming normal clotting status, ultrasound-guided FNA of the liver could be considered for screening cytology primarily to assess for or possibly identify inflammatory cell type if present. The hepatic nodule is likely indicative of focal area of discrete nodular to regenerative hyperplasia or lipogranuloma and not consistent with neoplastic criteria.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Monitoring of hepatic enzymes as well as periodic sonographic monitoring of the liver and discrete nodule for evidence of progressive parenchymal or nodular changes is suggested. Ultimately, hepatic core or surgical biopsy may be considered for a definitive histopathology diagnosis.

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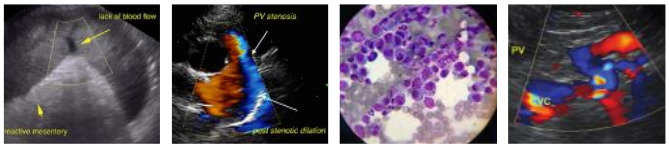

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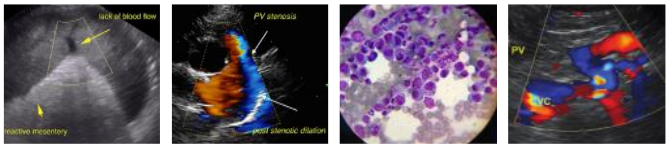
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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