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Clinical Sonography & Telecytology
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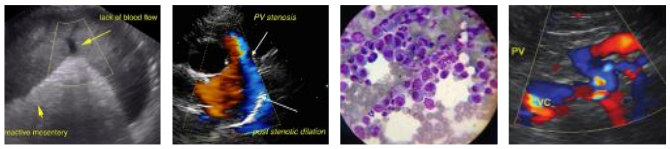

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1-800-838-4268 info@sonopath.com

PATIENT

Shakti Stafford

SPECIES

Canine

BREED

Lab/Hound Mix

SEX

FS

AGE

9yr

WEIGHT

53lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Pesola

HOSPITAL NAME

Stuga North Veterinary Care

REFERRING VET

Dr. Pesola

INVOICE

13212ag

DATE

03/17/2023

PRESENTING CLINICAL SIGNS

Weight loss, inappetence, vomiting, elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: 7 lb weight loss since fall (60 down to 53lbs) vomiting and inappetence for 2 weeks - (still eating some) ALT 721(10-125) ALKP 1051 (23-212) GGT 19 (0-11) Tbili 1.2 (0-0.9) BUN 4 (7-27) CBC WNL,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 6.8 cm in length. The right kidney measured 6.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.67 cm width at the caudal 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 was subjectively normal in size with areas of asymmetrical capsule contour and generalized non-homogenous mixed echogenic parenchyma. No visualized hepatic masses/nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized hyperechoic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact regionally mildly thickened wall layering. The lumen of the stomach contained mild echogenic to progressively shadowing retained ingesta 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.

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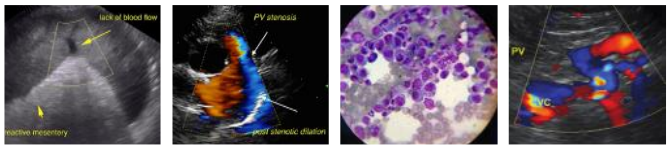

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant to mild volume primarily perihepatic anechoic free fluid and regional perihepatic mild hyperechoic omentum was present.

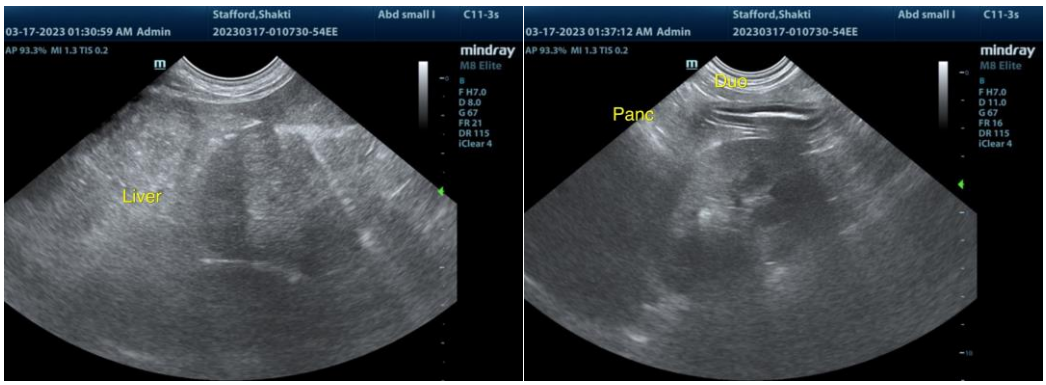
ULTRASONOGRAPHIC FINDINGS

- Irregular non-homogenous liver.
- Non-distended gallbladder with mild luminal debris-not consistent with mucocele.
- Intact mildly thickened stomach walls with mild retained ingesta.
- Overtly normal small bowel/pancreas.
- Scant to mild volume perihepatic free fluid and perihepatic/cranial abdominal mild hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was non-specific with considerations including suspect inflammatory hepatopathy i.e., cholangiohepatitis, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis, non-obstructive cholestasis or infiltrative neoplasia. The GI tract may suggest inflammatory criteria with some degree of metabolic/functional gastric hypomotility assuming documented NPO. Occult infiltrative GI neoplasia cannot be definitively excluded.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Hepatic core surgical biopsy as well as GI biopsies likely required for a definitive diagnosis. A guarded prognosis is indicated.



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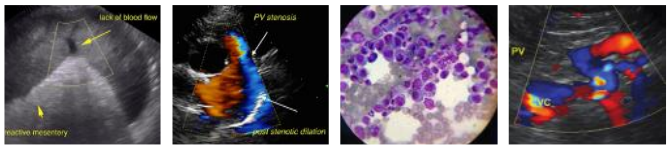

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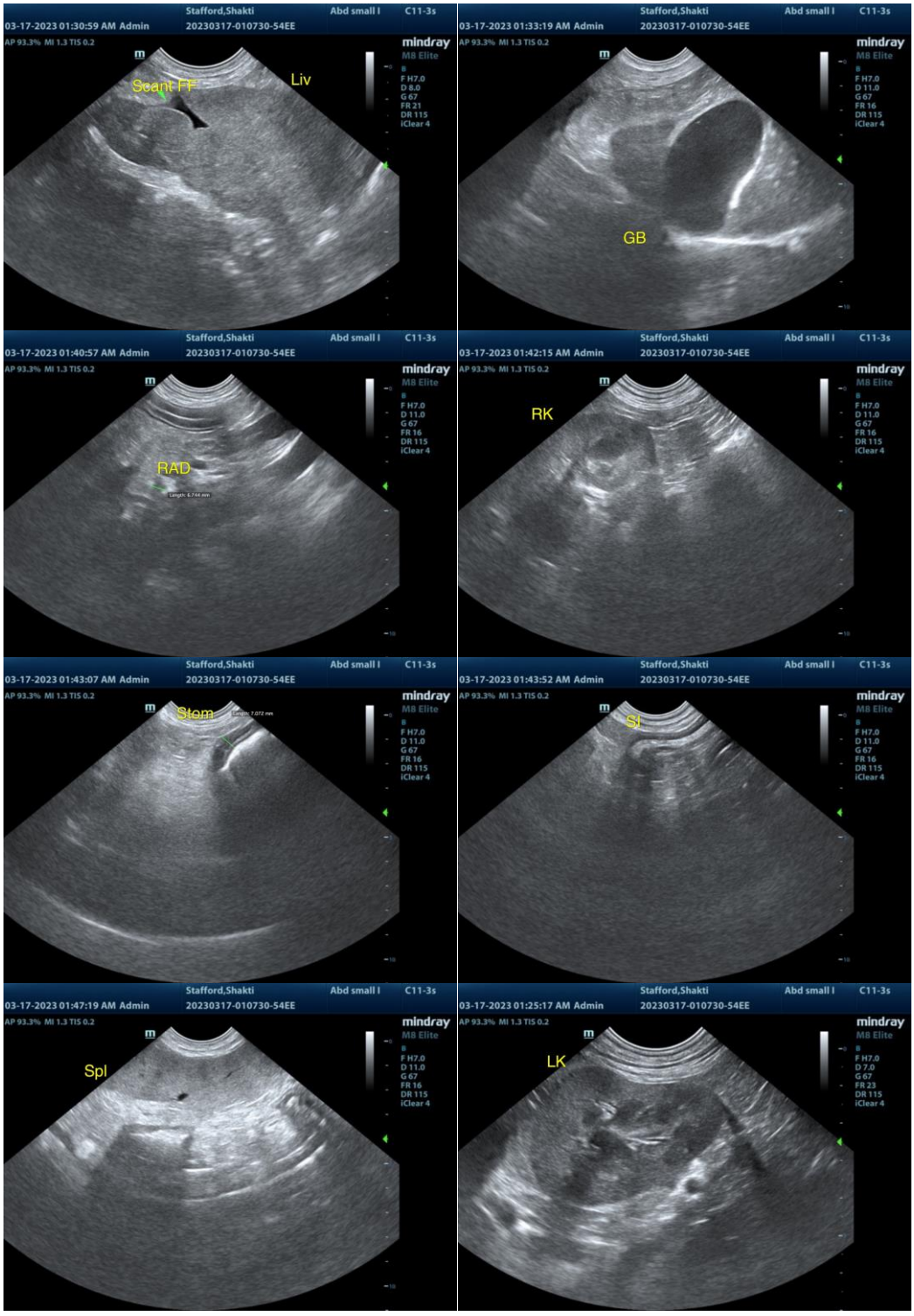

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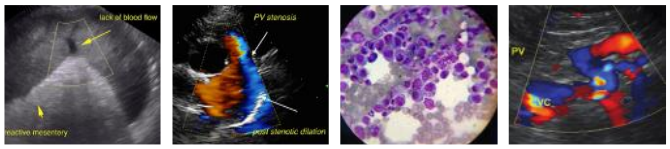

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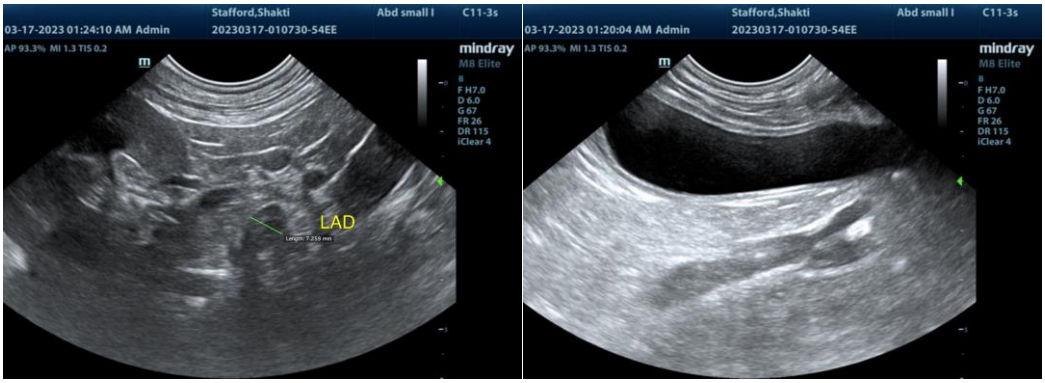

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com