

PATIENT PRESENTING CLINICAL SIGNS

Nittany Stepp History: Decreased appetite, occasional vomiting, ascites, and elevated liver enzymes. No neoplastic cells found in ascites fluid. Currently on cerenia.

SPECIES Abnormal PE/Chem/CBC/UA Results: (03/18/2022) CHEM: Albumin 2.6, ALT 570, AST 598, ALP 605, GGT 28, TBIL 0.6, Amylase 1492, Lipase 1010. U/A: USG 1.033, pH 7.5, Protein +1.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Golden Retriever

Urinary System

SEX

Spayed female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

AGE

10 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 6.9 cm in length.

WEIGHT

68 pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.4 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 0.51 cm width at the caudal pole.

Spleen

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BY
Potomac Mobile
Veterinary Ultrasound

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary subtly expansive centrally echogenic to peripherally hypoechoic nodule was present in the cranial medial spleen measuring 0.69 cm in diameter.

HOSPITAL NAME

Leesburg Veterinary
Hospital

Liver

The liver exhibited generalized enlargement with non-homogeneous to irregular hepatic parenchyma with moderate to marked coarse echotexture, evidence of parenchymal remodeling and indistinct isoechoic parenchymal nodular changes. Potential pinpoint to focal areas of parenchymal or biliary tree mineral possible. The gallbladder was subnormal in size with mildly prominent yet uniform walls and minimal anechoic content present in the lumen. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Cathy Jarrett

Gastrointestinal

INVOICE

10196ag

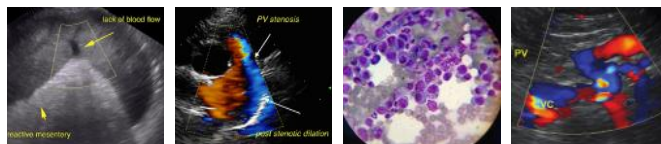
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate primarily non shadowing ingesta without signs of obstruction or foreign material.

DATE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized duodenal and segmental jejunal non shadowing ingesta/chyme was present.

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



PATIENT

Pancreas

Nittany Stepp

The pancreas exhibited generalized enlargement with irregular capsule contour and nonhomogeneous to mildly hypoechoic parenchyma compared to adjacent mesentery.

SPECIES

Free Abdomen

Canine

Moderate volume peritoneal free fluid was noted. The fluid was primarily anechoic with potential for minor cellular component although subjectively acellular.

BREED

ULTRASONOGRAPHIC FINDINGS

Golden Retriever

- Hepatomegaly exhibiting significant heterogeneous to irregular nodular parenchyma-nonspecific, vacuolar hepatopathy, chronic inflammatory/immune mediated disease, nodular hyperplasia, fibrosis, hematopoiesis, infiltrative neoplasia or other hepatopathy.

SEX

Spayed female

- Enlarged to non-homogeneous pancreas-active to chronic active inflammation, potential for neoplastic criteria possible.

AGE

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- Nonspecific centrally echogenic to peripherally hypoechoic cranial splenic nodule-possible target lesion vs lymphoid hyperplasia, hematopoiesis, acute infarcts, focal splenitis.

- Mild chronic renal changes.

- Overtly normal gastrointestinal tract with gastric and segmental small intestine ingesta/chyme.

- Moderate volume peritoneal free fluid and generalized reactive mesentery.

WEIGHT

68 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with hepatopancreatic presentation with pending hepatic and pancreatic cytology is warranted. Given the ALB levels are not consistent with decreased hydrostatic pressure, the peritoneal free fluid may be owing to inflammation or portal hypertension, while the possibility of non-exfoliating neoplastic process i.e. carcinomatosis or similar cannot be definitively excluded.

If documented NPO, potential for some degree of generalized gastrointestinal hypomotility may be possible. No overt evidence of structural gastrointestinal pathology or mechanical obstruction. Continued as needed gastrointestinal support recommended. Empirically, aggressive therapy for nonspecific hepatitis and pancreatitis would be reasonable.

Guarded prognosis pending additional diagnostics.

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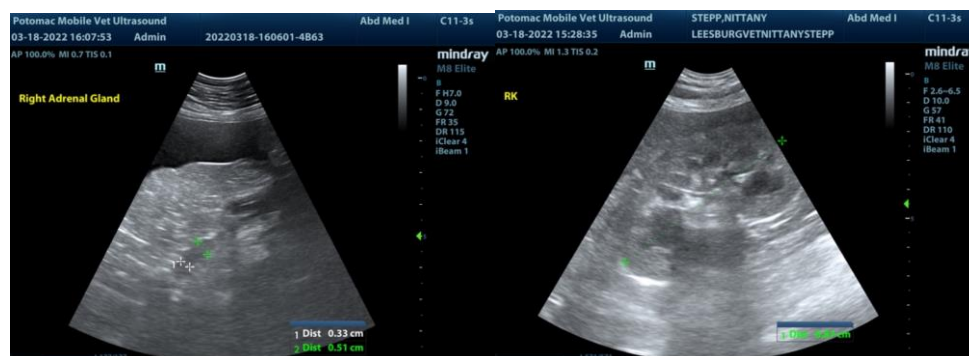
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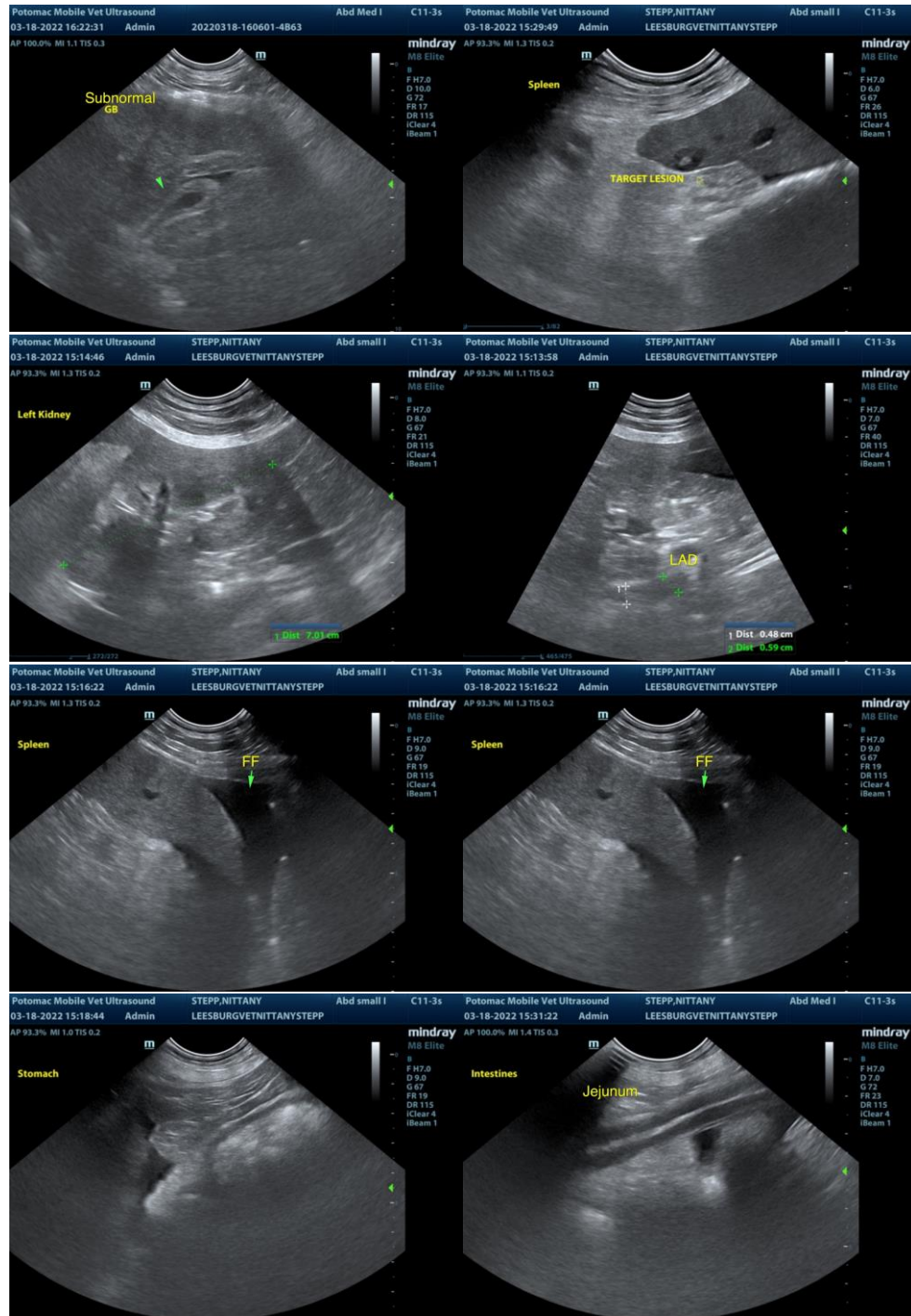
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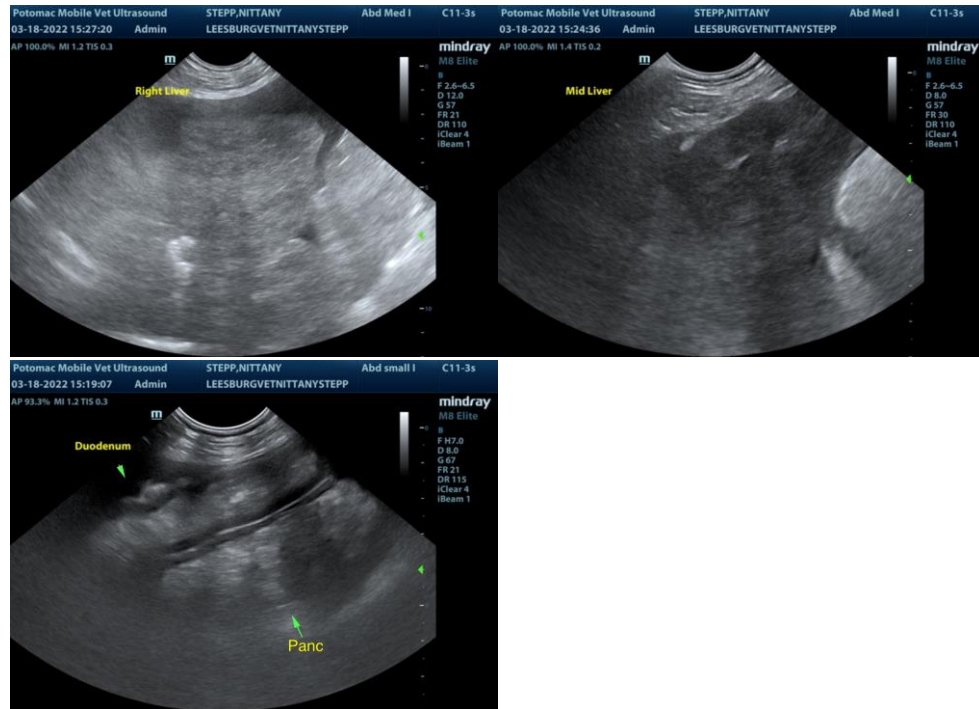
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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