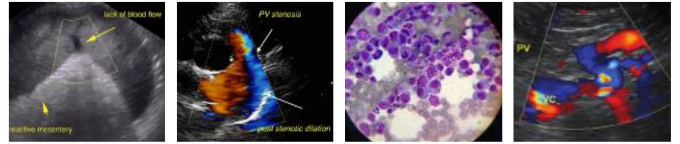
SonoPath
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Asha Roper

SPECIES

Canine

BREED

Beddington Terrier

SEX

F/I

AGE

8 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Healing Traditions VC

REFERRING VET

Dr Gerrow

INVOICE

16456

DATE

3/24/23

PRESENTING CLINICAL SIGNS

Last heat was in January and seemed to last longer than usual. Since February has been intermittently inappetant.

Abnormal PE/Chem/CBC/UA Results: ALT moderate elevation 433.

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 or sediment. 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.

The left and right uterine horns exhibited overly normal wall layering without overt evidence of uterine mural inflammatory or neoplastic criteria. Both uterine horns exhibited mild luminal anechoic fluid with nonspecific ill-defined left uterine horn luminal soft tissue echo measuring approximately 2.0 cm in diameter.

The left and right ovaries exhibited mild asymmetrical contour with nonhomogeneous hypoechoic parenchyma. No evidence of ovarian cysts or mineralization was noted. The left ovary measured 1.5 cm diameter. The right ovary measured 1.1 cm in diameter.

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 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

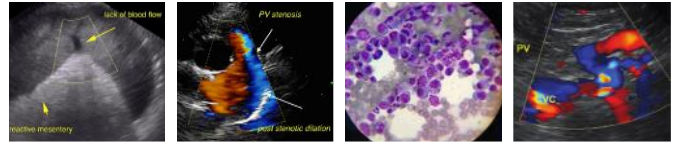
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.78 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 presented as mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly



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coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 contained moderate variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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 heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

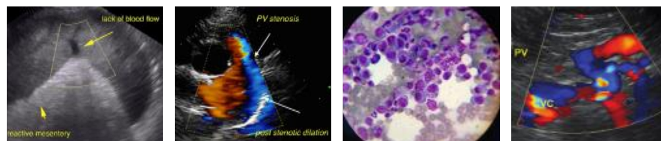
ULTRASONOGRAPHIC FINDINGS

- Mild left and right uterine horn luminal fluid with nonspecific left uterine horn luminal soft tissue echo
- Benign hepatopathy, sonographically unremarkable gallbladder - suspect mild hepatic inflammatory criteria given the ALT elevation
- Structurally normal gastrointestinal tract with gastric ingesta - ingesta sonographically consistent with food, some degree of gastric metabolic / functional stasis possible if documented NPO
- Subtle to mild heterogeneous pancreas - likely patient variant or minor benign remodeling, low-grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening hepatic FNA cytology, assuming normal clotting status, could be considered to confirm suspected inflammatory criteria and assess inflammatory cell type if present. No overt evidence of uterine, hepatic, or intraabdominal neoplastic criteria was noted. Potential for low-grade, potentially emerging pyometra / hydrometra or similar is possible assuming no current clinical signs consistent with estrus.

Empirically, monitoring for evidence of persistent functional / metabolic gastric stasis and emerging pyometra criteria with as-needed gastrointestinal and hepatic support could be considered. However, prophylactic to therapeutic ovariohysterectomy with potential for hepatic and gastrointestinal biopsies,



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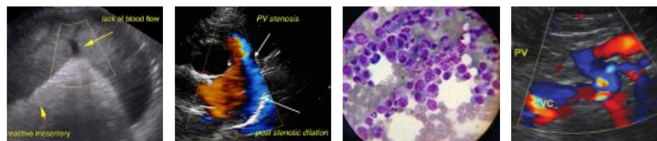
if clinically indicated and assuming normal clotting status, is warranted given this presentation, as well as pyometra going forward, and should be strongly considered.



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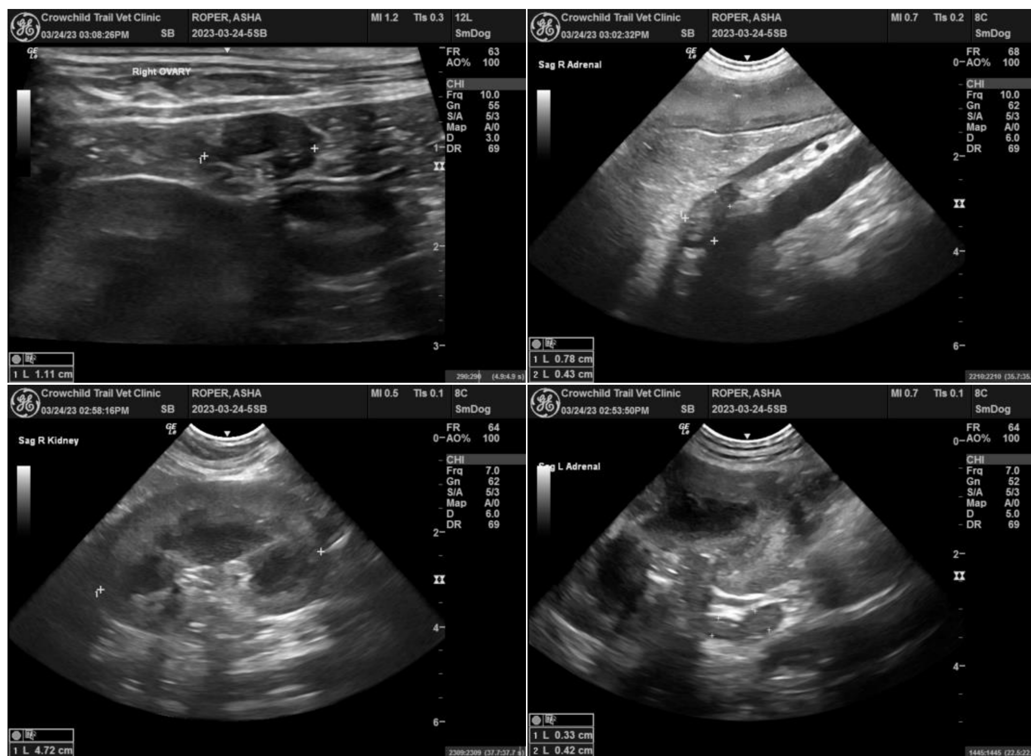

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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