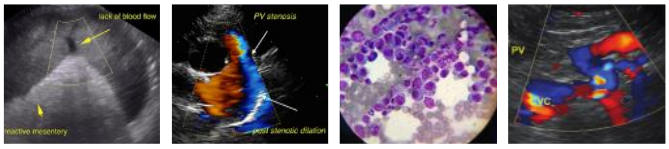
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Besos Fernandez

SPECIES

Canine

BREED

Chihuahua mix

SEX

FS

AGE

5 years

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dalas Reynolds LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

13555

DATE

3/25/22

PRESENTING CLINICAL SIGNS

Ultrasound Performed on 12/4/21. P has been doing well but recent bloodwork showed increase in liver values again. P is on denamarin and ursodiol

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.

Several normal-appearing isoechoic medial iliac lymph nodes exhibiting width : length ratio (<0.5) were present. These lymph nodes are incidental and not consistent with inflammatory or neoplastic criteria.

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 4.2 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 0.62 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 0.55 cm width at the caudal pole and 0.73 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 was subjectively normal in size and structure with mildly swollen yet symmetrical hepatic contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and generalized mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic volume was present. No evidence of a portosystemic shunt was noted. No hepatic masses or nodules were noted. The gallbladder contained mild to moderate, nondependent, mildly congealed yet nonorganized debris primary in the caudal lumen and gallbladder neck. The gallbladder walls were sonographically normal without evidence of inflammatory changes. No evidence of peripheral gallbladder inflammation. The common bile duct was normal.

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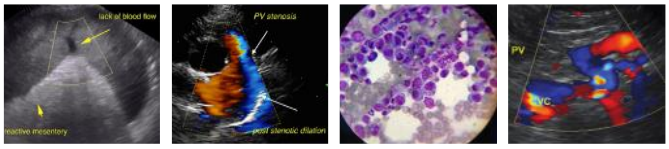

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Gastrointestinal

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.

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

- Hepatopathy - subjectively benign, vacuolar hepatopathy, inflammatory / immune-mediated disease i.e., cholangiohepatitis given the concurrent presence of gallbladder debris, cholestasis with mild hepatic parenchymal remodeling possible, no overt neoplastic criteria which is considered unlikely
- Mild to moderate gallbladder debris (non-mucocele)
- Sonographically unremarkable spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided FNA of the liver using a 25-gauge needle is recommended for screening cytology primarily to assess for or possibly identify inflammatory cell type If present. Continued hepatosupportive medications are warranted while an appropriate antibiotic trial could be considered Initially for 2 weeks with an assessment of hepatic response. Continuation of antibiotics would be indicated if a positive hepatic response is noted after 2 weeks with discontinuation suggested if antibiotics are not beneficial. Leptospirosis titer/PCR could be considered if not already done. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

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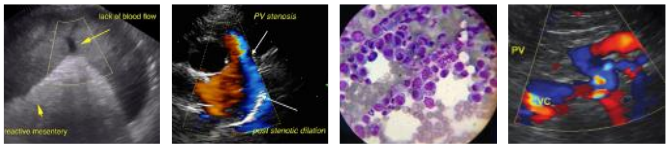

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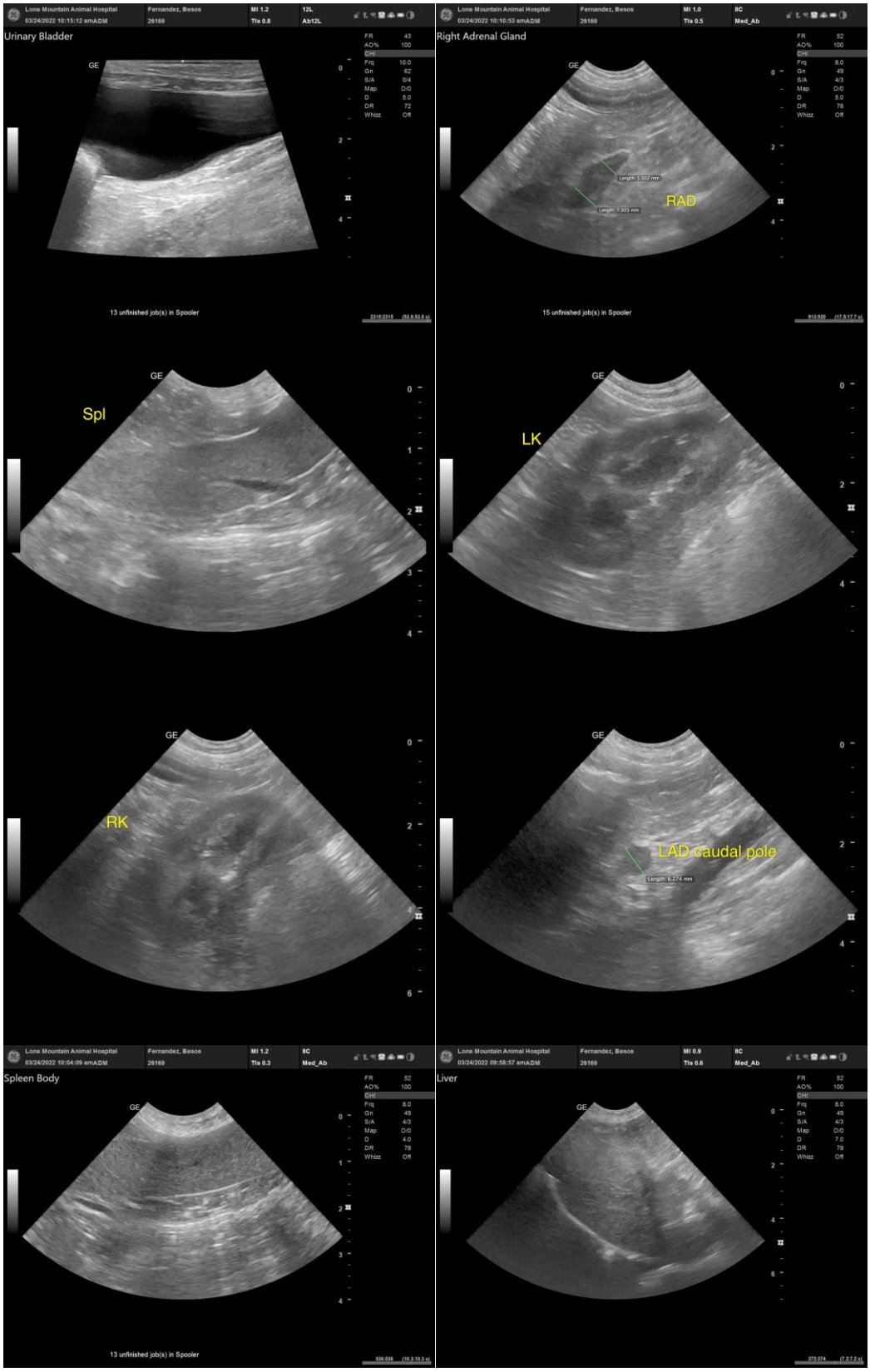

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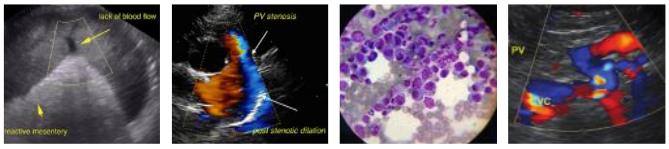

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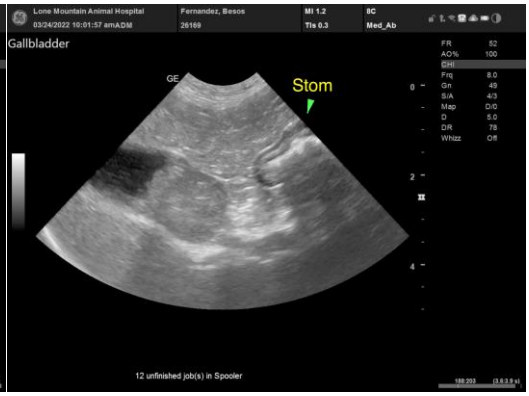

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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