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Clinical Sonography & Telecytology
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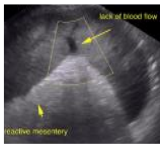
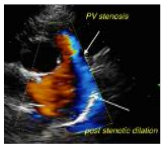
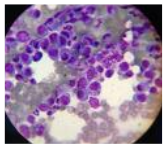
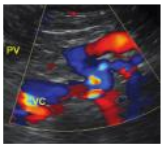





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Wizard Hawn

SPECIES

Canine

BREED

American Eskimo X

SEX

Neutered Male

AGE

9 Years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24-hour AH

REFERRING VET

Dr. Gruffydd

INVOICE

14546

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: 3/6 murmur history of panting. Body score 4/5. Tender to probe pressure cranial abdomen AFAST concern about a mucocele. Echo 54 images Ab 48 images total 102
Abnormal PE/Chem/CBC/UA Results: Mild increase ALP and ALPK

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented minor subjectively thickened apical urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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. The urethra was normal to a depth of 2.0 cm. The apical urinary bladder wall measured 0.25 cm in width.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

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 was maintained. The medulla and cortices were uniform in texture with some 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 5.1 cm in length. The right kidney measured 5.0 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 0.48 cm width at the caudal pole and 0.36 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 0.47 cm width at the caudal pole and 0.34 cm width at the cranial pole.

No evidence of hyperplasia or tumors noted in the adrenal glands.

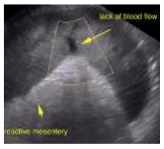
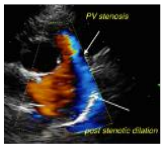
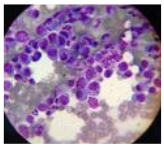
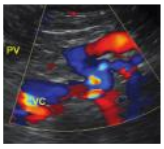
Spleen

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

The liver revealed mild generalized enlargement with maintained symmetrical capsule contour. Diffuse mild hyperechoic parenchyma, exhibiting intermittent nondisruptive hypoechoic intraparenchymal nodules. An example of liver nodule measured 2.0 cm in diameter.

The gallbladder was normal in size without overdistention. Non-organized echogenic luminal debris and mucus were present, occupying the majority of the gallbladder lumen was present. The gallbladder walls

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were sonographically unremarkable without evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation. 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 mild retained non-shadowing ingesta/chyme, this is likely consistent with postprandial presentation. The stomach was otherwise normal.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting generalized parenchyma hyperechogenicity with intermittent hypoechoic nondisruptive intraparenchymal nodules
- Moderate, nondependent, nonorganized gallbladder debris
- Mild age-related kidneys
- Possible mild cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not specific, the hepatic presentation is suggestive of probable vacuolar hepatopathy with parenchymal remodeling, areas of nodular to regenerative hyperplasia or hematopoiesis. Potential for inflammatory/immune mediated hepatopathy (i.e., cholangiohepatitis) with hepatic neoplastic disease considered a less likely differential diagnosis. Assuming normal clotting status, hepatic parenchymal and nodule FNA (if accessible) using a 25-gauge needle, warranted for screening cytology.

Very early noninflamed gallbladder mucocele suspected. Hepatosupportive medications, including ursodiol may prove beneficial with monitoring for evidence of increasing cholestasis. Sonographic monitoring of the gallbladder ideal, especially if evidence of increasing cholestasis.

Although no evidence of adrenal hyperplasia, adrenal testing could be considered given the patients panting and pending echocardiographic assessment, if clinical suspicion of adrenal hyperfunction.

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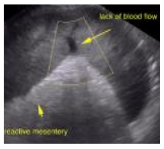
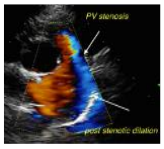
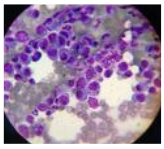
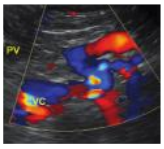

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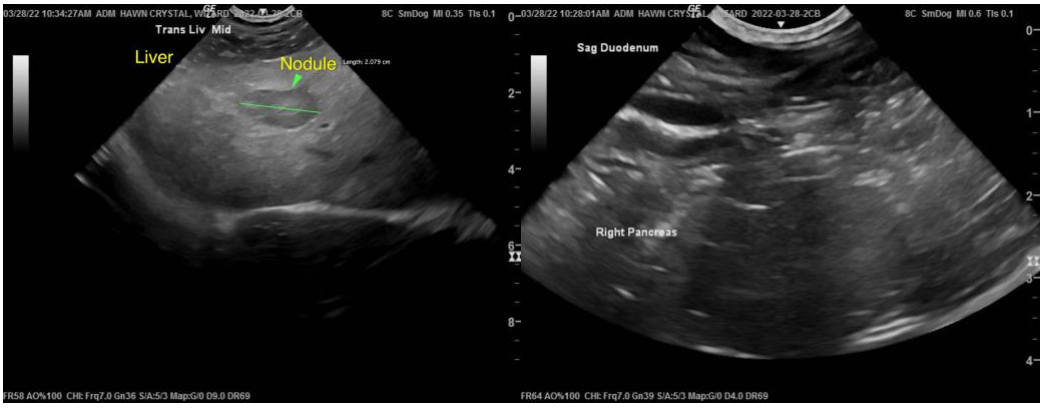

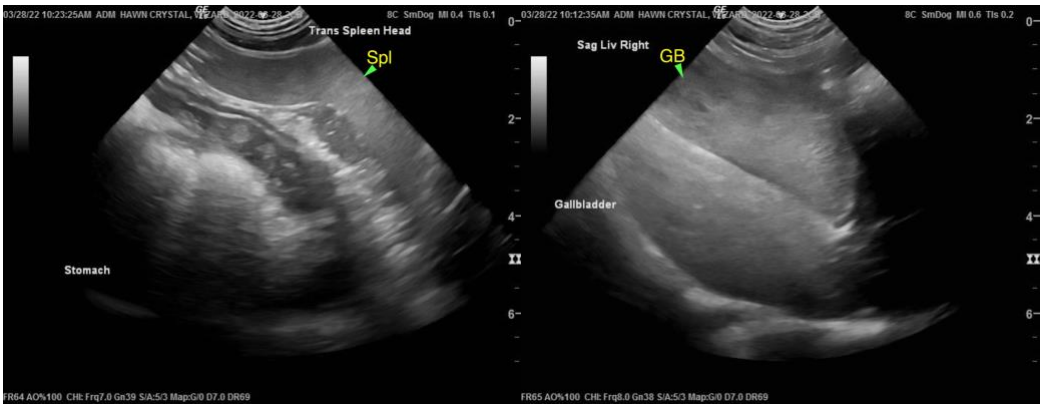

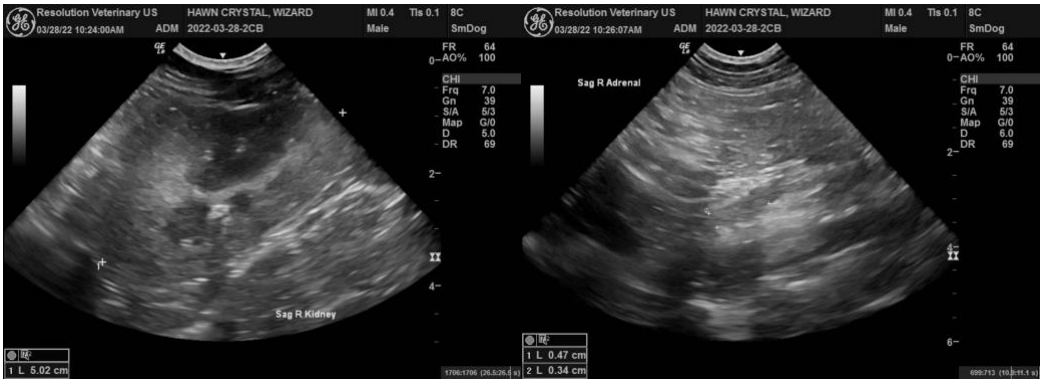

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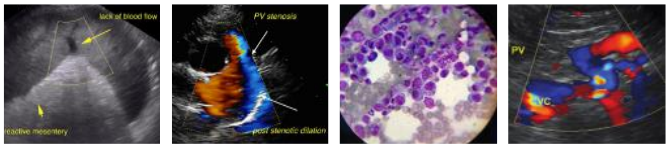

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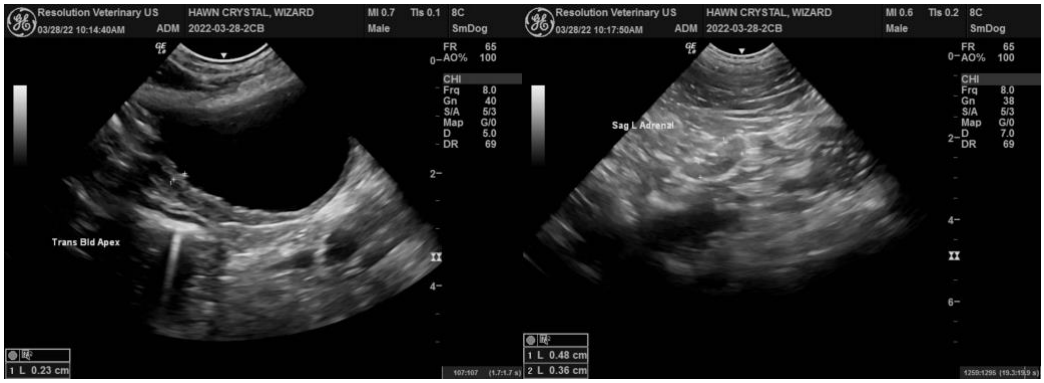

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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