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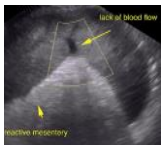
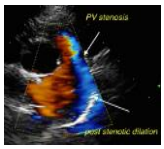
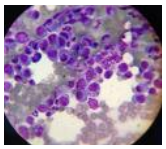
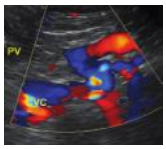
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Tucker Elder

SPECIES
Canine

BREED
Terrier X

SEX
Neutered male

AGE
10

WEIGHT
8.55 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
McKnight 24 Hour

REFERRING VET
Dr. Gruffydd

INVOICE
10245ag

DATE
03/30/2022

PRESENTING CLINICAL SIGNS

History: Vomiting with Ab pain

Abnormal PE/Chem/CBC/UA Results: Mod elevation of ALP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment, likely indicative of minor cellular or crystalline debris. 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 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 5.3 cm in length. The right kidney measured 5.4 cm in length.

Sonographic assessment of the aortic trifurcation revealed a mildly prominent primarily isoechoic medial ileac lymph node exhibiting normal width: length ratio was maintained (<0.5). The lymph node measured 0.46 cm.

The residual prostate was free of pathology measuring 0.74 cm in diameter.

Adrenal Glands

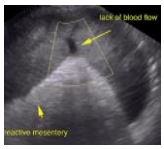
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.48 cm width at the cranial pole.

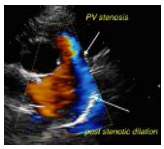
Spleen

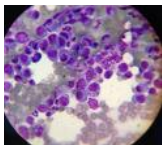
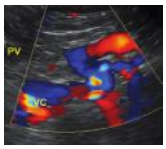
The spleen exhibited a solitary to possibly several mildly expansive well demarcated hypoechoic micronodules, an example measured 1.6 cm in diameter. The nodules appear to subtly distort the splenic capsule, yet no evidence of parenchymal escape was observed.

Liver

The liver presented 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 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 with subtle evidence of mild hyperechoic thickening of the wall in the area of the gallbladder neck yet without evidence of peripheral or gallbladder inflammation. The gallbladder contained mild to moderate nondependent variably echogenic yet nonorganized luminal debris and mucous primarily in the area of the gallbladder neck and caudal lumen. The cystic and common bile ducts were normal.





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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with moderate retained anechoic fluid was present. The gastric body wall including mildly prominent mucosa measured 0.7 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle evidence of duodenal corrugation was observed. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.32 cm in width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent to multiple enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm x 0.51 cm.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hypoechoic splenic micronodule to macronodules-hyperplasia, hematopoiesis, hematoma, infection, neoplasia, most likely infarction possible.
- Hypomotile gastritis-concurrent inflammatory bowel pattern.
- Associated minor mesenteric lymphadenitis-likely secondary to inflammatory bowel episode.
- Vacuolar hepatopathy pattern-subjectively benign.
- Potential mild gallbladder neck cholecystitis with mild to moderate luminal debris/mucus (non-mucocele).
- Possible low grade to chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low grade pancreatitis is suspected if area of abdominal discomfort is in the cranial abdomen/subxiphoid. Correlation with a SpecCPL could be considered. Aggressive therapy for acute inflammatory bowel episode and concurrent lymphadenitis with broad spectrum antibiotics and gastrointestinal support with assessment of clinic response would be reasonable.

When stabilized, hepatosupportive medications including Ursodiol and monitoring for evidence of increasing cholestasis is recommended.

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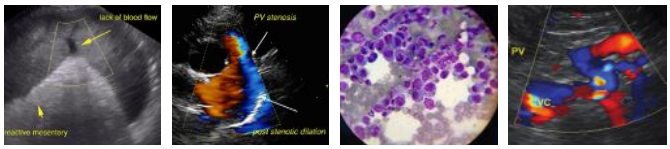

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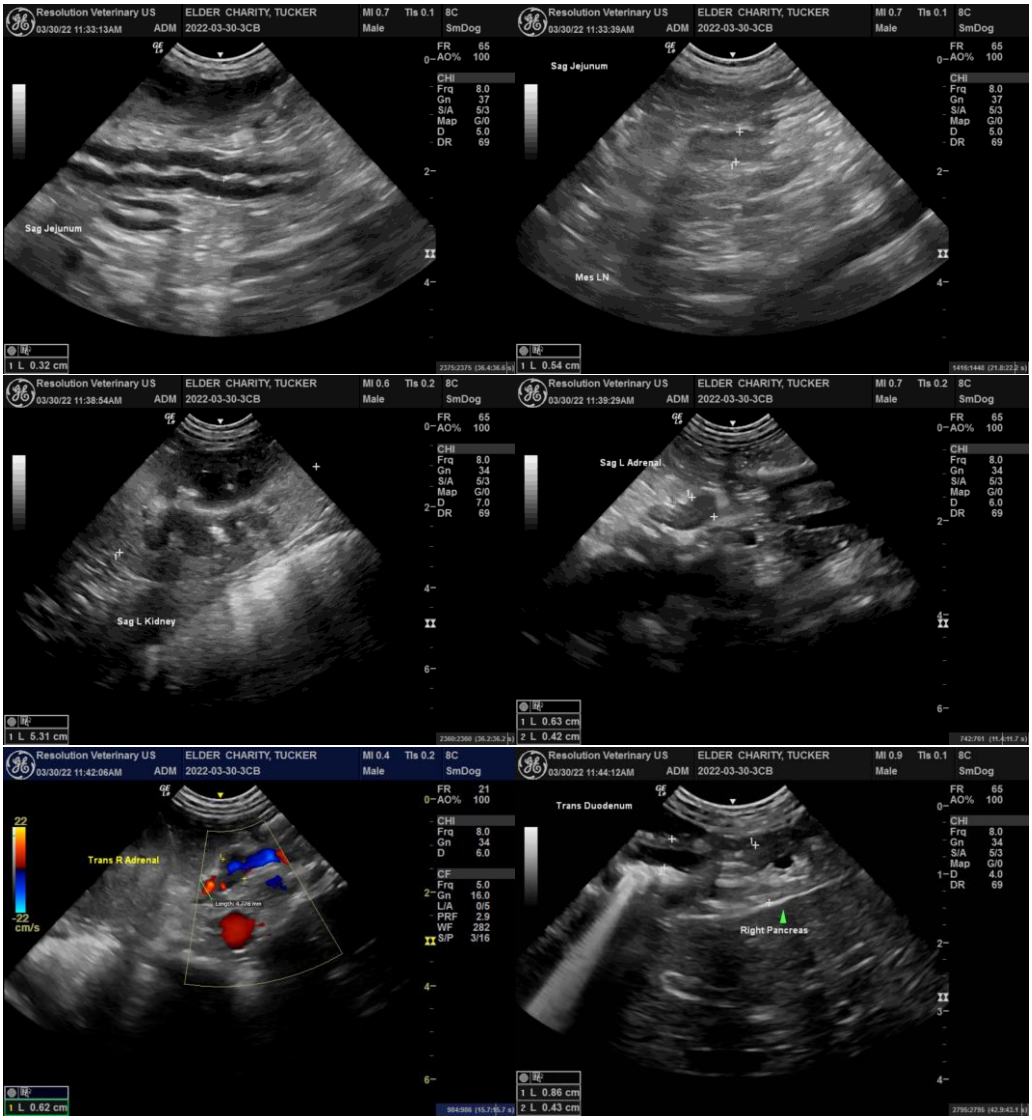

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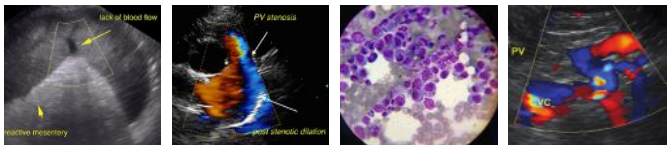

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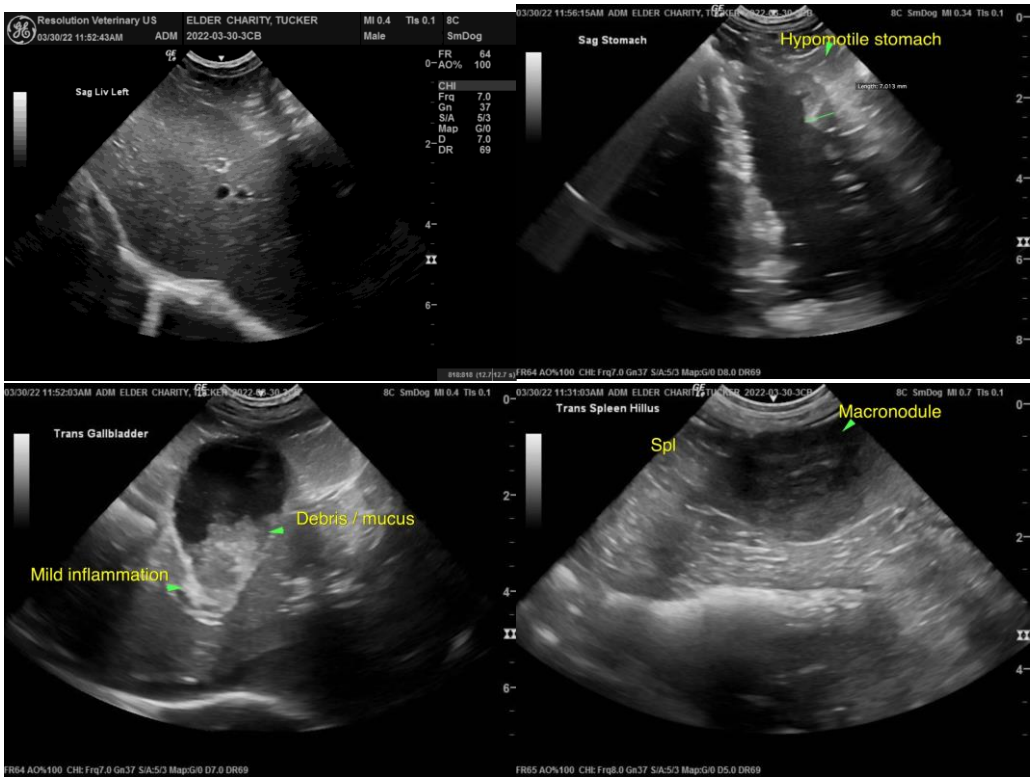

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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