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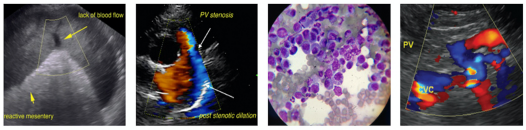

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Riley Penkala

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

2015

WEIGHT

56.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

36021

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History of intestinal parasites, elevated liver values, weight loss, hypothyroid Thyroxine .3 BID

ALT 784, T4 1.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. The residual prostate was without pathology.

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 6.5 cm. The right kidney measured 6.1 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized, yet without overt pathology. The left adrenal gland subjectively measured 0.44 cm at the caudal pole. The right adrenal gland subjectively measured 0.57 cm at the caudal pole.

Spleen

The spleen exhibited generalized mild to potential moderate enlargement with medial folding of the caudal spleen. Primarily maintained finely textured homogeneous parenchyma. A solitary, non-expansive, hypoechoic to mildly non-homogeneous parenchymal nodule was present in the lateral spleen measuring 1.1 cm diameter.

Liver

The liver presented normal in size. The parenchyma of the liver was mildly increased in overall echogenicity with mild nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present. No overt evidence of hepatic masses or nodules. The gallbladder was non distended in size with mild congealed gallbladder debris in the caudal lumen and gallbladder neck.

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. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.32 cm.

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

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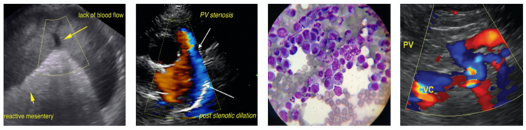

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Pancreas

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.

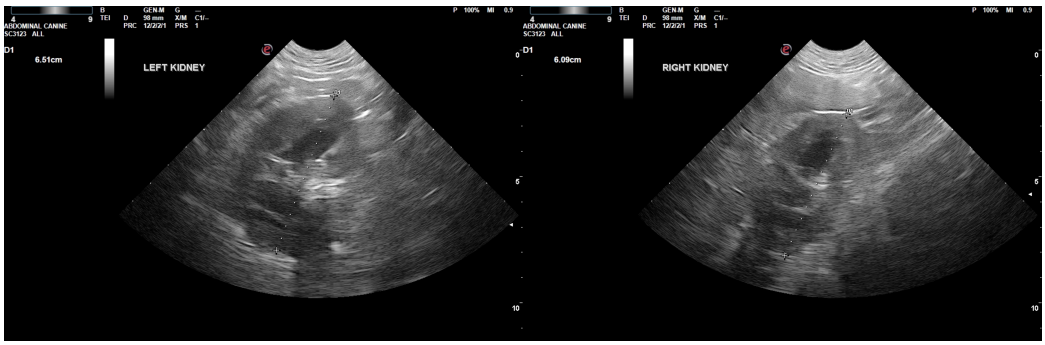
ULTRASONOGRAPHIC FINDINGS

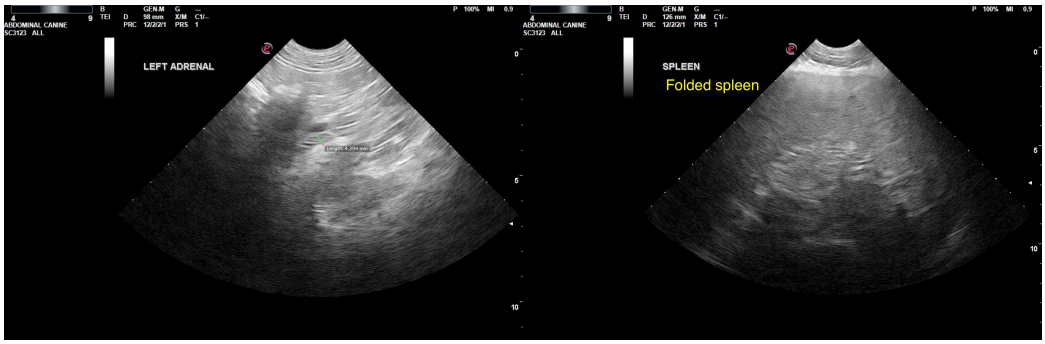
- Folded splenomegaly with solitary, non-expansive, non-specific parenchymal nodule
- Chronic hepatopathy – suspect non-specific chronic hepatitis.
- Mild gallbladder debris (non-mucocele) – likely incidental, potentially secondary to fasting, non-clinical cholestasis, or potential mild hepatobiliary inflammation.
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized splenomegaly as well as the solitary parenchymal nodule were non-specific with considerations including hyperplasia, hematopoiesis, focal lymphoid hyperplasia, splenitis, infarcts, and small hematoma, while the potential for generalized to focal nodular splenic neoplasia, given the patient's weight loss, cannot be excluded.

Assuming normal clotting status and using 35-gauge needle, splenic +/- hepatic FNA for screening cytology is warranted. Sonographic monitoring of the overall spleen as well as focal nodule for evidence of progression would be a more conservative approach. No overt evidence of gastrointestinal structural pathology. GI panel to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs to rule out occult pathology as contributing to the patient's weight loss is recommended.





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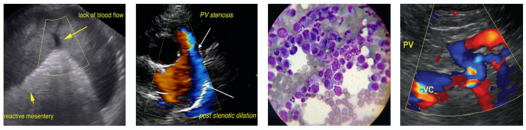

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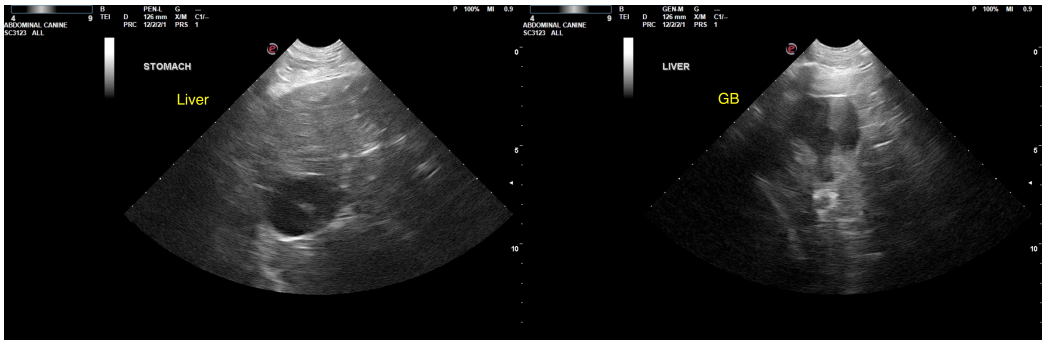

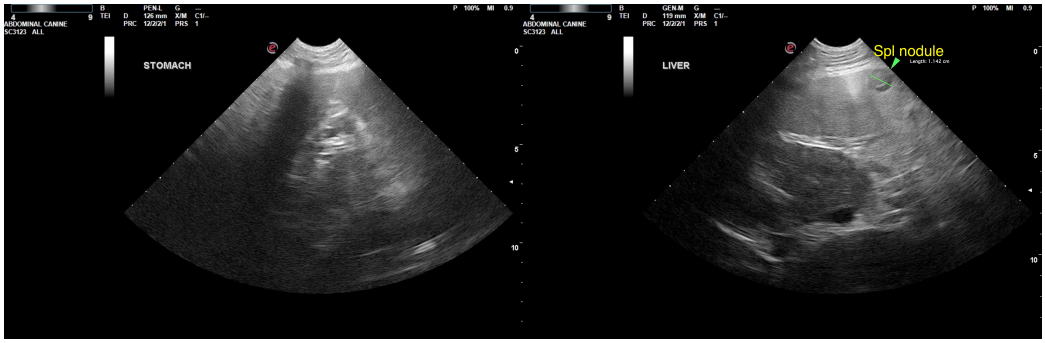

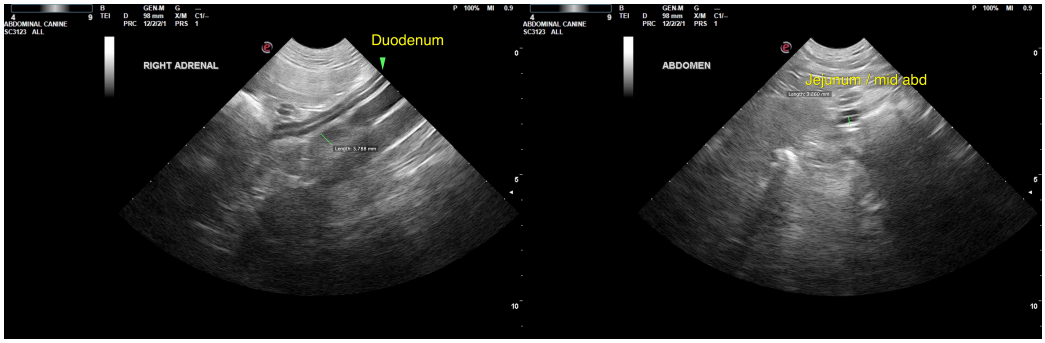

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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