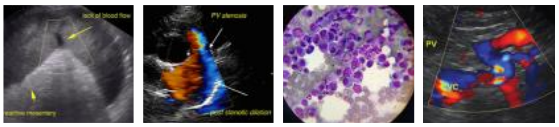


PATIENT

Milo Griffith

SPECIES

Canine

BREED

Dachshund X

SEX

MN

AGE

10 y

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA salem Animal Hospital

REFERRING VET

Dr Tremper

INVOICE

16688

DATE

4/25/23

PRESENTING CLINICAL SIGNS

Apparently healthy on recent exam apart from moderate dental disease, pre-op organ function screening revealed elevated liver enzymes on 4/6/23 so pursued BA testing which was mildly elevated; patient was started on denamarin, ursodiol and clavamox last week Current Medications Denamarin, calavmox and ursodiol

Abnormal PE/Chem/CBC/UA Results: (ALT-703 IU/L, ALP-493 IU/L) Bile Acids 6.0 BILE ACIDS - POST MEAL 30.8

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 was noted.

The residual prostate was free of pathology.

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 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

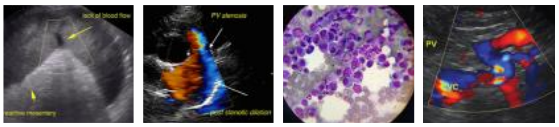
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.53 cm width at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.63 cm width at the caudal pole.

Spleen

The spleen was overall normal in size with primarily maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. Isoechoic to mildly nonhomogeneous small cranial splenic mass with mild associated symmetrical capsule distortion and without evidence of parenchymal escape was present in the cranial spleen measuring 3.0 cm in diameter. The small cranial splenic mass was non-cavitated.

Liver/ Gallbladder

The liver was mildly enlarged with areas of capsule asymmetry and generalized nonhomogeneous parenchyma exhibiting isoechoic uniform intraparenchymal nodules. An example of a hepatic nodule measured 2.0 cm in diameter. Generalized moderately coarse parenchyma echotexture with evidence



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of hepatic parenchymal remodeling was noted. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with minor, echogenic, nonorganized gallbladder debris. No evidence of gallbladder overdistention or inflammatory criteria. 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 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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or lymphadenopathy were noted. No evidence of peripheral inflammation or perisplenic / peritoneal effusion was noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

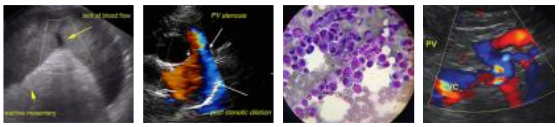
ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous / nodular irregular liver - nonspecific, vacuolar hepatopathy, inflammatory / immune-mediated disease, nodular to regenerative hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia or other hepatopathy all potentials
- Minor gallbladder debris (non-mucocele)
- Small homogeneous mildly expansive cranial splenic mass - nonspecific, hyperplasia, hematopoiesis, small hematoma, focal splenitis, potential for emerging splenic neoplastic mass possible
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma +/- cranial splenic mass FNA cytology could be considered for further clarification. Neither the hepatic parenchymal changes or small cranial splenic mass were definitively consistent with neoplastic criteria, although this potential is possible. No evidence of intrahepatic or extrahepatic macroscopic shunt was noted.

Splenectomy with hepatic biopsies, assuming normal clotting status, would be required for a definitive diagnosis. Continued hepatosupportive medications with sonographic monitoring of the



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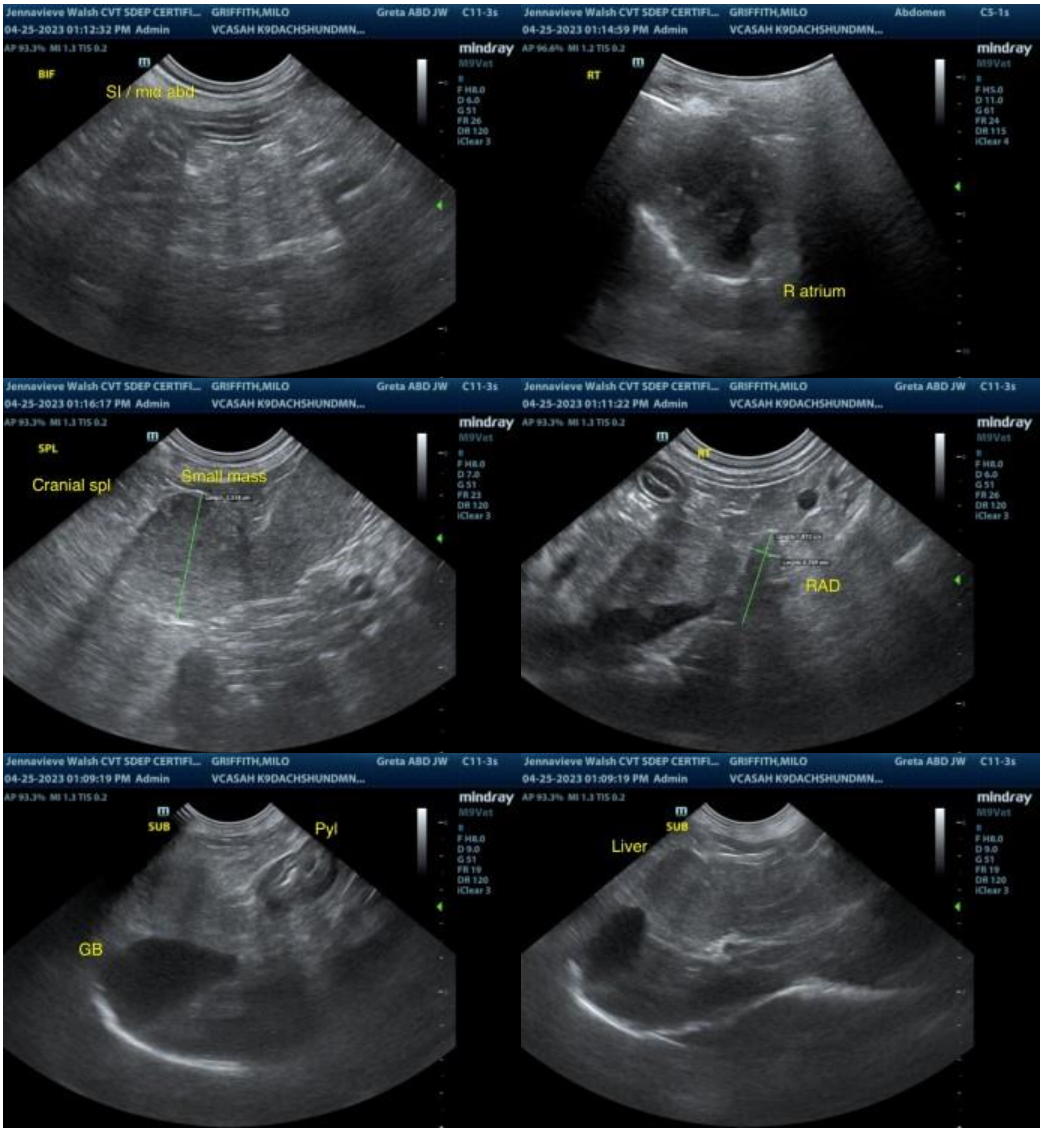
liver and small cranial splenic mass for evidence of progressive changes would be a more conservative approach.



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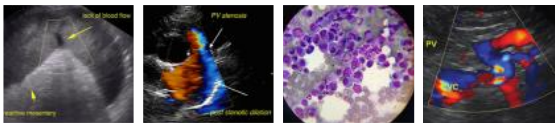

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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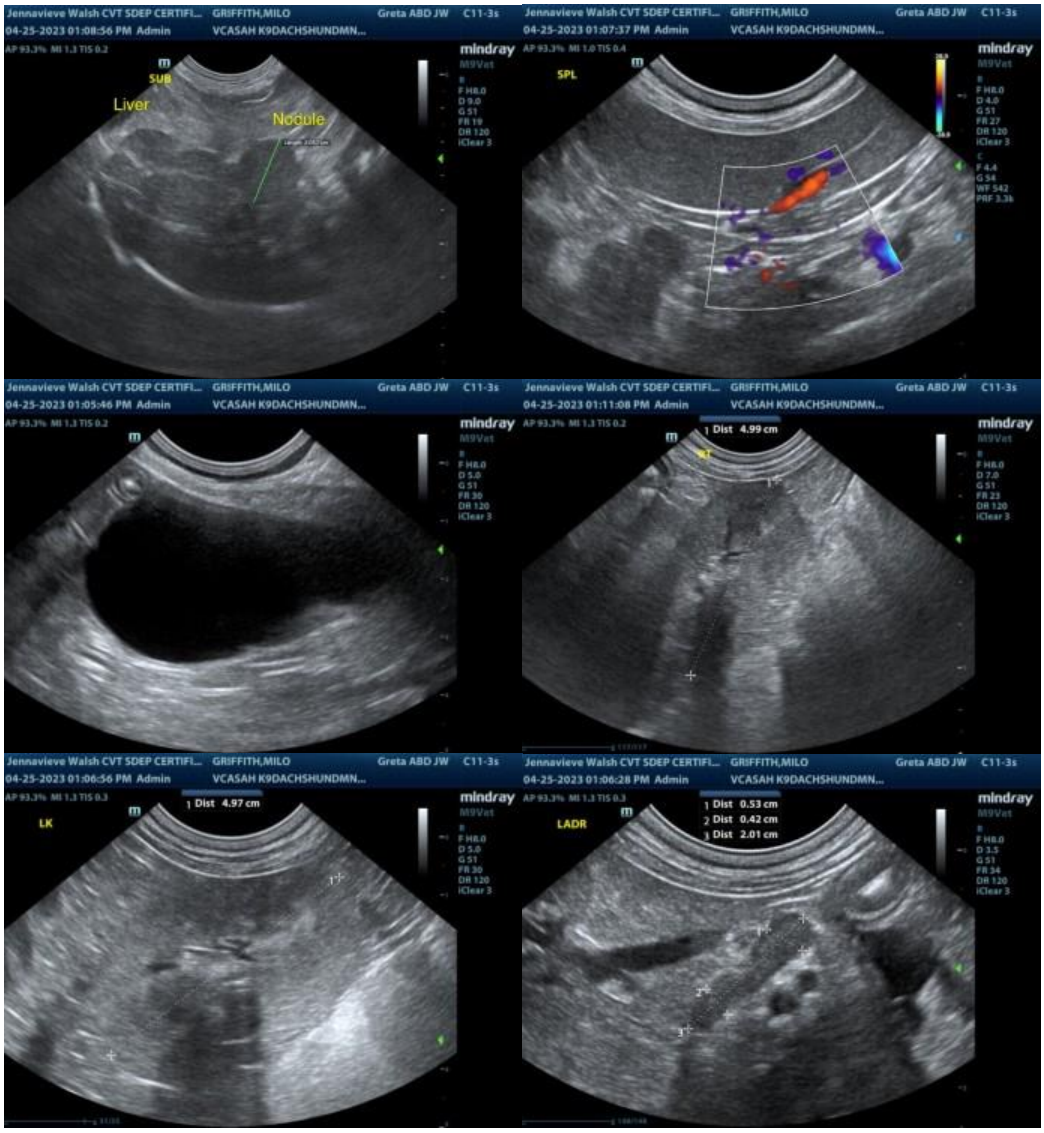

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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