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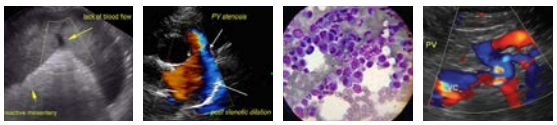

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Bella Stutzman

SPECIES
Canine

BREED
Lab

SEX
Spayed Female

AGE
6 Years

WEIGHT
69 Pounds

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Albany AH

REFERRING VET
Dr. Flanagan

INVOICE
47002

DATE
4/27/23

PRESENTING CLINICAL SIGNS

Lethargic, Pu/PD Current Medications fluoxetine Primary Question/Differential to Be Answered in This Exam R/0 cushings vs liver disease

Abnormal PE/Chem/CBC/UA Results: alk phos1831, Alt 550, Ast 135, Globulin 4.3, Urine Spg 1.011

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. No mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 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 6.7 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.53 cm at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.70 cm at the caudal 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

The liver presented subjective variable mid to left hepatomegaly with lobar swelling. Generalized non-homogeneous, non-uniform to nodular hepatic parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild non-organized echogenic debris was present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic pyloric fluid.

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.

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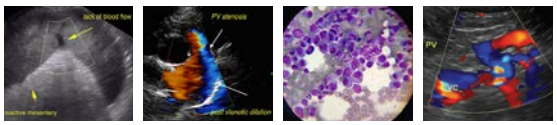

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Pancreas

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.

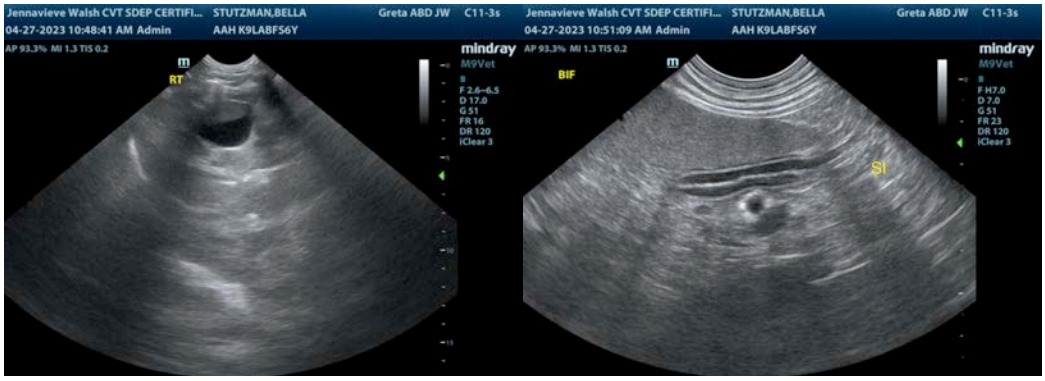
ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous, nodular to irregular liver with subjective mid to left lobar swelling.
- Mild gallbladder debris (non-mucocele).
- Mild retained pyloric fluid – possible mild hypomotile stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse hepatic changes were non-specific with considerations including vacuolar hepatopathy, chronic inflammatory/immune mediated disease, nodular or regenerative hyperplasia, hematopoiesis, fibrosis, toxic hepatopathy (i.e., copper), infiltrative neoplasia, or other hepatopathy. Primary adrenal disease is considered less likely, given normal adrenal presentation, yet adrenal testing would be required for definitive rule out. Concurrent pre- and post-prandial bile acids suggested to assess hepatic function.

Screening hepatic FNA cytology could be considered initially, although hepatic core surgical biopsy is likely required for definitive diagnosis. Leptospirosis titers/PCR could be considered if potential exposure or if endemic to the area, yet thought less likely, given hepatic presentation and without concurrent renal component.



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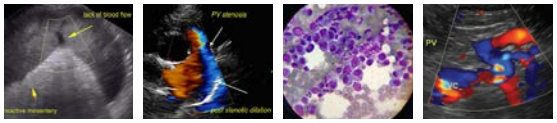

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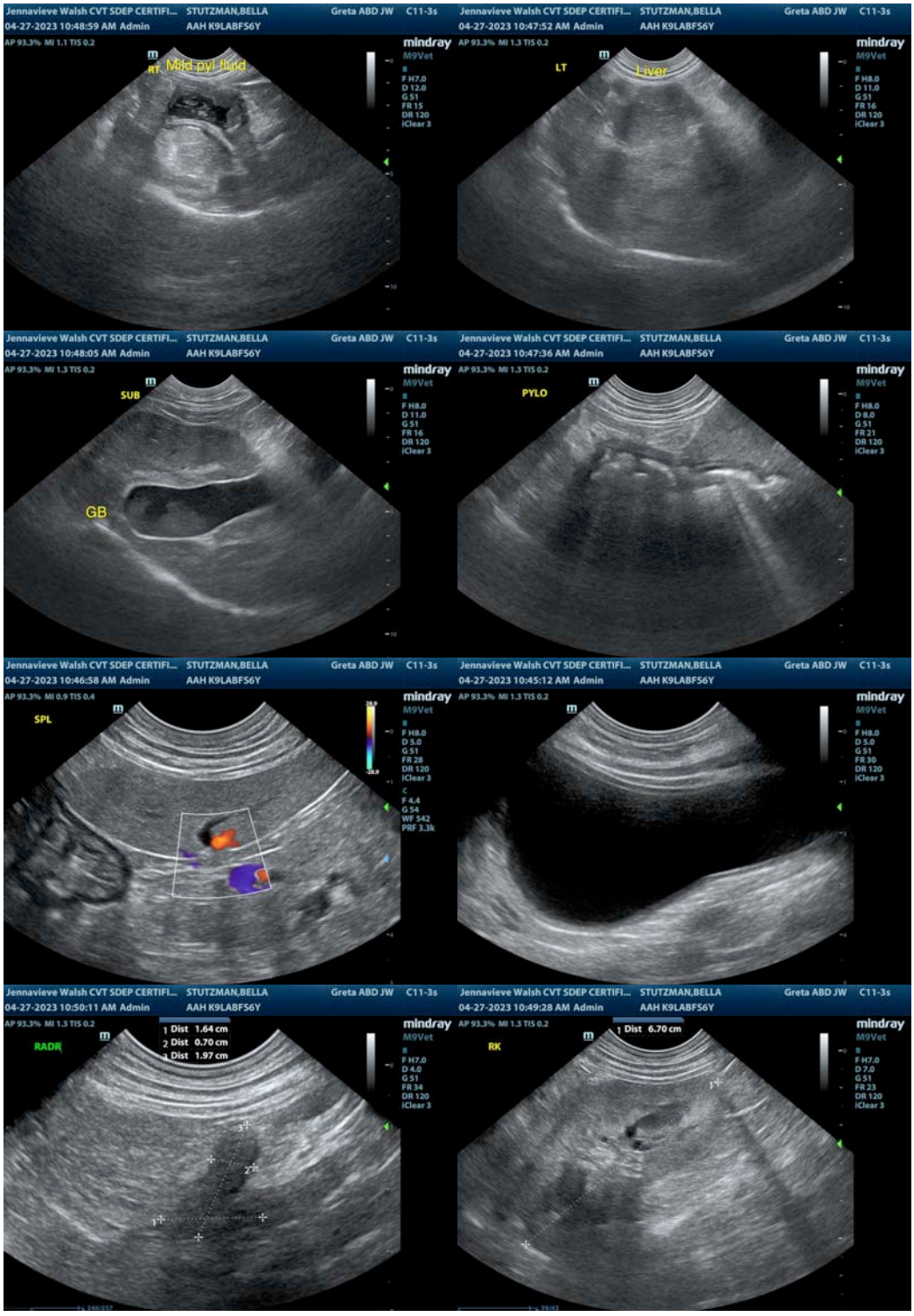

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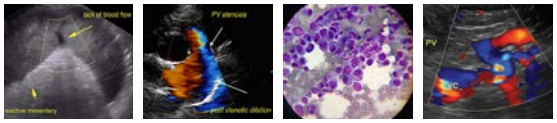

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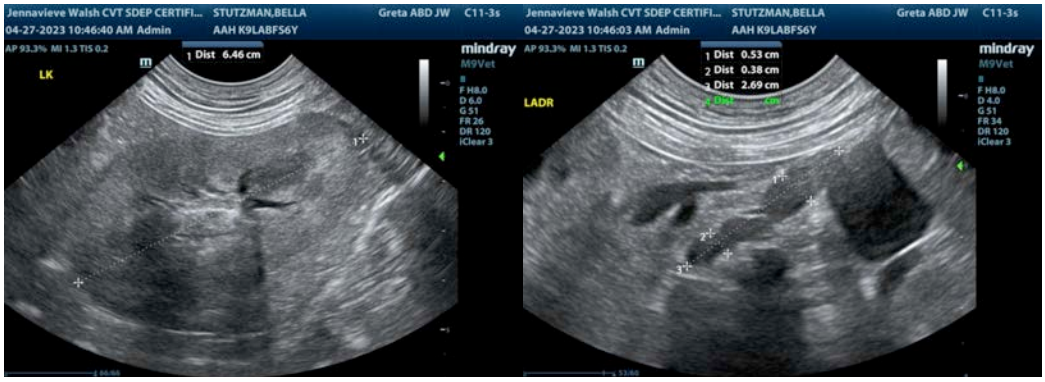

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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