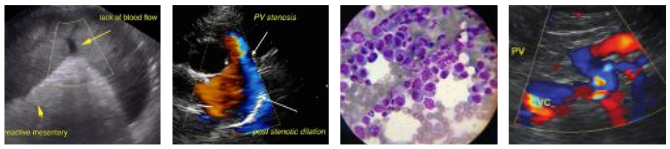
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bella Todd

SPECIES
Canine

BREED
Mix

SEX
FS

AGE
13yr

WEIGHT
NA

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

IMAGING PERFORMED BY
Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bailey

INVOICE
13626ag

DATE
04/28/2023

PRESENTING CLINICAL SIGNS

Geriatric with rear leg weakness.

Abnormal PE/Chem/CBC/UA Results: ALT (1,602), ALP (1,202), GGT (62) and AST (100), Cholesterol (1,921), Lipase (368), Elevated CK (243). Rest of BW WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. A solitary apical non-homogenous non-mineralized polyploid lesion extending mildly into the bladder lumen was present measuring 1.6 cm in diameter. 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.

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. Pinpoint medullary mineral was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.9 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 3.5 cm length.

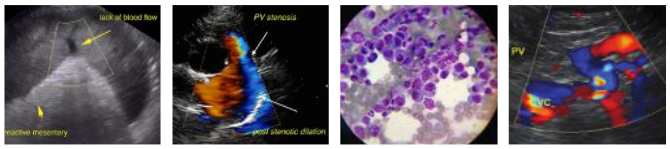
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Pinpoint hyperechoic splenic foci suggestive of areas of microinfarction, fibrosis or mineralization were present. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver was subjectively mildly enlarged in size with generalized non-homogenous to mixed echogenic parenchyma. Moderate coarse architecture with parenchyma remodeling was present. A solitary non-homogenous to cystic ventral nodule was present measuring 2.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-dependent variably hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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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, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Apical urinary bladder polyploid lesion-polyp vs emerging mass.
- Mild chronic renal changes.
- Age related splenic changes- benign.
- Chronic hepatopathy with heterogenous parenchyma, non-homogenous to cystic ventral nodule.
- Immature gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include chronic vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis, small biliary cyst adenoma or infiltrative neoplasia (less likely). Assuming normal clotting status a hepatic FNA for screening cytology is warranted for further assessment and identification of inflammatory cell type.

Some or all of the following protocol +/- empirical therapy for cholangiohepatitis could be considered.

A screening BRAF assay is suggested with monitoring of hepatic enzymes as well as ideally sonographic monitoring of the apical urinary bladder lesion for evidence of progression.

Enrofloxacin 5 mg/kg SID PO & Metronidazole (10-20 mg/kg po bid) over 3 weeks, Ursodiol (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxiphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at http://sonopath.com/resources/articles, Defining a GB Mucocele and Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease from ECVIM 2009.

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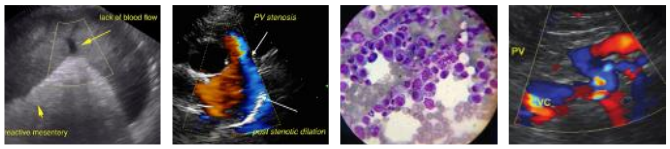

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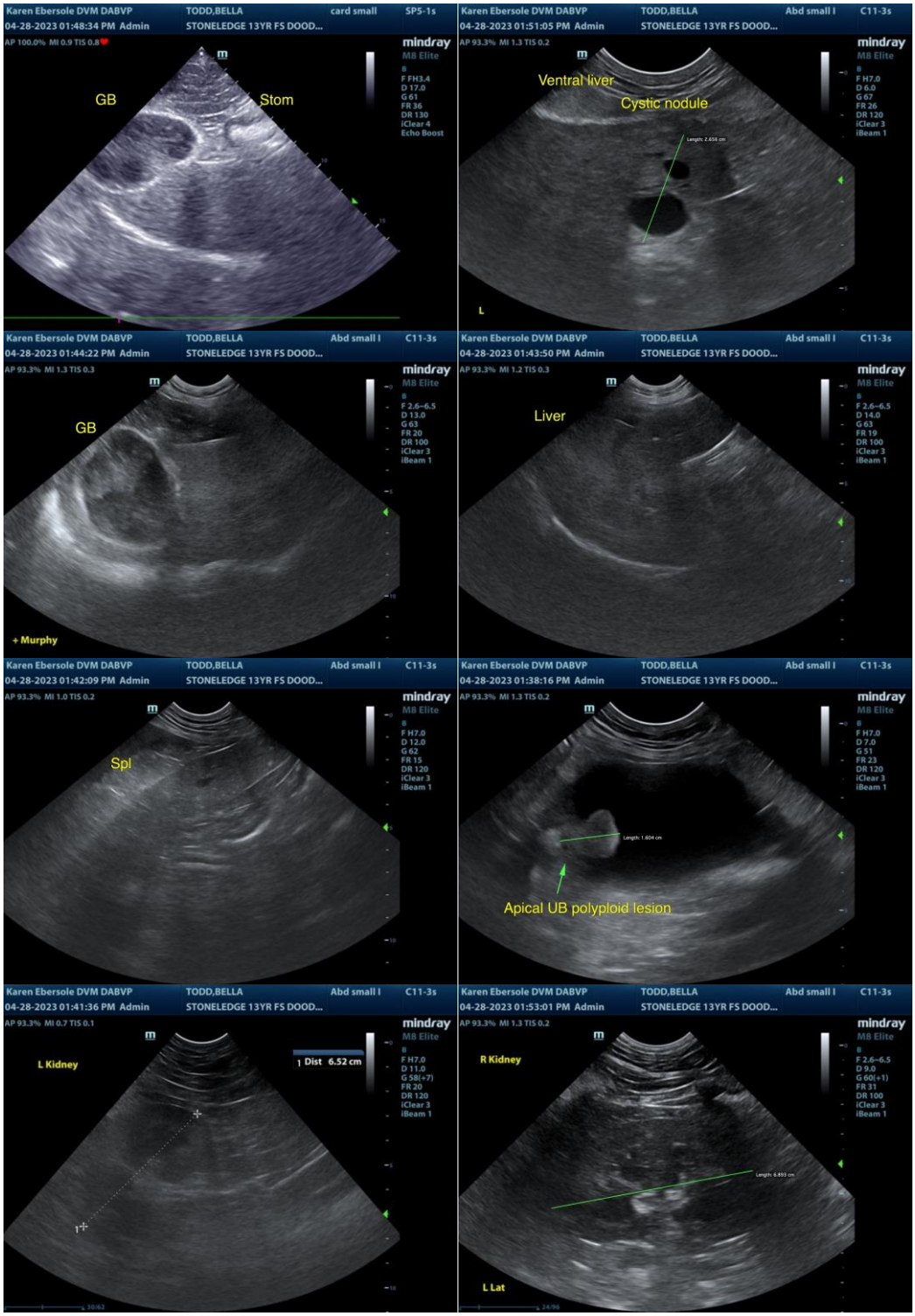

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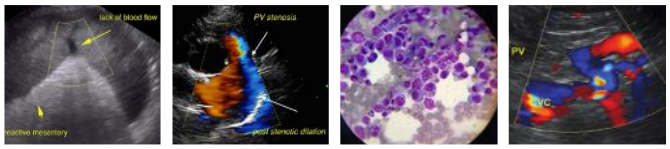

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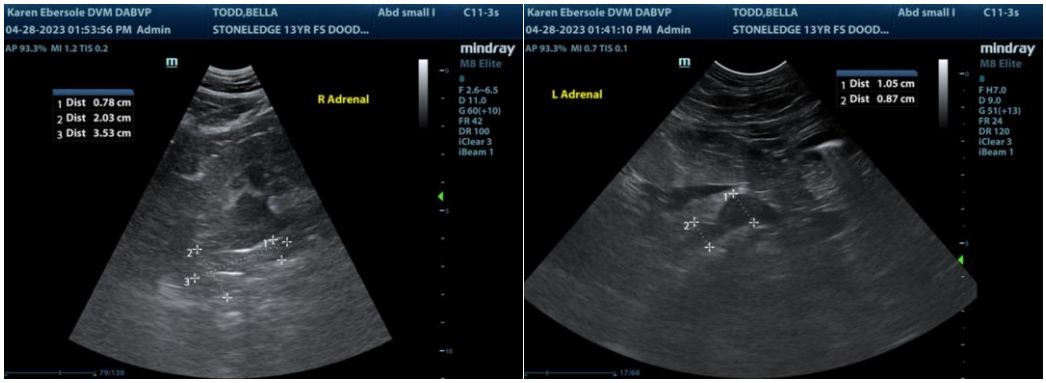

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com