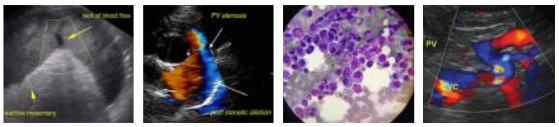


PATIENT

Sissy Dewolfe

SPECIES

Canine

BREED

Bloodhound

SEX

F/I (?)

AGE

7 years

WEIGHT

151 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Hoerauf

INVOICE

16536

DATE

4/6/23

PRESENTING CLINICAL SIGNS

physical is normal. in for surgery to remove benign cysts on paw/ leg. But pre-op BW came back with moderately elevated liver values and requests ultrasound.
Abnormal PE/Chem/CBC/UA Results: alk Phos = 341, ALT = 260. CBC, lab work is otherwise normal
Current Medications none Radiographic Findings none

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. No evidence of mineral or calculi was 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 9.3 cm in length. The right kidney measured 9.1 cm in length.

Adrenal Glands

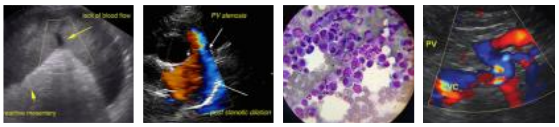
The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the caudal pole. No evidence of adrenal neoplastic criteria was noted.

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/ Gallbladder

The liver was mild to moderately enlarged yet maintained symmetrical capsule contour exhibiting mild nonuniform increased hepatic parenchyma echogenicity compared to the spleen and falciform fat. Normal hepatic vascular volume was noted with no hepatic masses or nodules visualized. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild heterogeneous / hyperechoic parenchyma
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is nonspecific yet sonographically suggestive of chronic benign hepatopathy. Considerations may include vacuolar hepatopathy, chronic inflammatory / immune-mediated hepatopathy, nonobstructive cholestasis, hyperplasia hematopoiesis, toxic hepatopathy i.e., copper, or other hepatopathy with infiltrative neoplasia thought less likely.

There is no overt suspicion of primary adrenal disease, given the lack of reported clinical signs, i.e., PU/PD, polyphagia, etc. Further assessment may include screening hepatic FNA cytology primarily to assess for or possibly identify inflammatory criteria. Hepatic core surgical biopsy is likely required for a definitive diagnosis.

Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial. There are no overt anesthetic contraindications given no evidence of hepatic dysfunction i.e., normal BUN, glucose, albumin, and cholesterol levels.

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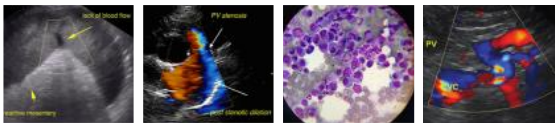

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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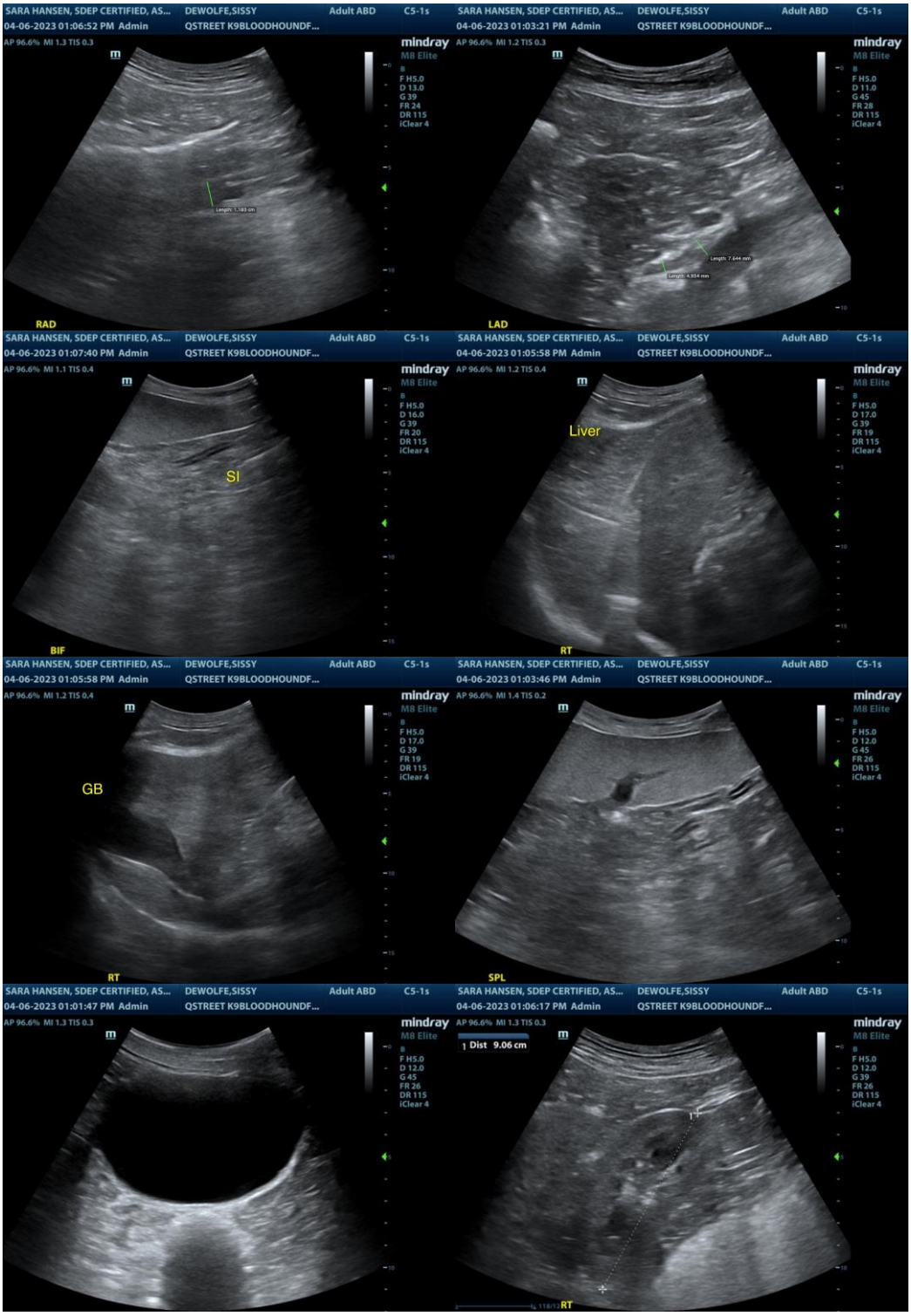

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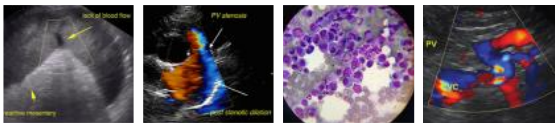

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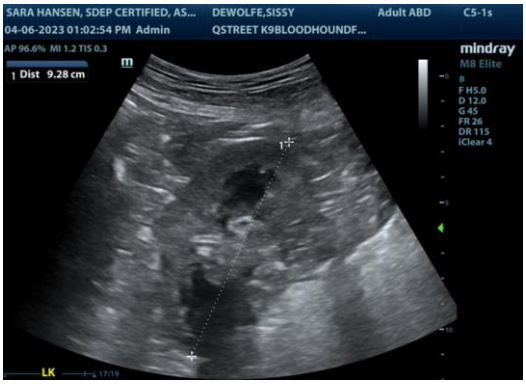

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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