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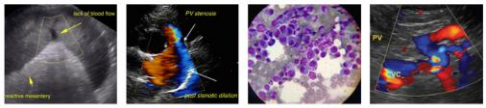

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Molly Pacheco

SPECIES

Canine

BREED

Silky Terrier

SEX

FS

AGE

14yr

WEIGHT

16lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mashpee Veterinary Hospital

REFERRING VET

Mark Oldham, DVM

INVOICE

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DATE

05/01/2023

PRESENTING CLINICAL SIGNS

Abnormal values on bloodwork. ALT 468, ALP 1665, GGT 29, Chol 383, BUN 31. On Soloxine 0.2mg q24h.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate bilateral pyelectasia was present. A small craniolateral right kidney cortical cyst was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.52 cm width at the cranial pole.

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. 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.

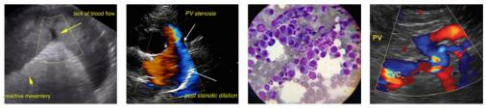
Liver/Gallbladder

The liver was enlarged with symmetrical capsule contour and generalized non-homogenous to mildly mixed echogenic hepatic parenchyma. Moderate coarse echotexture and generalized parenchyma remodeling with discrete parenchymal nodular changes were present. Normal hepatic vascular volume. No definitive evidence of an intraparenchymal mass. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly hyperechoic walls and primarily anechoic luminal content with mild non-organized hyperechoic debris. Suspected concurrent hypoechoic mucus was present between the debris and inner luminal gallbladder wall. 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 contained mild variably echogenic non-shadowing ingesta/chyme 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.



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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. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting non-homogenous/mixed echogenic parenchyma-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Mild gallbladder debris/mucus-not consistent with mucocele criteria.
- Moderate chronic renal changes with bilateral mild pyelectasia and small right kidney cortical cyst.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment and identification of inflammatory criteria if present. A hepatic core surgical biopsy is required for a definitive diagnosis. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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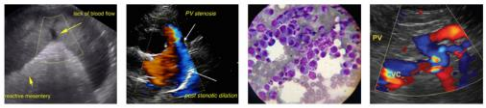

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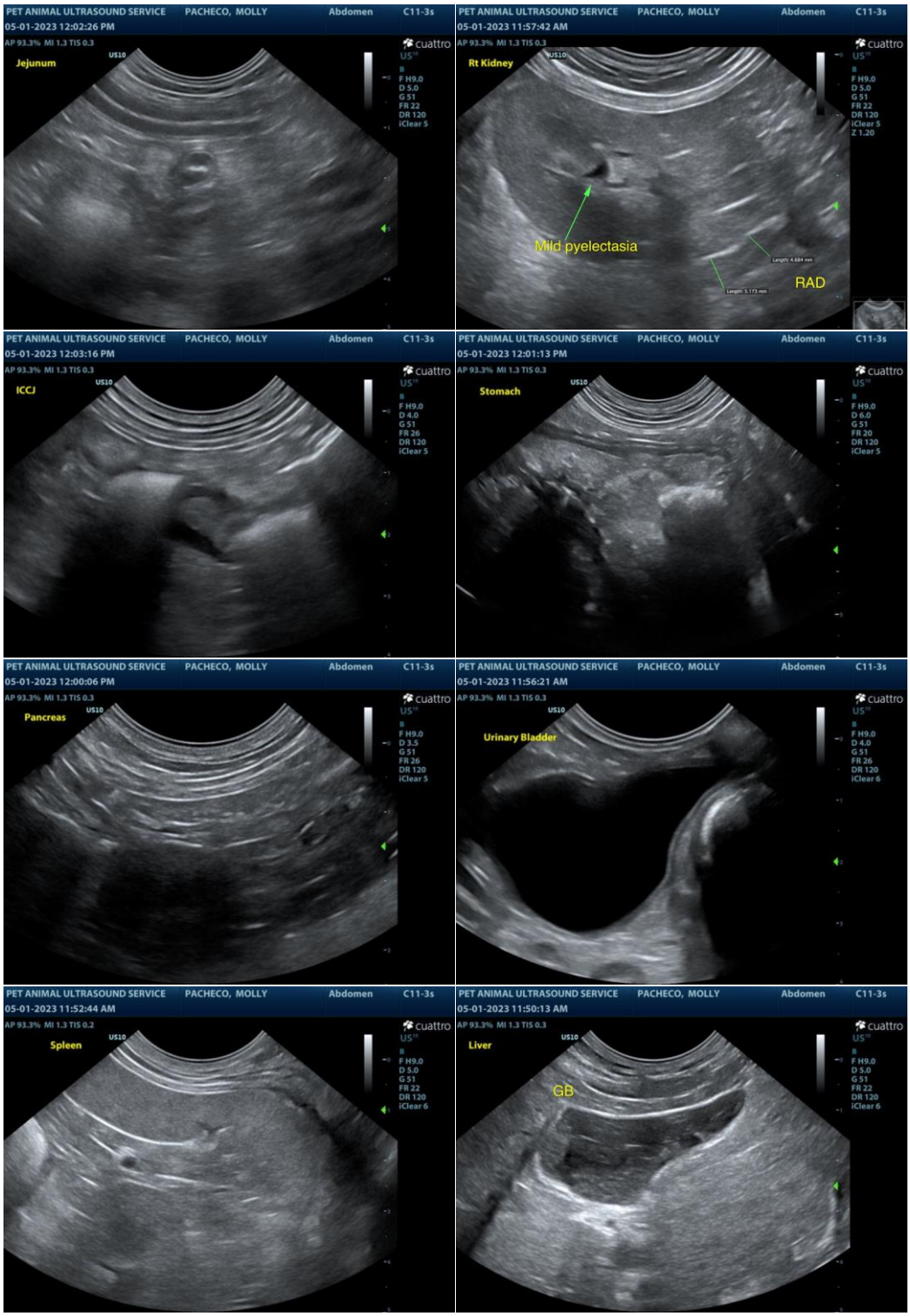

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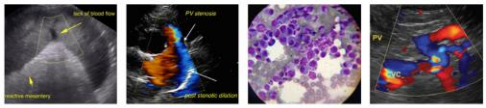

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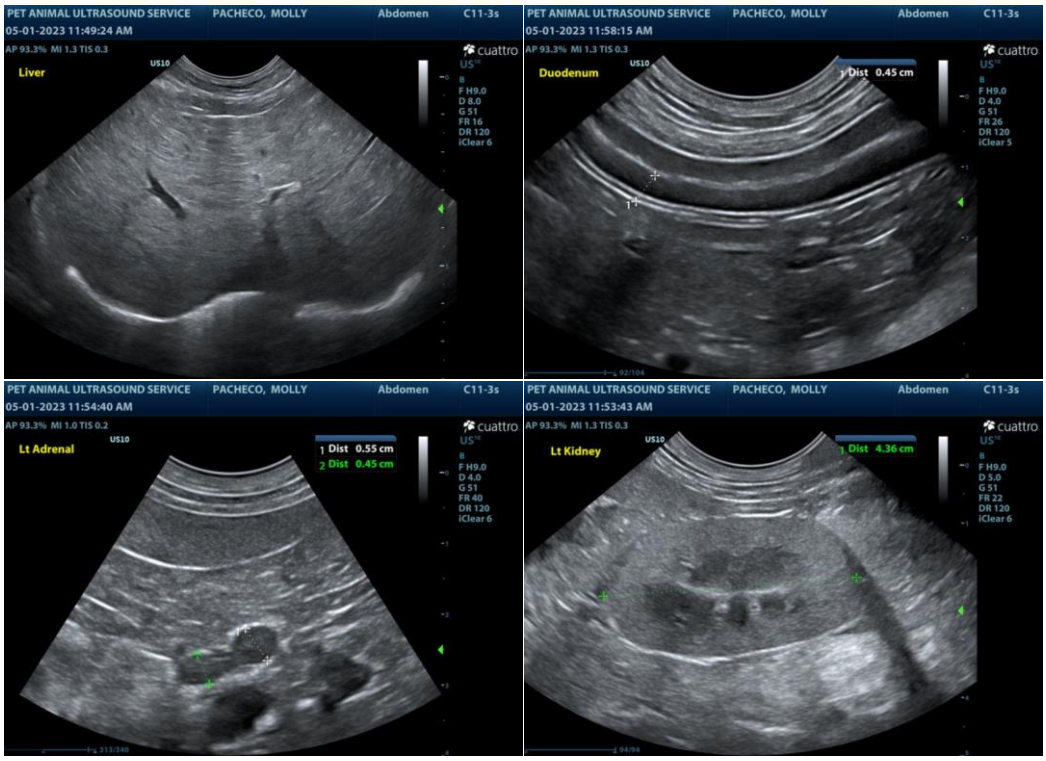

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com