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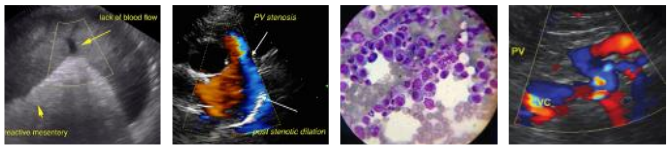

PATIENT

Neli Salamanca

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

11yr

WEIGHT

25.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr.Paul Kim

HOSPITAL NAME

Ridgefield Park Animal Hospital

REFERRING VET

Dr.Paul Kim

INVOICE

13768ag

DATE

05/10/2023

PRESENTING CLINICAL SIGNS

Patient came to the hospital today because for about 3 weeks now the dog has been very lethargic and very weak and is having trouble with movement

The submitted study contained 26 still images and 10 videos for review

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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. The left kidney measured 5.6 cm in length. The right kidney was visualized in cross-section.

Focal to intermittent, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.4 cm x 0.89 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland measured 0.55 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small non-disruptive well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Intermittent to multiple non-disruptive discrete hypoechoic nodules were present, an example measuring 0.9 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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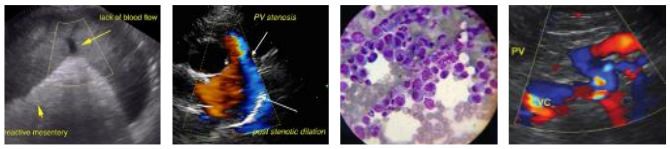

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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 overt omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild subjective benign/reactive medial iliac lymphadenopathy.
- Mild chronic renal changes.
- Benign splenic nodule/s.
- Non-specific non-homogenous/nodular liver.
- Gallbladder debris (non-mucocele).
- Overtly normal GI tract with gastric ingesta sonographically consistent with food.
- Minor pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology. The hepatic parenchyma changes were non-specific with considerations including non-specific hepatopathy i.e., vacuolar hepatopathy, inflammatory hepatopathy, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Emerging infiltrative neoplastic criteria cannot be definitively excluded.

Correlation with a full CBC/chemistry panel and UA is recommended if not already done. If there is evidence of hepatic enzyme elevations, hepatosupportive medications such as Denamarin and Ursodiol could be considered.

Assuming normal clotting status a hepatic FNA for screening cytology could be considered for further assessment. A thorough musculoskeletal and neurological examination is suggested if not done.

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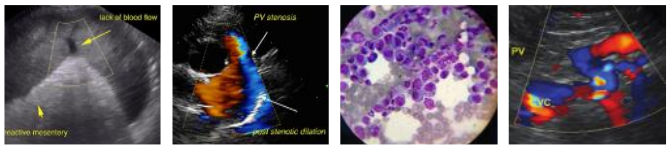

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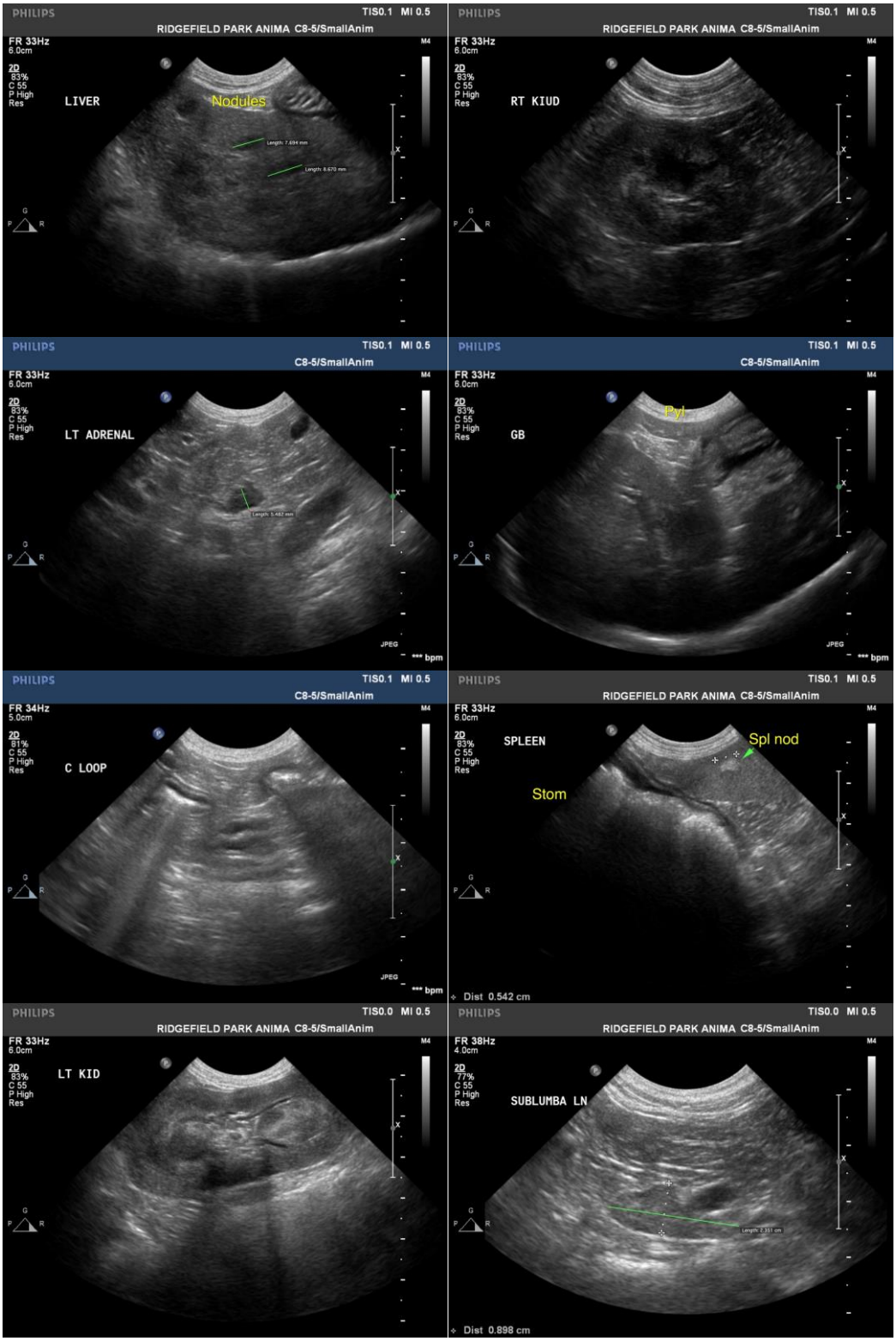

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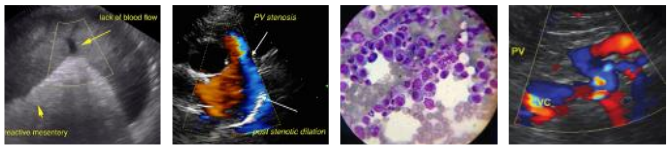

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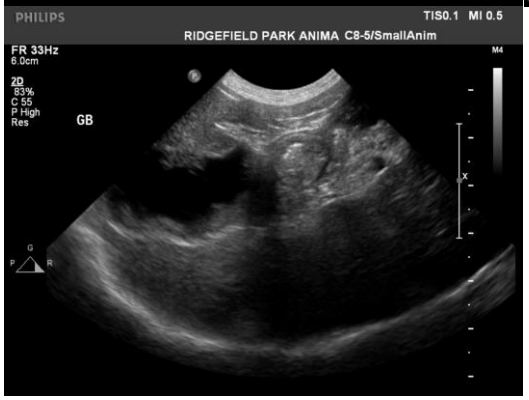

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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