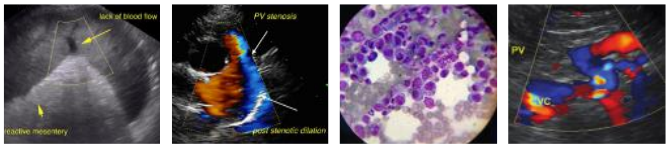
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Curley Irwin

SPECIES

Canine

BREED

Bichon Frise

SEX

MN

AGE

15 years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wendy Turner

HOSPITAL NAME

Pennsauken AH and Urgent Care

REFERRING VET

Dr. Wendy Turner

INVOICE

15123

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Weight loss and muscle wasting: 17.4 lbs to 14.5 lbs in 5 months. Previously eating well but recently inappetent. Mild occasional cough.

Abnormal PE/Chem/CBC/UA Results: PE: III/VI systolic murmur, mild hepatomegaly, significant generalized muscle atrophy. Labs: UA pending. BUN 35 (7-27), normal creatinine. ALP 414 (23-212). Monocytosis 1.22 (0.16-1.12). Thyroid not checked. All else WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.

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 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. Mild pyelectasia was noted in the left kidney. The left kidney measured 4.9 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

Both adrenal glands were mildly prominent in size with maintained symmetrical capsule contour and subtle nonhomogeneous parenchyma. The left adrenal gland measured 2.5 cm in length x 0.75 cm width. The right adrenal gland measured 2.4 cm in length x 0.96 cm mid right adrenal width and 0.67 cm at the caudal pole.

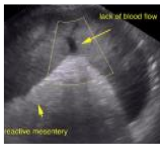
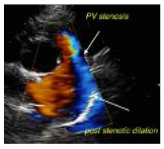
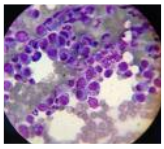
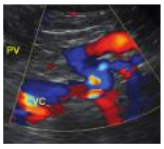
Spleen

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/ 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content was present with moderate nondependent to

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mildly congealed nonmineralized luminal debris. An indistinct to mild hypoechoic band was noted between the nondependent luminal debris and the inner luminal wall.

The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering owing to mildly prominent mucosa. Very mild retained anechoic fluid was present. The pylorus wall measured 0.69 cm.

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. The duodenum wall measured 0.44 cm. The jejunum wall measured 0.38 cm.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern- subjectively benign
- Moderate gallbladder debris with suspect concurrent luminal mucus- subjective early to noninflamed gallbladder mucocele
- Possible mild gastritis, sonographically unremarkable small bowel
- Mild chronic renal changes
- Nonspecific mildly prominent bilateral adrenal glands- no evidence of adrenal neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for inflammatory hepatopathy (i.e., cholangiohepatitis) possible given the presence of the gallbladder debris Occult hepatic neoplasia is considered a less likely differential diagnosis. Hepatic FNA could be considered for screening cytology, assuming normal clotting status.

Sonographically, the stomach was suggestive of mild gastritis, yet this is of unclear clinical significance given the lack of reported vomiting. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. As needed gastrointestinal support, including gastric protectants and hepatosupportive medications could be considered.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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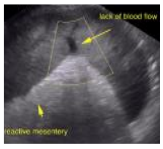
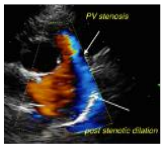
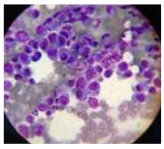
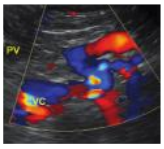

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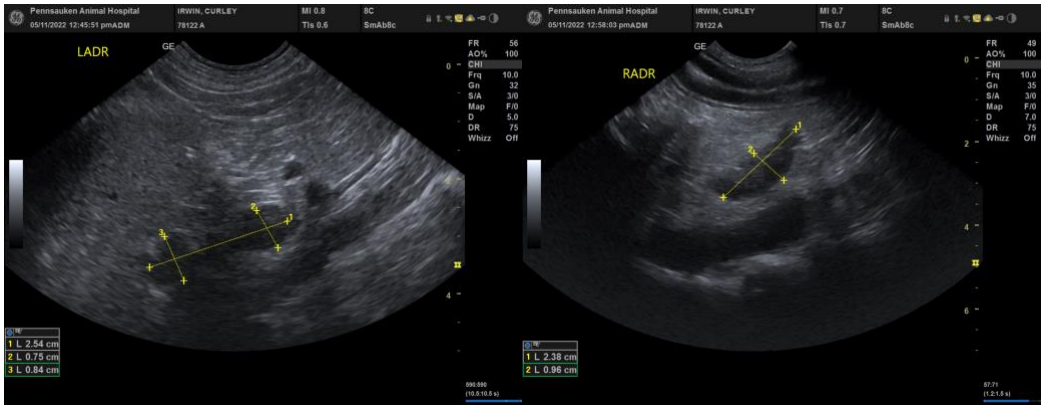

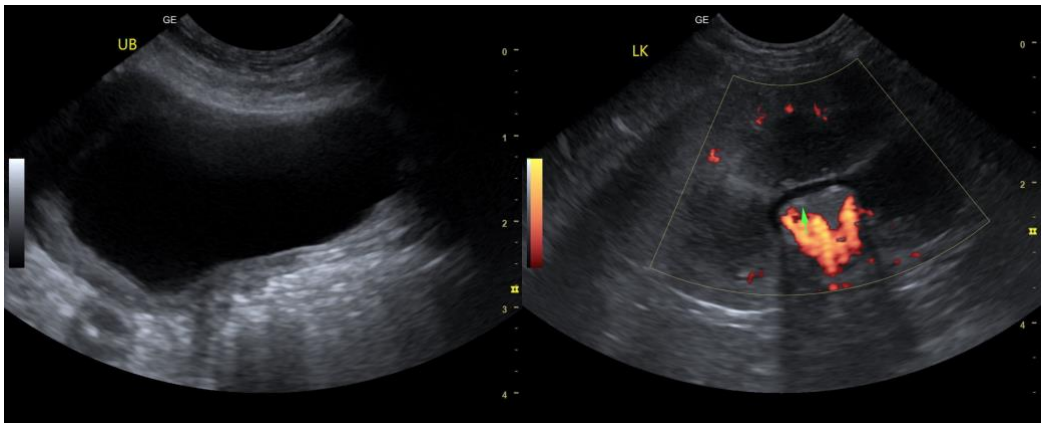

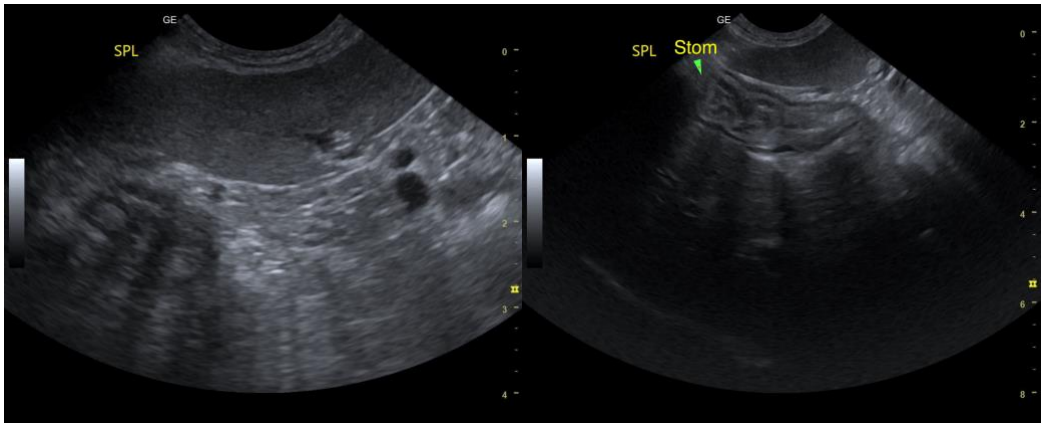

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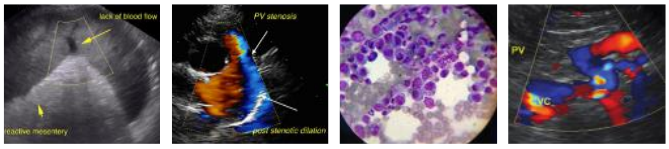

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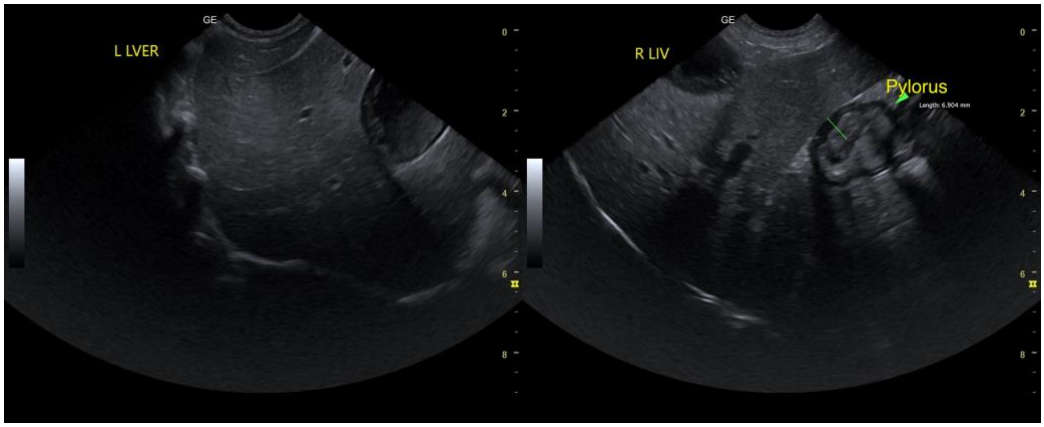

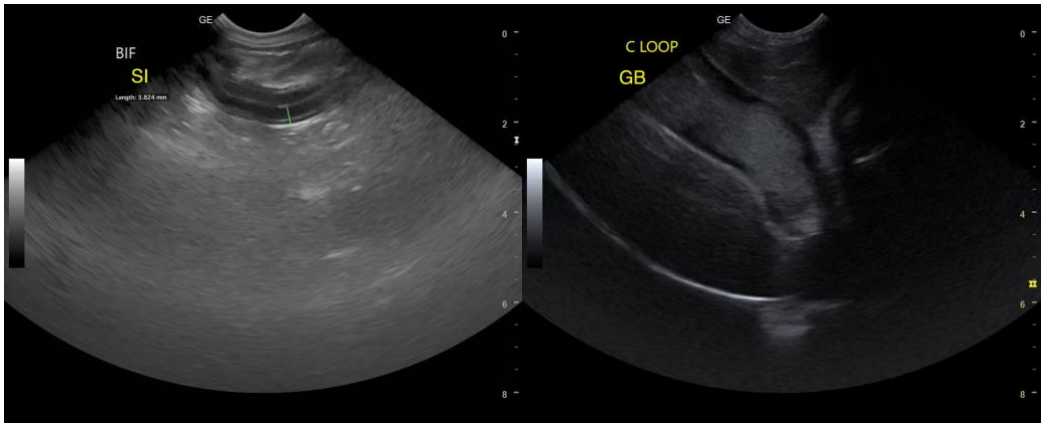

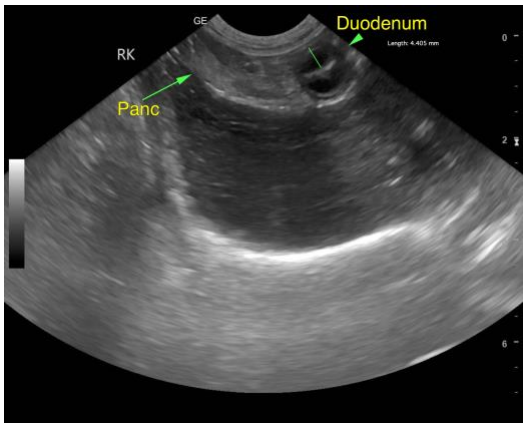

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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