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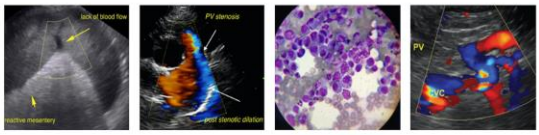

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Molly Sentiwany

SPECIES

Canine

BREED

Brussels Griffon

SEX

FS

AGE

2009

WEIGHT

19.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Filchner

INVOICE

13796

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Intermittent GI issues, decreased appetite Gabapentin, Anthol?, Hemp Rx

ALT 1698, ALP 472, GGT 43, BUN 54, Creatinine 2.8, Phosphorus 8.6, Lipase >6000, Amylase 1695, TBili 4.7

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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.62 cm width in the cranial pole and 0.59 cm width in the caudal pole.

A nondisruptive, primarily uniform mildly hyperechoic nodule was present in the cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.85 cm x 0.7 cm. The overall right adrenal gland measured 0.92 cm width In the cranial pole and 0.65 cm width In 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 was mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent hepatic intraparenchymal nodular changes were present with the largest nodule exhibiting uniform mildly hypoechoic parenchyma measuring 3.3 cm in diameter. Focal intraparenchymal cyst to cystic nodule was present in the mid liver parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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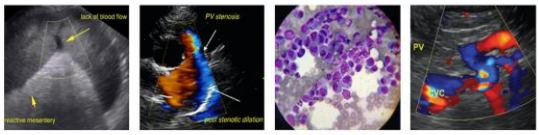

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The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral gallbladder inflammation. Mildly dilated cystic biliary duct containing concurrent nondependent to mildly organized luminal debris was present. The common bile duct was overtly normal without evidence of post hepatic obstruction.

Gastrointestinal

The stomach presented intact yet mildly prominent 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 ventral gastric body wall width measured 0.44 cm.

The duodenum exhibited intact yet prominent wall layering with mild duodenal ileus. The duodenum wall width measured 0.56 cm. The jejunum and ileum were overtly normal exhibiting intact wall layering and maintained a 1:3 muscularis/mucosa ratio to the level of the colon. The jejunum wall width measured 0.36 cm.

Normal visible colon wall layers were present with formed to semi-formed feces in lumen.

Pancreas

The pancreas base and right pancreatic limb exhibiting mild prominent size with capsule asymmetry exhibiting nonhomogeneous to mildly nodular parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

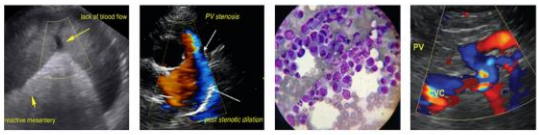
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with mild pyelectasia
- Right adrenal nodule - suspect adenoma
- Chronic hepatopathy with nonuniform to nodular parenchyma - nonspecific
- Immature gallbladder mucocele
- Nonhomogeneous to mildly nodular pancreas - age-related pancreatic changes, parenchymal remodeling and nodular changes secondary to previous inflammation or low-grade to chronic pancreatitis, no overt evidence of pancreatic neoplastic criteria which is unlikely
- Mild gastroduodenitis to generalized gastroenteritis pattern - possible inflammatory bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Technically, the possibility of an emerging neoplastic nodule in the right adrenal gland cannot be excluded. Full adrenal workup could be considered if clinically indicated, although the patient's clinical



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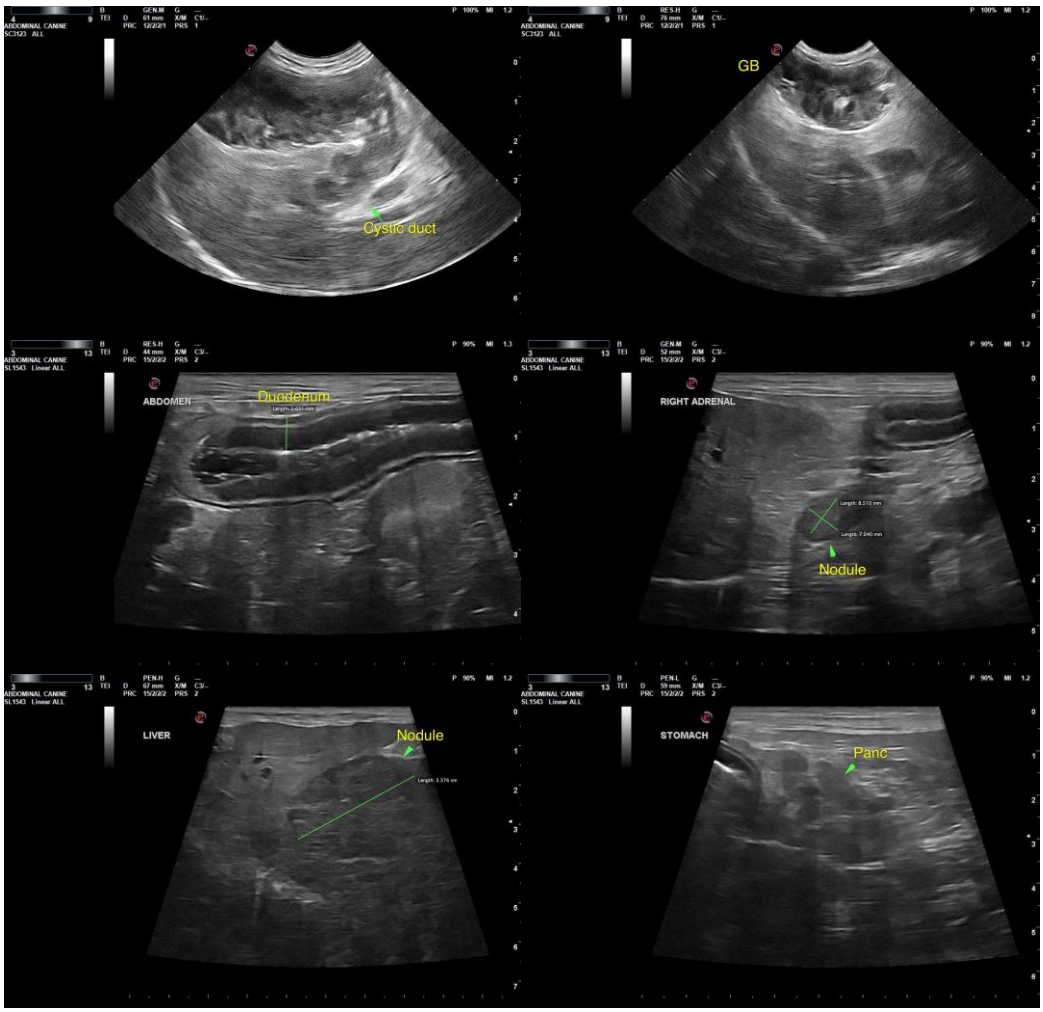
signs do not overtly suggest adrenal hyper functionality. Systemic BP is suggested to assess for evidence of hypertension, which may allude to an emerging right pheochromocytoma. Sonographic monitoring of the right adrenal nodule for evidence of progression is recommended.

Primary consideration is for chronic active hepatitis given the significant and primary elevated ALT with parenchymal remodeling, areas of nodular to regenerative hyperplasia or hematopoiesis, potential for concurrent vacuolar hepatic changes and nonobstructive cholestasis, given the presence of the immature gallbladder mucocele. Hepatic neoplastic criteria considered a less likely differential diagnosis. Ultrasound-guided hepatic FNA could be considered for screening cytology and further clarification.

Hepatosupportive medications including Denamarin and Ursodiol with close monitoring of cholestatic enzymes or for evidence of cranial abdominal or subxiphoid discomfort on palpation would be appropriate.

The intermittent GI issues in this patient may be owing to primary subjectively mild gastrointestinal disease, although some contribution to the patient's GI signs secondary to the hepatopathy or chronic to chronic active pancreatitis could be possible. As-needed gastrointestinal support is recommended.



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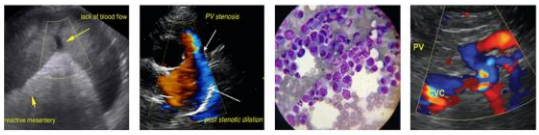

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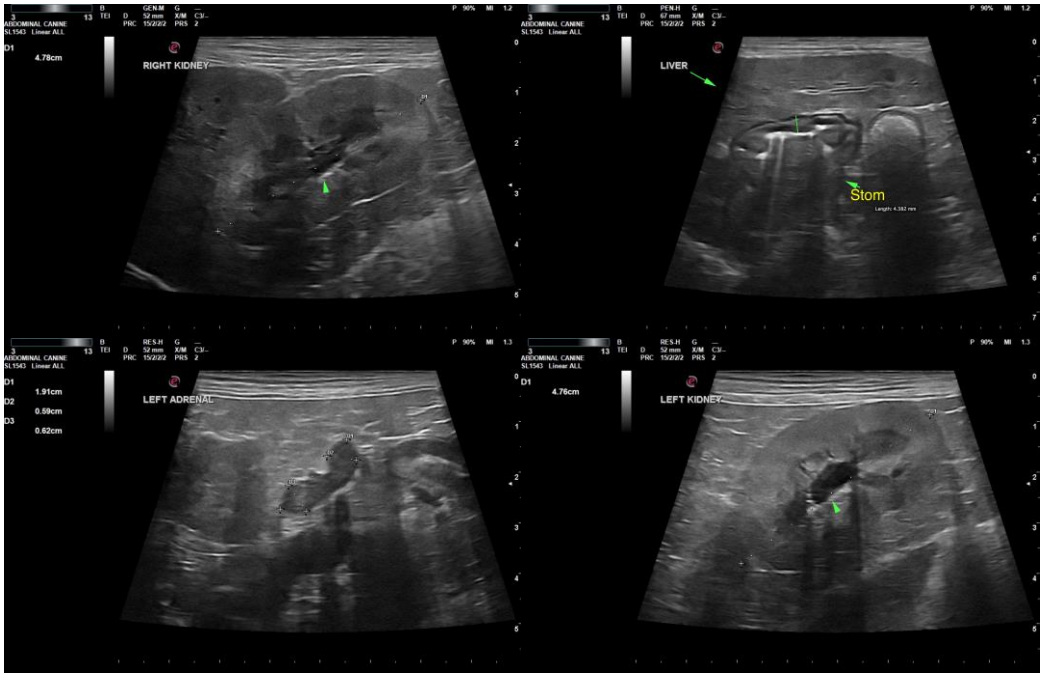

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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