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Clinical Sonography & Telecytology
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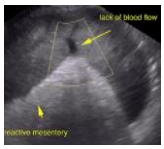
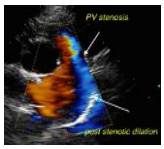
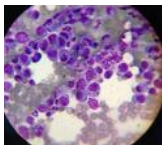
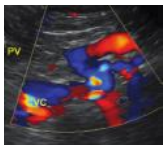





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Miles Pellow

SPECIES
Canine

BREED
Jack Russel Terrier

SEX
MN

AGE
12 yr

WEIGHT
16 lbs

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

IMAGING PERFORMED BY
Shari Reffi CVT

HOSPITAL NAME
Newton Vet

REFERRING VET
Dr. Bladek

INVOICE
10781ag

DATE
06/10/2022

PRESENTING CLINICAL SIGNS

History: Progression in ALKP and GGTP. Proteinuria. Appetite changes present, (concern for GB/Pancreas). Current meds: Cardalis

Abnormal PE/Chem/CBC/UA Results: ALKP 538, GGTP 67, microalbumuria, prot 3+, UG 1.043

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 was 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate 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 0.54 cm width at the caudal pole and 0.56 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 0.70 cm width at the caudal pole and 0.91 cm width at the cranial 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.

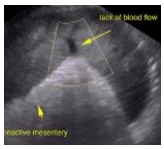
Liver

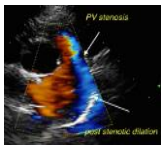
The liver exhibited potential for subnormal size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

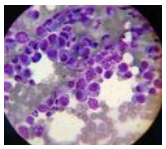
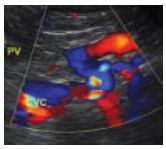
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.37 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent to echogenic jejunal submucosa layer was present. No evidence of loss of intestinal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction





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or foreign material. The duodenum wall measured 0.49 cm in width. The jejunum wall measured 0.30 cm in width.

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

- Nonspecific mild chronic renal changes
- Sonographically unremarkable liver/gallbladder
- Mild heterogeneous pancreas
- Overtly normal GI tract with subjective propensity for mildly prominent jejunal submucosa layer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of hepatic or hepatobiliary pathology on this study. Potential for minor subnormal liver size is possible yet not definitive. Although nonspecific, considerations for the hepatic presentation in combination with the elevated ALP/GGT may include vacuolar hepatic changes and cholestasis or nonspecific inflammatory hepatopathy. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Monitoring of proteinuria and baseline UPC if not done is recommended. The small intestine exhibited potential for subtle mural changes which may suggest mild inflammatory enteropathy, likewise the pancreas was nonspecific with considerations including age related pancreatic changes although low grade to chronic pancreatitis may present essentially sonographically normal. Given the lack of additional GI signs i.e. vomiting, diarrhea, weight loss these findings are nonspecific.

Continued monitoring of appetite and for progressive intestinal signs with as needed GI support would be reasonable. A spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment.

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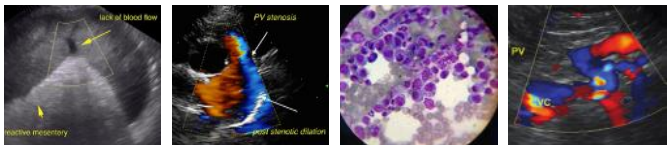

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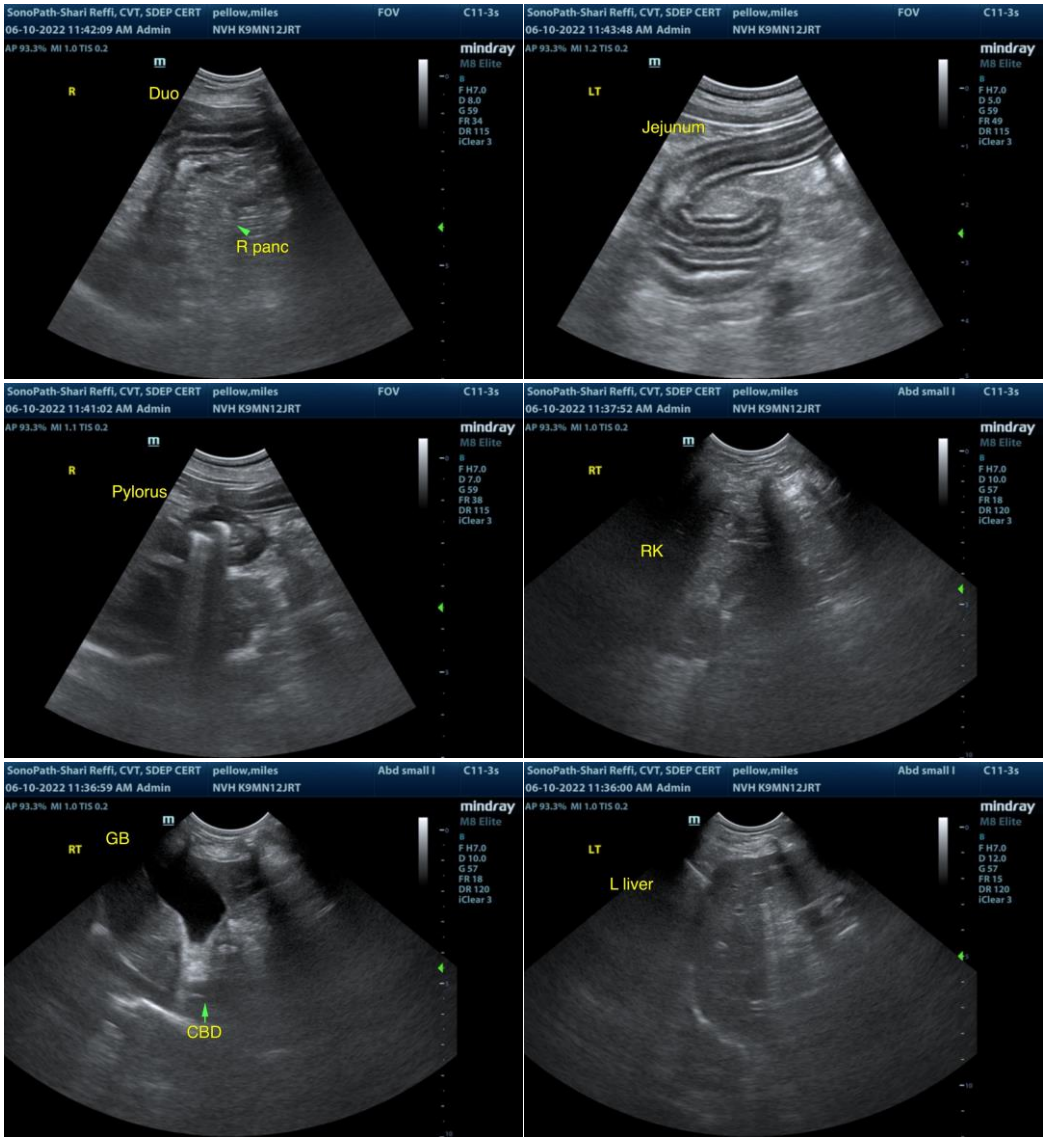

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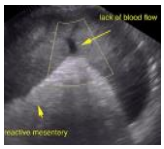
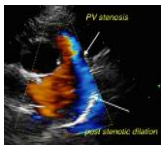
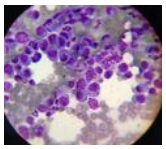
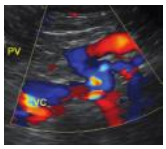

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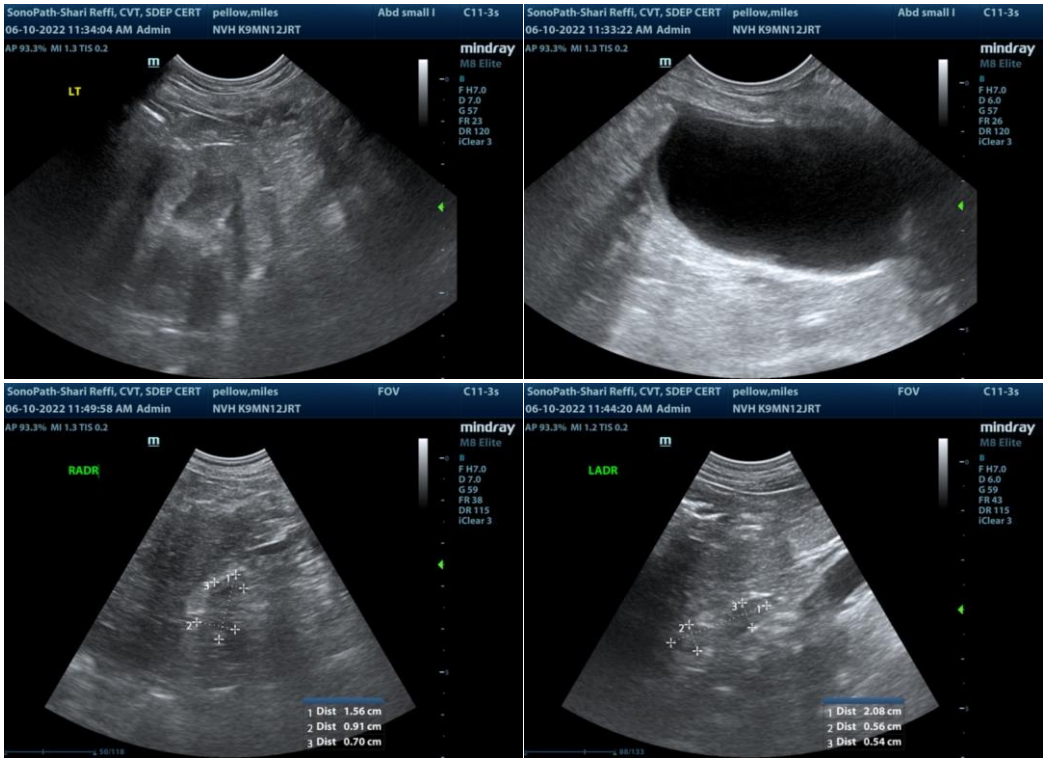

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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