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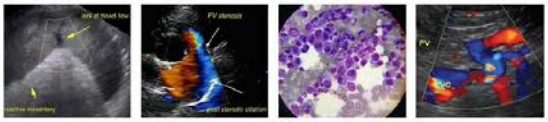

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lolly De Hart

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 Years

WEIGHT

39 Poulnds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. India Vannini

INVOICE

38882

DATE

6/19/22

PRESENTING CLINICAL SIGNS

progressing weakness inappetance ADR. Liver value elevations no other abnormalities on BW. ALP 1266 ALT 201- weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild subjective homogeneous thickening of the urinary bladder wall at the level of the cystourethral junction. Cystourethral junction wall measured 0.55 cm in width. No overt pathology in the area of the iliac trifurcation, including no evidence of medial iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland measured 0.81 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The spleen was normal in size and overall contour. Generalized mild splenic parenchyma heterogeneity noted with intermittent, non-disruptive, well demarcated, hypoechoic nodules. Example of splenic nodule measured 1.0 cm diameter.

Liver

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. Multiple non-disruptive, primarily hypoechoic intraparenchymal nodules were present. A solitary isoechoic macronodule to small mass noted dorsal to the urinary bladder with subjective subtle impingement upon the dorsal urinary bladde wall. No evidence of disruption to bile outflow, measuring approximately 5.0 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. Minor congealed, mildly hyperechoic gallbladder debris was present. 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 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.

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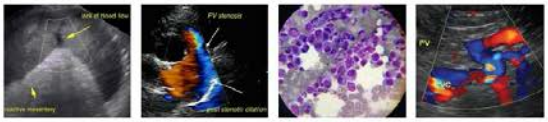

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Pancreas

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

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder wall at the level of the cystourethral junction – age related/patient. Mild regional cystourethral junction cystitis. Potential for emerging neoplastic criteria cannot be excluded.
- Non-specific yet non-disruptive splenic nodules – several etiologies possible including hyperplasia, hematopoiesis, small hematomas, incidental splenitis. Potential for emerging neoplastic nodules cannot be excluded.
- Hepatopathy exhibiting variably sized hypoechoic to isoechoic intraparenchymal nodules to possible small perigallbladder mass – non-specific, vacuolar hepatopathy, inflammatory/immune mediated disease with areas of nodular hyperplasia, hematopoiesis, neoplasia, or other hepatopathy.
- Minor congealed gallbladder debris
- Minor chronic renal changes
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF assay and/or cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells could be considered.

Assuming normal clotting status, hepatosplenic FNA, specifically in area of hepatosplenic nodule, if accessible, warranted for screening cytology. Sonographic monitoring of both the liver and splenic nodules as well as the mild cystourethral junction thickening with initial recheck in 4 weeks would be a more conservative approach.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

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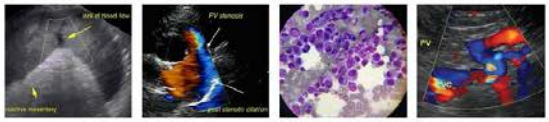

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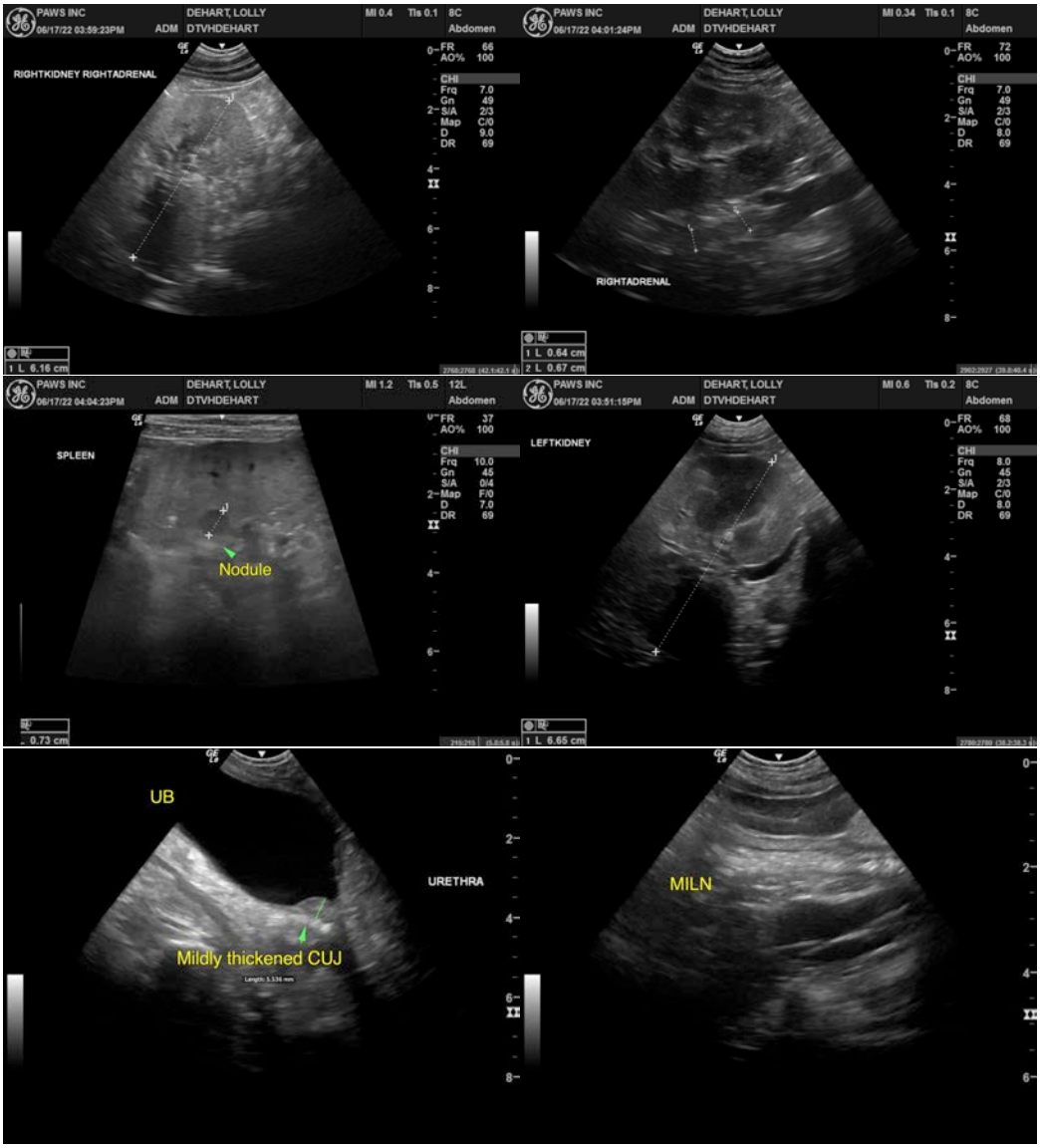

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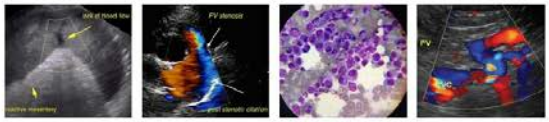

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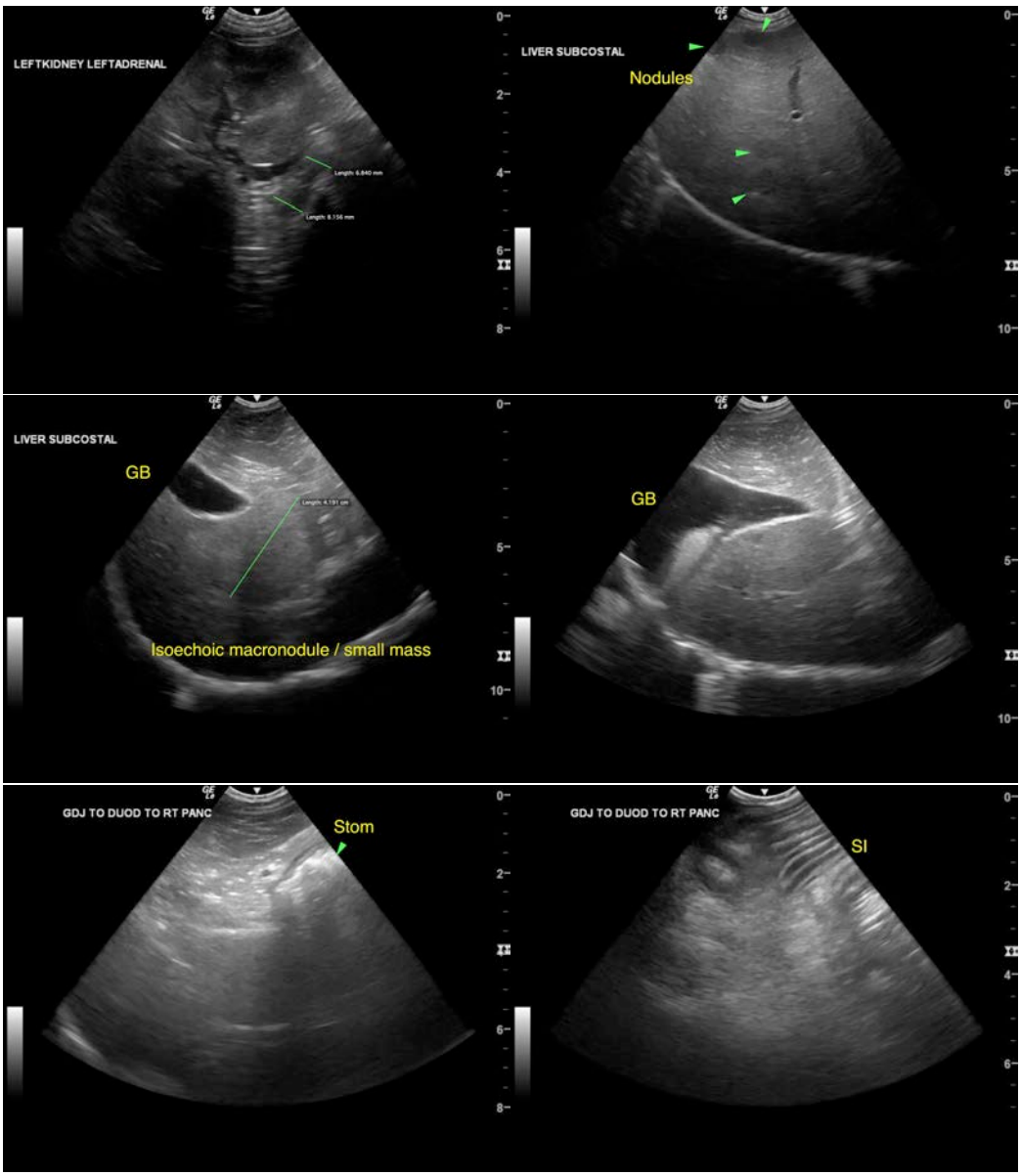

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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