SonoPath
Clinical Sonography & Telecytology
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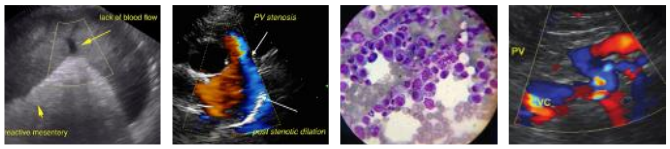


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stella Presley

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

9.5yr

WEIGHT

53.2lnb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

14135ag

DATE

06/19/2023

PRESENTING CLINICAL SIGNS

ELEVATED LIVER ENZYMES

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: lenticular sclerosis. No nasal discharge. No cough on tracheal palpation. Oral cavity: Multiple teeth (incisors) worn down with pulp exposure. Discoloration at 103 and 404. Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. Fleas seen Mentation: BAR Hydration: N Fecal: NPS Diagnostic Testing Needed: CBC/CHEM/UA, AUS Declined Diagnostics/Treatments: None Findings: 1) CBC: NSF 2) CHEM: ALT 228 (10-125), ALKP 304 (23-212) 3) UA (cysto): SG 1.038, PROT 30mg/dL, inactive sediment 4) AUS: Consult pending Assessment: Lenticular sclerosis Periodontal disease Hx of allergies Hx of ELE: r/o inflammation vs. infectious dz (less likely) vs. neoplasia Fleas Treatment Plan: Denamarin, +/- Ursodiol (pending AUS consult) Treatment Declined: None

Prescriptions to Dispense: 1) Denamarin: Give 1 tab PO SID 2) Trifexis #1 Dietary (food) Recommendations: Reg. for now

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

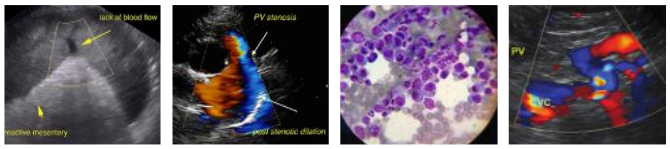
Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the cranial pole and 0.78 cm width in the caudal pole. The right adrenal gland measured 0.69 cm width in the caudal pole. No adrenal tumors.

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



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The liver exhibited potential but not definitive regional mid to right hepatomegaly with lobar swelling vs possible uniform hepatoma like mass measuring ~ 6.0 cm in diameter. Overall normal parenchymal echogenicity exhibiting mild to moderate coarse echotexture was present. Minor subjective parenchyma remodeling and potential mildly increased yet indistinct prominent portal vascular borders were present. 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 with moderate non-dependent non-organized hyperechoic luminal sediment. 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.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting possible although not definitive mid to right hepatomegaly/lobar swelling vs potential hepatoma like mass.
- Moderate gallbladder sediment (non-mucocele)
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the liver, although non-specific is suggestive of benign criteria i.e., vacuolar hepatopathy, inflammatory disease, hematopoiesis, hyperplasia or possible hepatoma like mass although the possibility of low grade infiltrative neoplasia cannot be definitively excluded.

Assuming normal clotting status, a hepatic FNA for screening cytology could be considered for further assessment although a core surgical biopsy is likely required for a definitive diagnosis.

Hepatosupportive medications such as Denamarin and Ursodiol, if tolerated with monitoring of hepatic enzyme levels and sonographic reassessment of the liver in 4-6 weeks would be reasonable.

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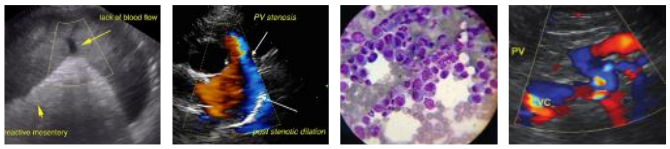

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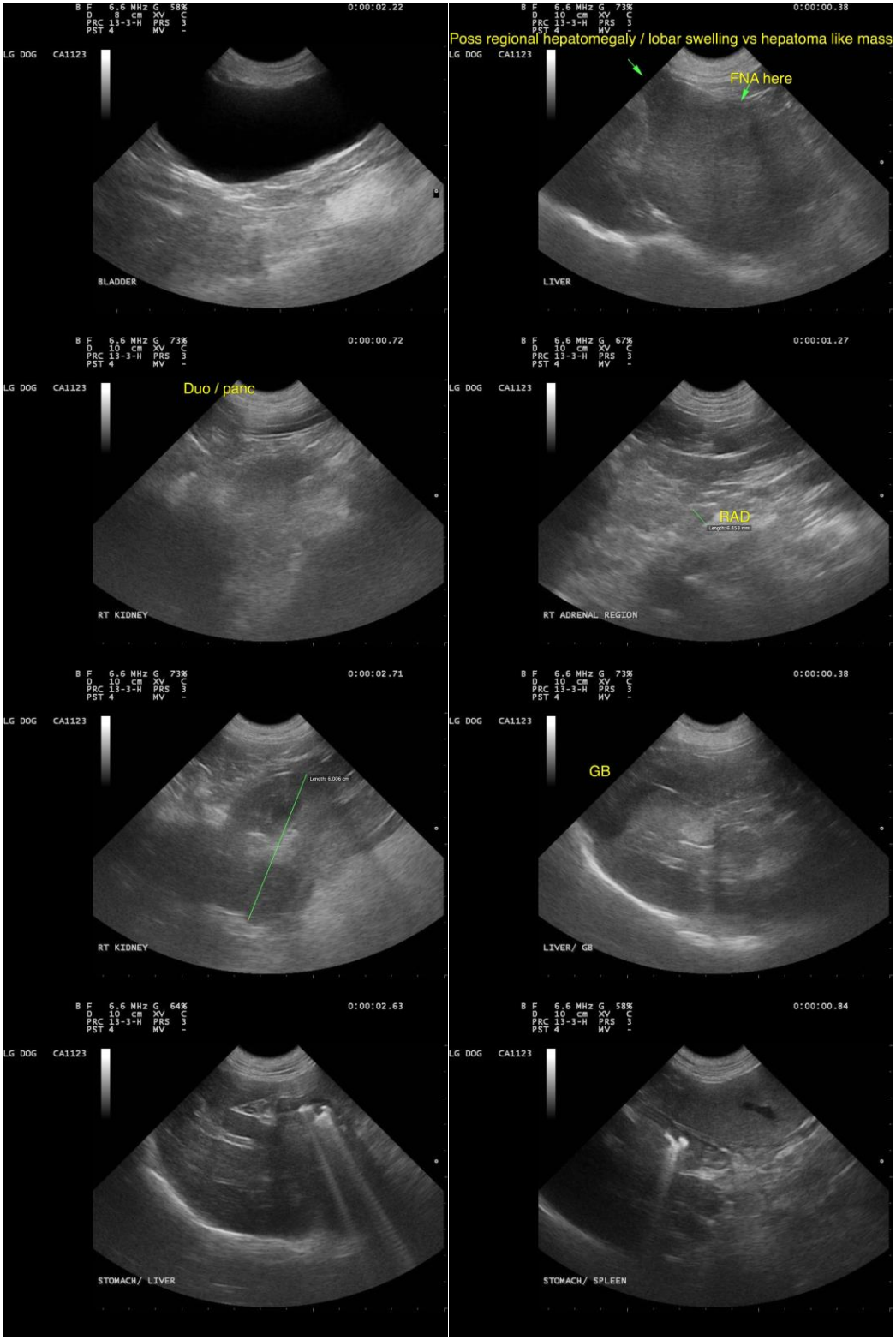

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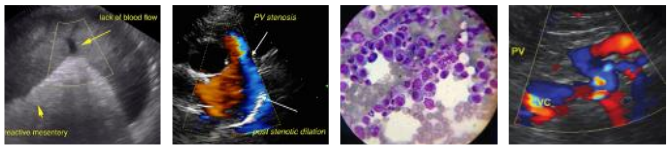

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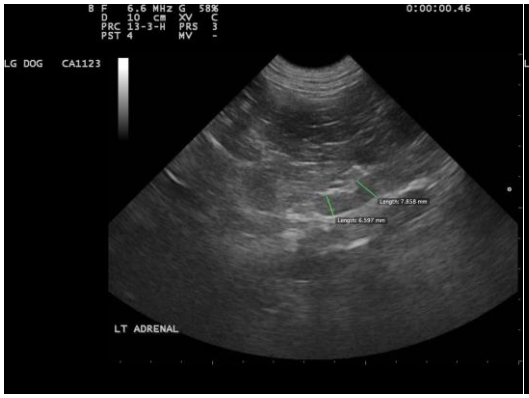

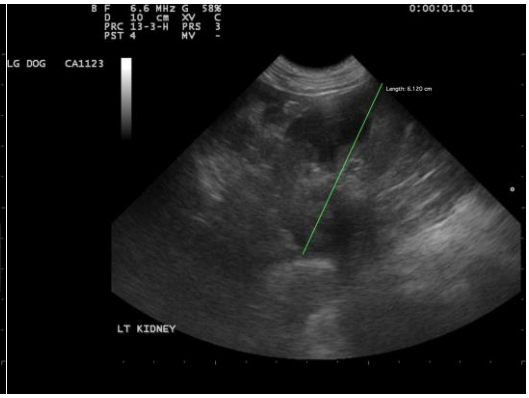

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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