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| PATIENT | PRESENTING CLINICAL SIGNS |
| Wynter Townsend Wissner | History: Large pendulous abdomen very anxious as most images taken standing to prevent a cardiovascular episode. Increase ALP ALT |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: Increases ALT ALP thrombocytosis and Lymphopenia |
| Canine | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| BREED | Urinary System |
| Maltese X | 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 were noted. Aortic trifurcation was normal. |
| SEX | 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. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length. A small thinly walled cyst containing anechoic fluid was present. |
| Spayed Female | Adrenal Glands |
| AGE | The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland exhibited mild caudal enlargement. The left adrenal gland measured 0.43 cm width in the cranial pole and 0.73 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the cranial pole and 0.52 cm width in the caudal pole. |
| 10 Years | Spleen |
| WEIGHT | The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, small echogenic nodules were present adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. A small nodule measured 0.3 cm in diameter. |
| 8.6 kg | Liver |
| INTERPRETED BY | The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Possible intermittent isoechoic to mildly echogenic intraparenchymal nodules were present, consistent with probable lipogranulomas. |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | |
| IMAGING PERFORMED BY | |
| Dr. Belan | |
| HOSPITAL NAME | |
| Glamorgan AC | |
| REFERRING VET | |
| Dr. Hill | |
| INVOICE | |
| 16200 | The gallbladder was mildly distended with mild luminal mineral, primarily in the caudal lumen in the area of the area of the gallbladder neck, along with moderate nondependent variably echogenic to pinpoint hyperechoic, nonorganized luminal debris. No overt evidence of peripheral gallbladder inflammation or free fluid. |
| DATE | |
| 6/20/22 | |



PATIENT

Wynter Townsend
Wissner

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.6 kg

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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 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

- Hepatopathy, exhibiting generalized parenchymal remodeling
- Mild gallbladder mineral with concurrent moderate nondependent pinpoint mineralized sediment
- Bilateral prominent adrenal glands
- Mild chronic renal changes
- Pancreatic parenchymal remodeling- age-related/patient variant, remodeling owing to previous inflammation or low grade to chronic pancreatitis is possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific with considerations, including metabolic, vacuolar or reactive hepatopathy, cholangitis/cholangiohepatitis pattern or other hepatopathy. Neoplastic criteria is considered a less likely differential diagnosis. Assuming normal clotting status, further assessment may include, hepatic FNA, for screening cytology, primarily to assess for evidence of inflammatory cells and if primarily ALT elevation. Hepatosupportive medications, including Denamarin and ursodiol, are warranted with serial monitoring for evidence of increasing cholestasis.

Full adrenal work up is suggested, if clinical signs consistent with Cushings syndrome, i.e., PU/PD, polyphagia, etc., and in light of the thrombocytosis, is recommended.

Potential for low grade pancreatitis could be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec CPL 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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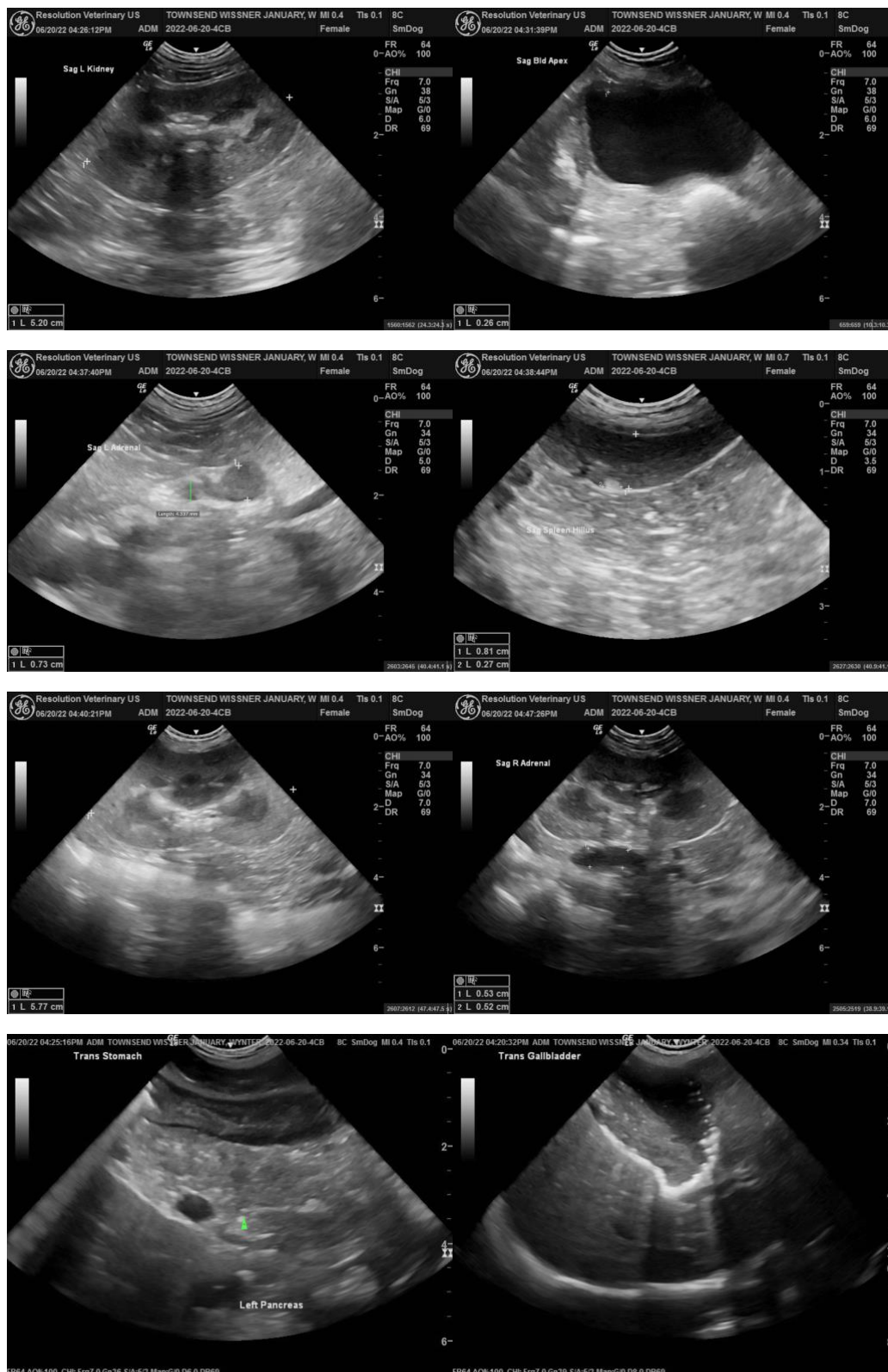
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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