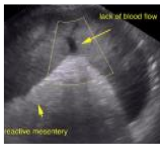
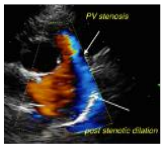
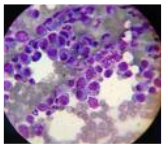
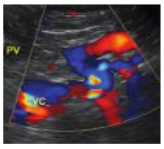
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Stella Hruska

SPECIES
Canine

BREED
German Shepherd Mix

SEX
Spayed Female

AGE
4 Years

WEIGHT
75.8 Pounds

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
AH of Roxbury

REFERRING VET
Dr. Hickenbottom

INVOICE
16239

DATE
6/23/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 293

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.65 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized owing to patient size and conformation. No overt evidence of pathology in the area of the right adrenal gland. The right adrenal gland subjectively measured 0.54 cm width at 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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The liver exhibited normal volume with no overt evidence of a vascular anomaly. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

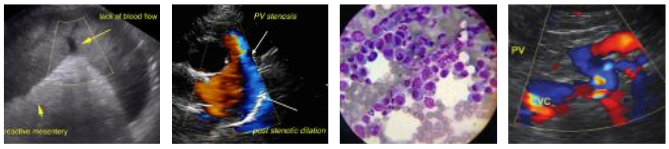
Gastrointestinal

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 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



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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 overt lymphadenopathy or peritoneal effusion was present.

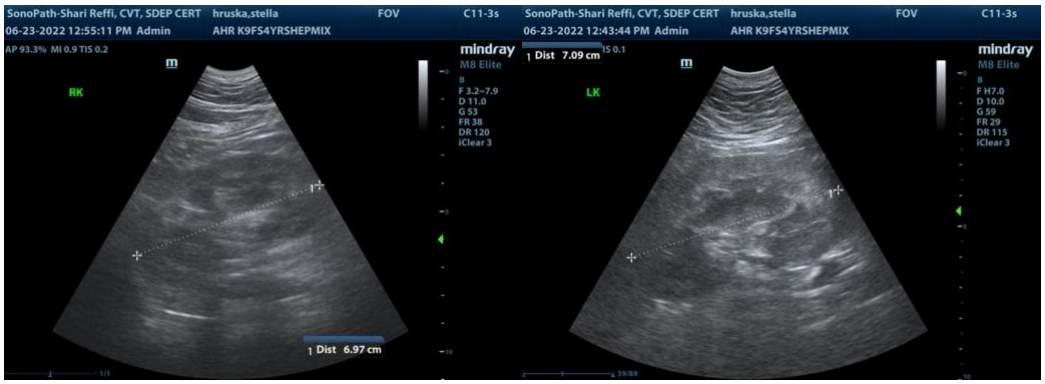
ULTRASONOGRAPHIC FINDINGS

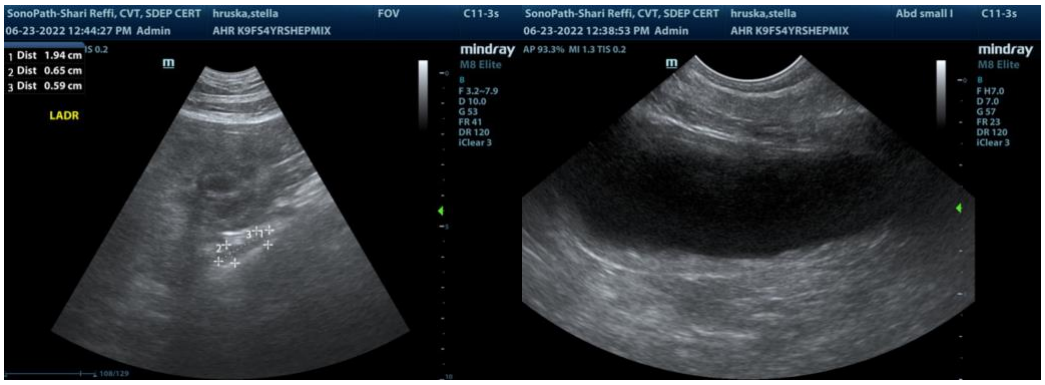
- Low-grade hepatopathy- subjectively benign
- Sonographically unremarkable gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy and without evidence of neoplastic criteria. Considerations may potentially include metabolic, vacuolar, reactive hepatopathy, Low-grade hepatitis (viral, bacterial, Leptospirosis, toxin, etc.) or other hepatopathy.

Hepatic FNA may prove difficult for screening cytology given the size of the liver and patient yet could be considered if hepatic parenchyma is accessible and assuming normal clotting status. Leptospirosis titers/PCR is recommended, if clinically indicated or if potential exposure. Given the relatively low-grade ALT elevation, hepatosupportive medications with continued monitoring at this stage would be reasonable. Ultimately, hepatic core or surgical biopsy for histopathology may be required for a definitive diagnosis.





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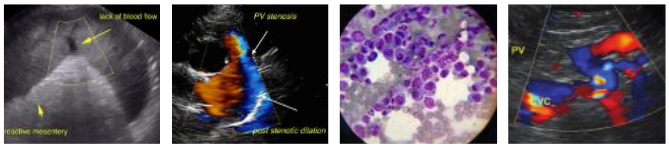

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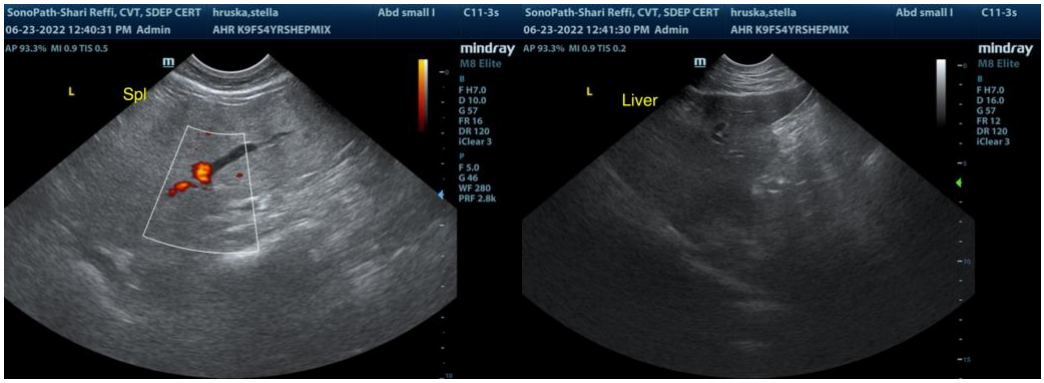

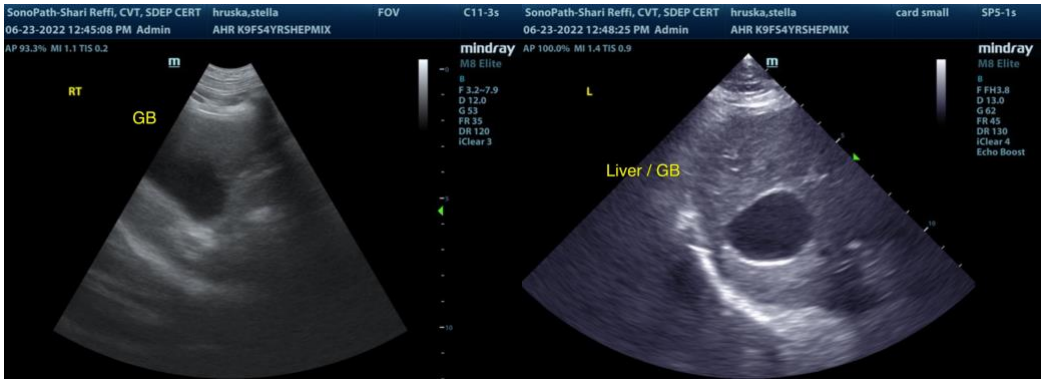

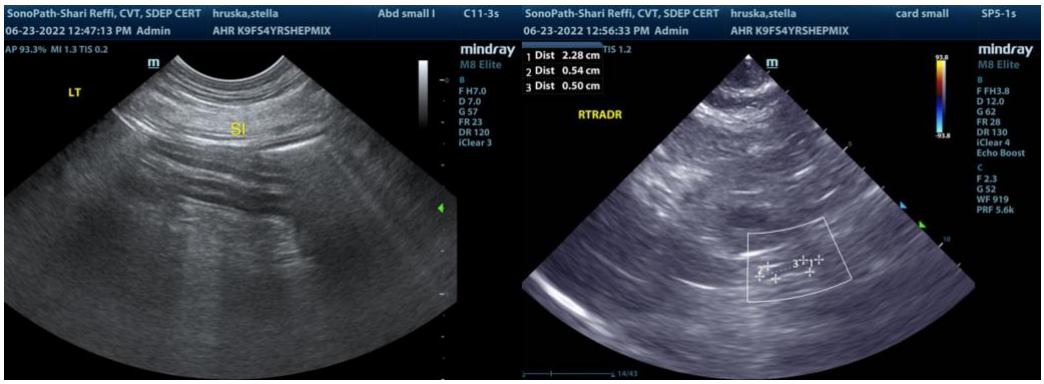

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com