



PATIENT

Doozer Guibault

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12

WEIGHT

53.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michelle Roche

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Michelle Roche

INVOICE

14136

DATE

6/28/22

PRESENTING CLINICAL SIGNS

persistent elevation in ALT

Abnormal PE/Chem/CBC/UA Results: ALT 397, to 388, AST 61

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present primarily ventroapical to dorsoapical urinary bladder wall, likely associated with age related mural changes. 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

A solitary, mildly prominent to nonhomogeneous isoechoic medial Iliac lymph node, measuring 1.9 cm x 1.2 cm, was present adjacent to the iliac trifurcation. This lymph node was not consistent with inflammatory or neoplastic criteria and likely Incidental.

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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 5.6 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 0.77 cm width at the caudal pole. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

Spleen

The spleen was normal in size with areas of mild asymmetrical lateral and medial capsule contour and generalized parenchyma heterogeneity. Multifocal, non-expansive, hyperechoic nodules were present along with a solitary nondisruptive hypoechoic nodule noted in the cranial spleen, measuring 1.1 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. 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. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained primarily nonshadowing ingesta / chyme. Focal small shadowing echo was present in the mid gastric lumen, measuring 0.94 cm in diameter. No evidence of mechanical pyloric outflow obstruction was noted.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting minor parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Multifocal primarily hyperechoic to focal hypoechoic splenic nodules
- Focally shadowing gastric echo- nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with chronic benign hepatopathy. Primary consideration for nonspecific inflammatory hepatopathy i.e., hepatitis (viral, bacterial, Leptospirosis, toxin, etc.) is suspected given the elevated ALT/AST combination. Some degree of reactive or vacuolar hepatopathy and nonobstructive cholestasis is also possible. Hepatic neoplasia is considered an unlikely differential diagnosis.

Ultrasound-guided FNA of the liver, assuming normal clotting status, could be considered for screening cytology primarily to assess or possibly identify inflammatory cell type. Hepatosupportive medications i.e., Denamarin and Ursodiol may prove beneficial.

The hyperechoic splenic nodules are consistent with benign myelolipomas. The hypoechoic nodule was more nonspecific with multiple etiologies including hyperplasia, hematopoiesis, small hematoma, infarct, and focal splenitis, with neoplasia possible, yet thought less likely.

Sonographic monitoring of the hypoechoic splenic nodule for evidence of progression would be reasonable, whereas concurrent FNA, using a 25-gauge needle, could be considered for screening cytology.



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The shadowing gastric echo was nonspecific and could indicate dense ingesta, treat, or medication, while the possibility of a small, nonobstructive foreign body cannot be excluded. Sonographic monitoring of this echo for evidence of persistence or gastric emptying may be considered if clinically indicated.

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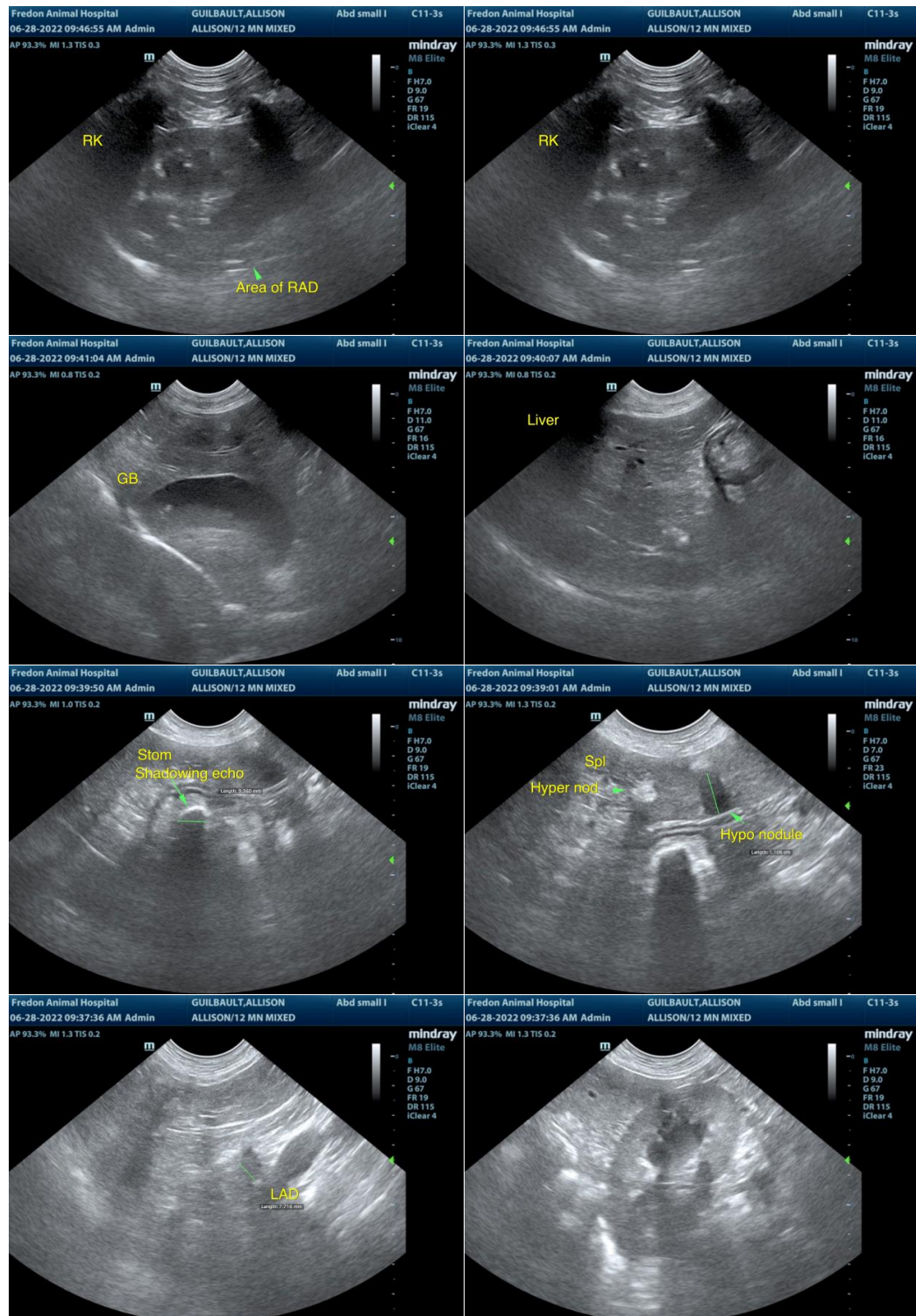
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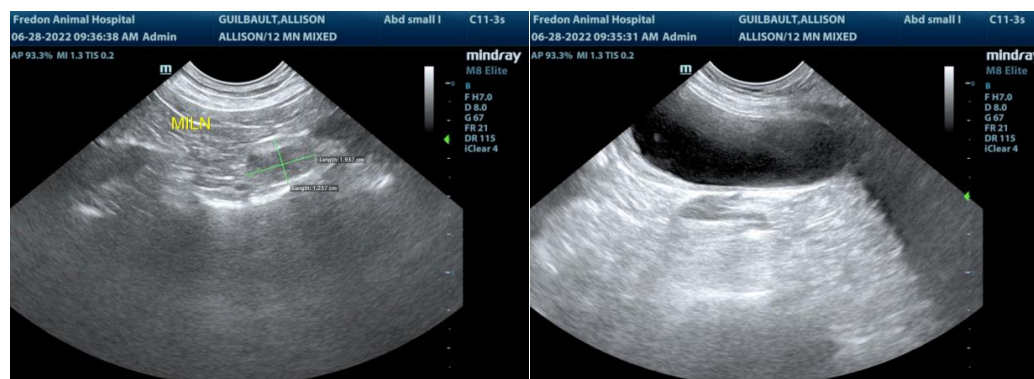
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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