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Clinical Sonography & Telecytology
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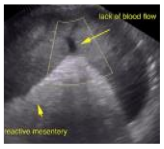
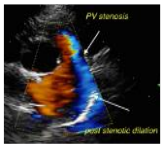
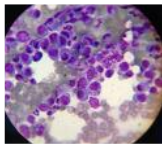
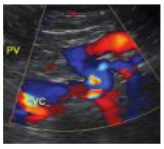




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chloe Hall

SPECIES
Canine

BREED
Schnauzer Mix

SEX
FS

AGE
16 years

WEIGHT
32.41 lbs.

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton Vet

REFERRING VET
Dr. Wyman-Greenwald

INVOICE
14000

DATE
6/3/22

PRESENTING CLINICAL SIGNS

Elevated liver and kidney values, Mostly asymptomatic other than just a little picky with diet. No current meds.
Abnormal PE/Chem/CBC/UA Results: alt 185, alkp 170, bun 104, creat 5.3, Ca 11.6, Psl 243

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation. Mild left kidney pyelectasia was present. The left kidney measured 5.6 cm in length.

The right kidney was mildly subnormal in size compared to the left. Mild asymmetrical renal margination was noted in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary border demarcation. No evidence of pelvic dilation was present in the right kidney. The right kidney measured 4.9 cm in length.

Adrenal Glands

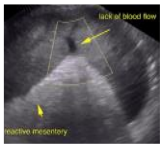
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.68 cm width at the cranial pole.

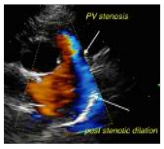
Spleen

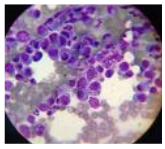
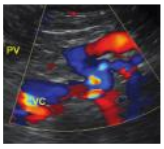
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, echogenic nodules were present throughout the medial parenchyma. This is consistent with benign myelolipomas. The capsule was smooth and regular without 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.

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





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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended containing primarily anechoic content with mild hyperechoic nonorganized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct is normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric Ingesta / chyme was present. The ventral gastric body wall width measured 0.43 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with mild nonspecific duodenojejunal hyperechoic mucosal speckling. The duodenum wall width measured 0.59 cm.

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

- Low-grade hepatopathy exhibiting parenchymal remodeling - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Bilateral chronic renal changes more prominent in the right kidney with mild left kidney pyelectasia
- Pancreatic remodeling - suspect age-related pancreatic changes and incidental, minor potential for low-grade to chronic pancreatitis
- Nonspecific small intestinal mucosal speckling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign chronic and likely low-grade hepatopathy, given the degree of hepatic enzyme elevation. Mild vacuolar vs. inflammatory hepatopathy is possible without evidence of neoplastic criteria.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial with continued monitoring of hepatic enzyme levels. Screening ultrasound-guided hepatic FNA, assuming normal clotting status, could be considered primarily to assess for evidence of inflammatory cells or if persistent / progressive hypercalcemia is noted.

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Correlation with full urinary workup

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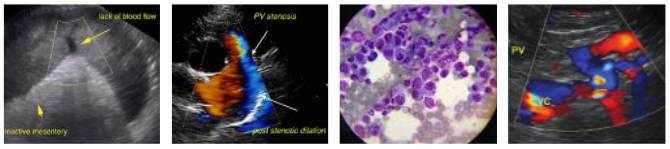

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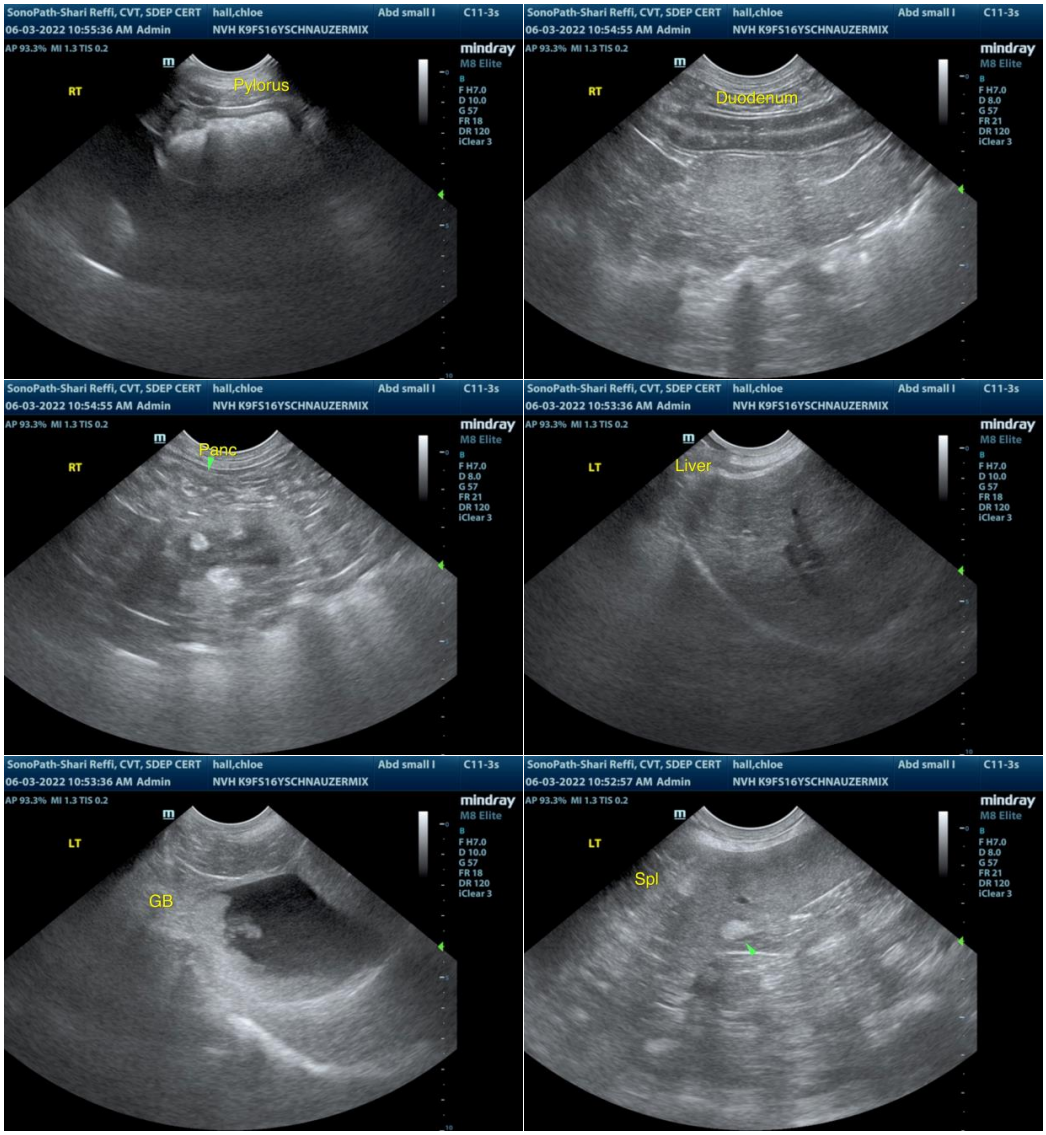
Including urinalysis, C/S and baseline UPC level on sterile urine sample is recommended. CRD therapy and monitoring of systemic blood pressure is suggested.

The mild nonspecific intestinal mucosal speckling may Indicate patient / age-related Intestinal variant, although low-grade enteritis is possible. As-needed gastrointestinal supportive care is recommended.



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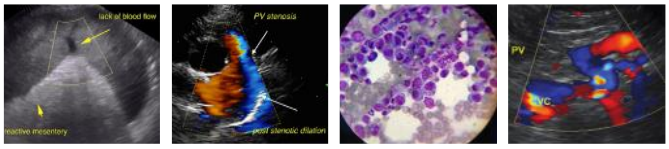

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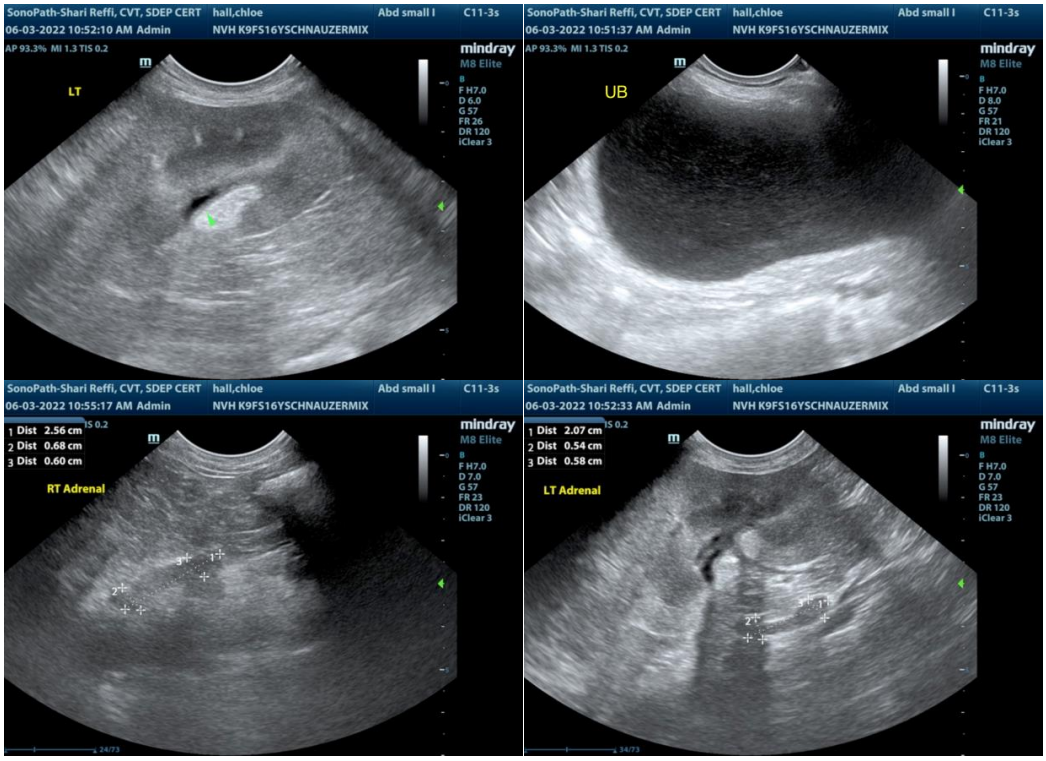

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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