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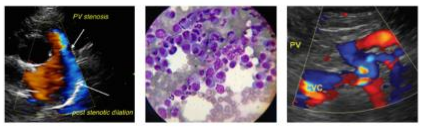

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Wrigley Stabenow

SPECIES

Canine

BREED

Bichon Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Adam White

INVOICE

15902

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: lethargic, vomiting and weight loss Had SQ fluids over the weekend Currently taking: Zonisamide 25mg BID, Metronidazole 50mg BID, Clavamox liquid 1ml BID
Abnormal PE/Chem/CBC/UA Results: increase ALT, ALP, total bilirubin hx of kidney dz

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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.

The residual prostate was overtly normal without evidence of pathology, measuring 0.80 cm in diameter.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate pyelectasia was present in both kidneys. Pinpoint to focal areas of medullary mineral were present. Intermittent cortical cysts were present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 1.6 cm in length x 0.53 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm in length x 0.50 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 mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size. The gallbladder walls were overtly normal without evidence of increased echogenicity or increased thickness. Nondependent nonmineralized mildly organized sludge was present, exhibiting indistinct areas of stellate pattern, occupying the majority of the gallbladder lumen. Potential for minor peripheral gallbladder inflammation, adjacent to the gallbladder neck noted. No evidence of pericholecystic free fluid. The cystic and common bile ducts were normal.

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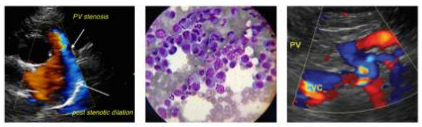

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained variably echogenic yet nonshadowing ingesta/chyme was present. The ventral gastric body wall measured 0.43 cm.

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. Th duodenum wall measured 0.41 cm. The jejunum wall measured 0.33 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.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with bilateral pyelectasia and cortical cysts
- Hepatopathy- subjectively benign, metabolic, reactive, vacuolar or inflammatory hepatopathy, cholestasis with a combination of etiologies possible. No overt evidence of neoplastic criteria.
- Gallbladder mucocele with evidence of minor peripheral inflammation
- Overtly normal gastrointestinal tract with mild retained gastric ingesta/chyme
- Minor pancreatic remodeling- age-related pancreatic changes suspected, potential for low-grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently done, full urinary work up, including urinalysis, culture and sensitivity and baseline UPC level on sterile urine sample is suggested.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. As needed gastrointestinal support recommended.

Given the gallbladder and liver presentation, some or all of the following protocol may be considered empirically with close monitoring for evidence of cranial abdominal/subxiphoid discomfort on palpation, increasing liver enzymes and/or cholestasis. Cholecystectomy and hepatic biopsy may ultimately be indicated or considered.

Cholecystitis/Emerging Mucocele protocol.

Enrofloxacin 5 mg/kg SID PO & **Metronidazole** (10-20 mg/kg po bid) over 3 weeks, **Ursodiol (**10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxyphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at http://sonopath.com/resources/articles, ***Defining a GB Mucocele*** and ***Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease*** from ECVIM 2009.

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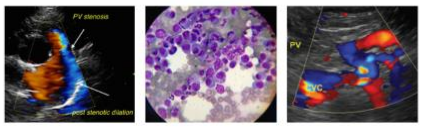

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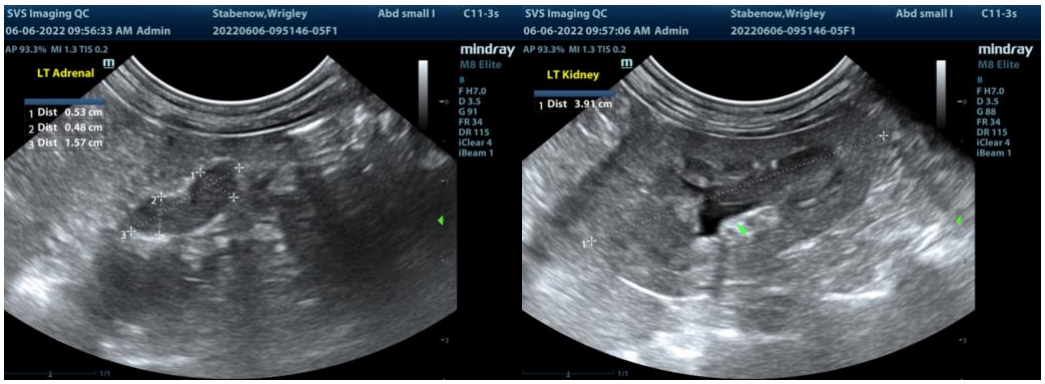

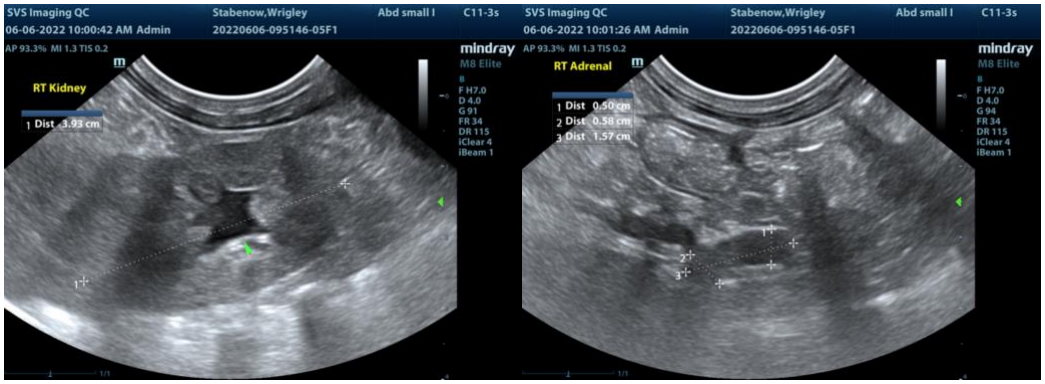

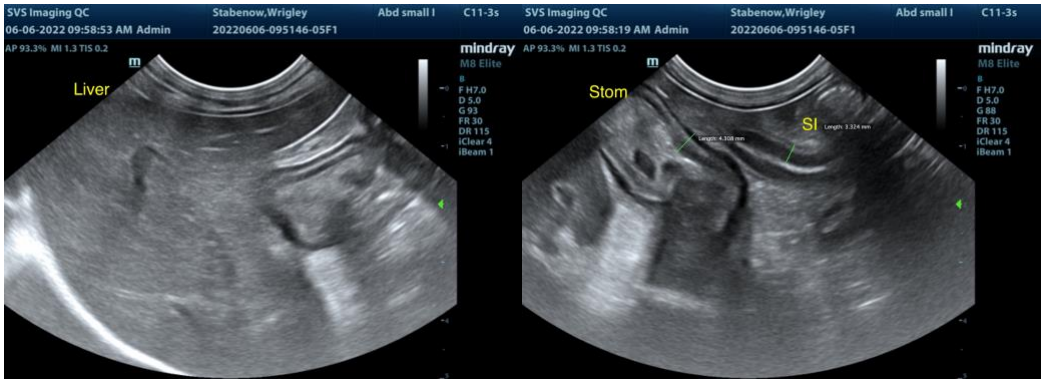

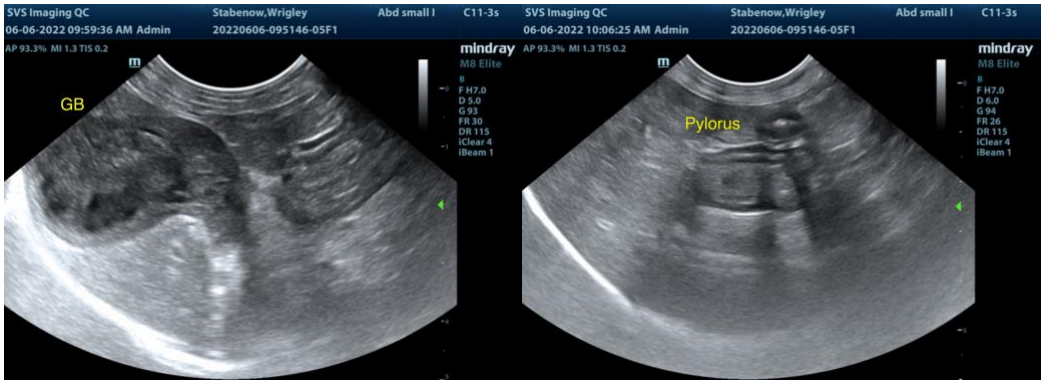

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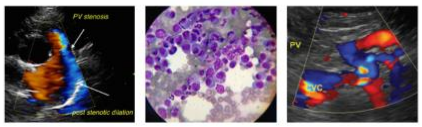

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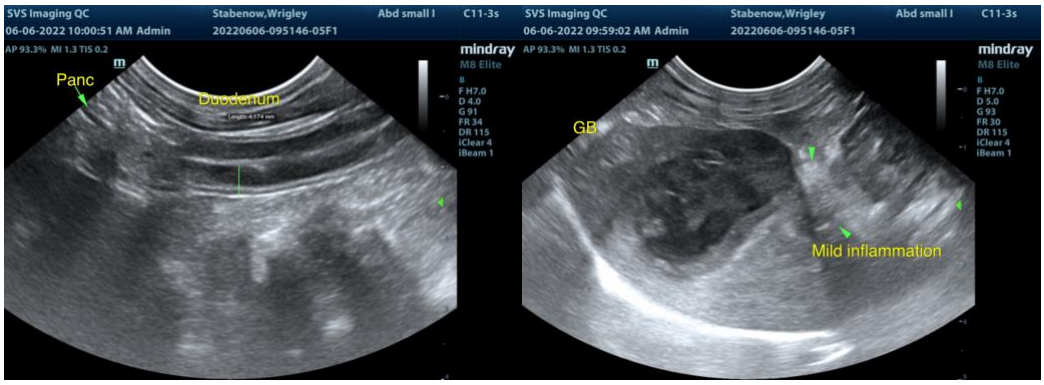

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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