

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Georgi Parsons
SPECIES Canine
History: Had elevated liver enzymes. Is scheduled for a cruciate surgery. Would like to re check blood before surgery and check to be sure that there is no abdominal issues. Had bloodwork that came back lyme positive-did a quant c6-WNL-will recheck in 6 months. Did geriatric bloodwork-liver enzymes still elevated. Owner agrees to abdominal ultrasound. meds: june 2/22-cytopoint injection

BREED Cockapoo
Abnormal PE/Chem/CBC/UA Results: ALT 194 (18-121) ALP 1,334 (5-160) spec CPL 354 (0-200) free T4 7.1 (7.7-47.6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

MN The urinary bladder was mildly distended with urine which prohibited full evaluation of the bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. Hyperechoic focal echogenicities/calculi with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.76 cm diameter. The ventral apical bladder wall measured 0.60 cm in width.

AGE 12 years
Normal size and margination was 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. Nonobstructive medullary renoliths present in both kidneys. A small lateral cortical cyst was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY The area of the aortic trifurcation was free of pathology.

R. McKenzie Daniel, DVM, DABVP
(Canine and Feline) No overt pathology in the area of the residual prostate or the proximal urethra.

Adrenal Glands

IMAGING PERFORMED BY Kelly Reschny
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width at the caudal pole and 2.0 cm length.

HOSPITAL NAME *Spleen*

Hillview VC
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma 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.

REFERRING VET

Dr. E. Stevenson

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DATE

06/07/2022

Liver

The liver was subjectively normal in size/subjective volume, structure, and contour. The liver parenchyma exhibited uniform mildly increased parenchyma echogenicity with mild to moderate coarse echotexture. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.


PATIENT *Gastrointestinal*

Georgi Parsons 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.

SPECIES 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.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED *Pancreas*

Cockapoo The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX *Free Abdomen*

MN

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS
AGE

12 years

- Multiple cystic calculi with concurrent cystitis pattern
- Moderate chronic renal changes with medullary renolithiasis
- Benign splenic nodules consistent with myelolipomas
- Nonspecific yet benign hepatopathy-vacuolar given the elevated ALP, potential for primary or concurrent inflammatory/immune mediated disease given the elevated ALT or other hepatopathy. No evidence of hepatic neoplastic criteria
- Mild pancreatic remodeling-age/patient variant or mild remodeling owing to previous inflammation, potential for low grade to chronic pancreatitis possible

WEIGHT

25 lbs

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic functionality is likely normal, assuming normal ALB, GLU, BUN and CHOL levels given the overall normal hepatic volume. No evidence of a portosystemic vascular anomaly. However given the presence of urinary bladder and renal calculi, a fasting and post prandial bile acids could be considered for definitive assessment of hepatic function. An ultrasound guided FNA of the liver assuming normal clotting status for screening cytology could be considered. Hepatosupportive medication including Denamarin and Ursodiol may prove beneficial. Urine C/S on sterile urine sample is suggested to assess for underlying infection. Cystotomy +/- urinary bladder wall biopsy for histopathology and tissue C/S and/or hepatic biopsy if persistent/progressive hepatic elevation despite hepatosupportive medications may be considered.

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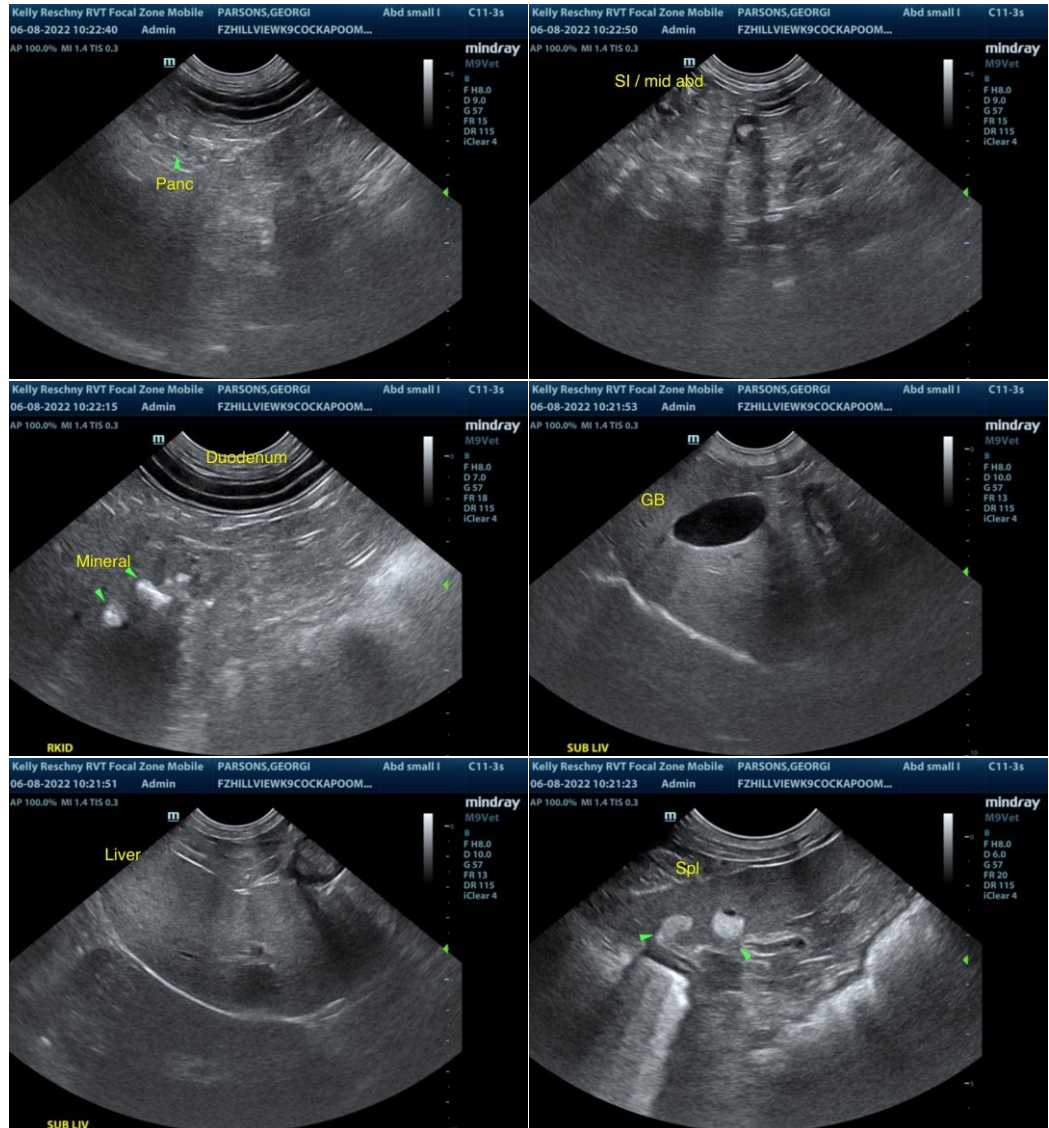
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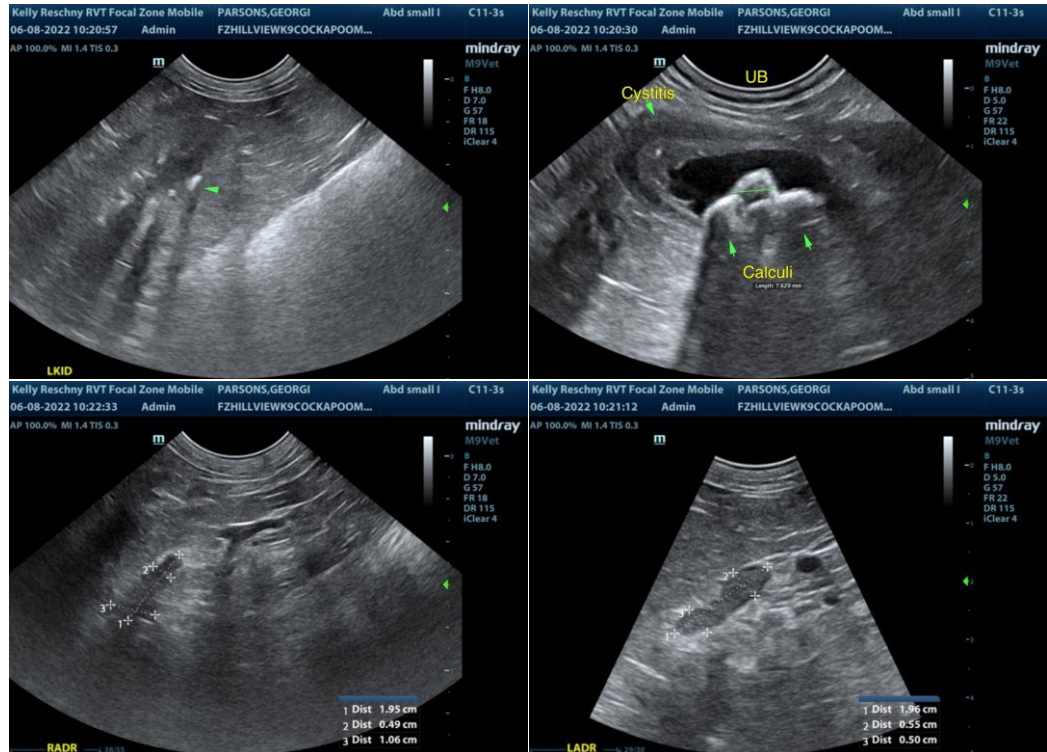
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com