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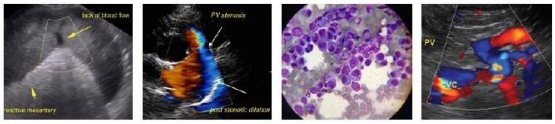


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Kanga Malcolm

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

8 years

WEIGHT

30.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Oxford County Vet Clinic

REFERRING VET

Dr. Halfon

INVOICE

14056

DATE

6/9/22

PRESENTING CLINICAL SIGNS

Seizures since 2019 - on phenobarb and since May 2021 also on zonisamide; has had a long time between but now having them more frequently almost monthly Patient recently diagnosed with hypothyroid disease Normal Cortisol levels M2 overweight. Gabapentin, Phenobarb, Zonicimide Abnormal PE/Chem/CBC/UA Results: ALP 60x normal (>9000), ALT elevated, hyperproteinemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology. No evidence of medial iliac or sublumbar lymphadenopathy was 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 6.0 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

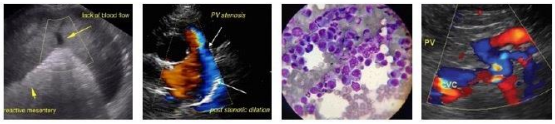
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, without overt pathology. The right adrenal gland subjectively measured 2.6 cm length x approximately 1.0 cm width at the caudal pole. No evidence of subnormal adrenal size or overt neoplastic adrenal criteria was noted.

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/ Gallbladder

The liver exhibited subjective mild enlargement and maintained symmetrical capsule contour with generalized mild nonuniform increased hepatic parenchyma echogenicity compared to the spleen and falciform fat. Intermittent indistinct nondisruptive mildly nonhomogeneous Intraparenchymal nodules were present with an example measuring 1.0 cm in diameter. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The gallbladder walls were sonographically



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normal. No evidence of inflammatory gallbladder or peripheral gallbladder inflammation was noted. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme most consistent with post prandial presentation without 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

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 omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mild nonuniform parenchyma hyperechogenicity with intermittent nonspecific intraparenchymal nodules
- Mild gallbladder debris (non-mucocele)

Secondary Findings

- Minor gastric ingesta - likely post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic presentation was nonspecific. Potential considerations may include vacuolar hepatopathy, cholestasis, hepatoxicity possibly secondary to long-term phenobarbital, inflammatory disease, nodular hyperplasia, hematopoiesis, early fibrosis, or other hepatopathy. Hepatic neoplastic criteria is thought less likely yet cannot be definitively excluded. Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology. Hepatic functionality is assumed to be normal given normal albumin, glucose, BUN, and cholesterol levels.

Given the increased frequency of seizures, fasting and post prandial bile acid testing for definitive assessment of hepatic functionality could be considered. Hepatosupportive medications may prove beneficial. Neurology and/or internal medicine consultation are recommended.

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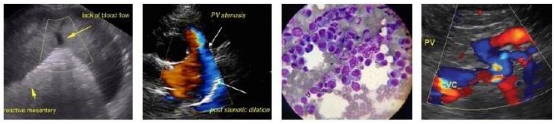

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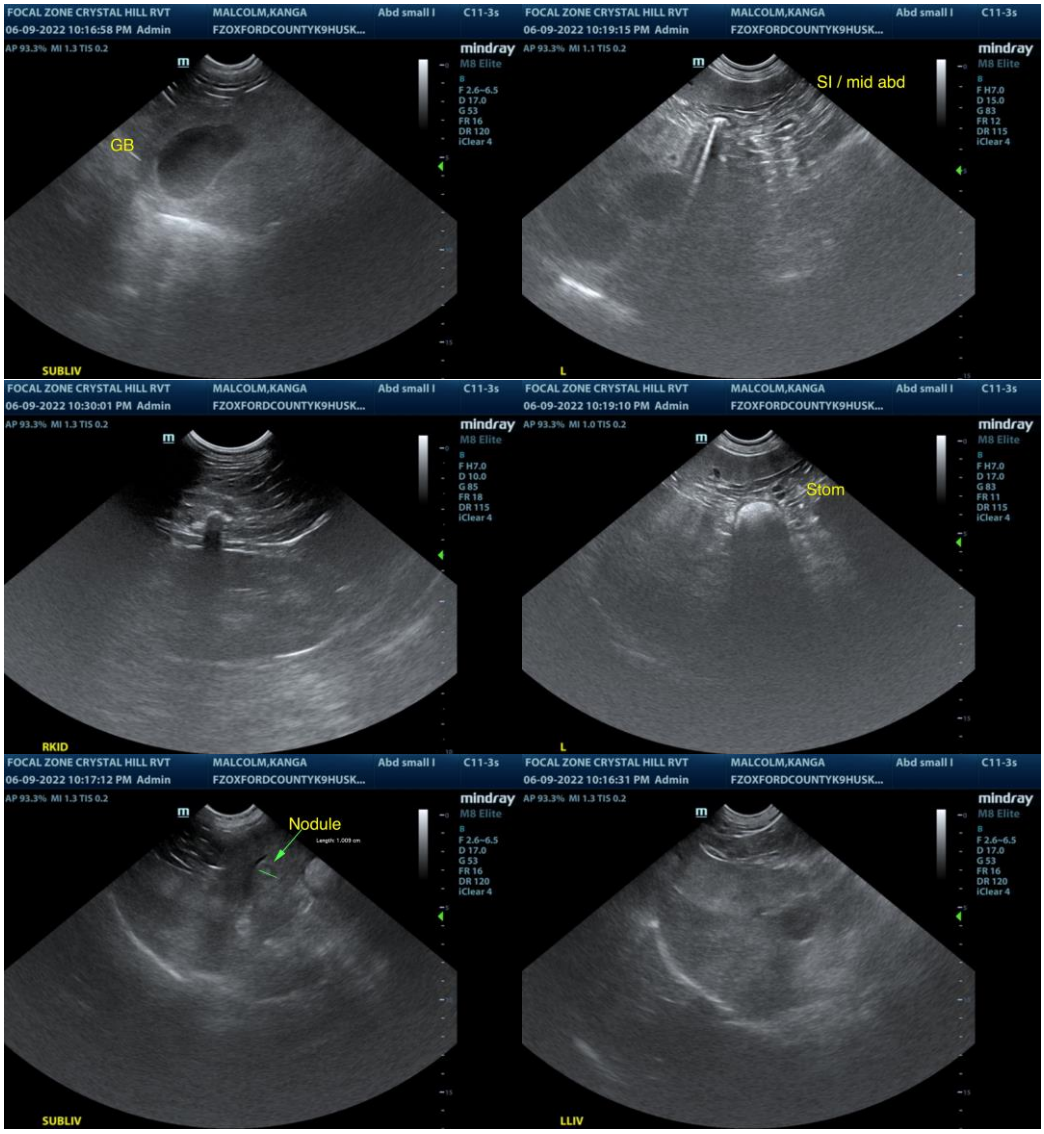

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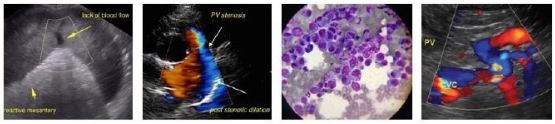

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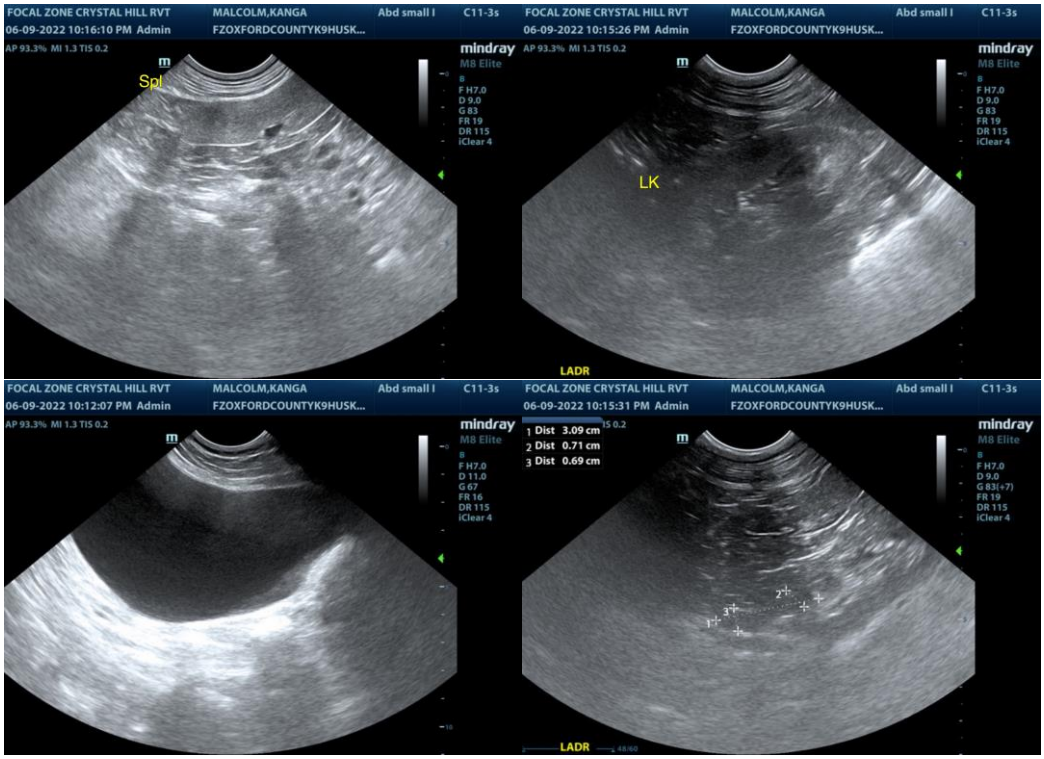

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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