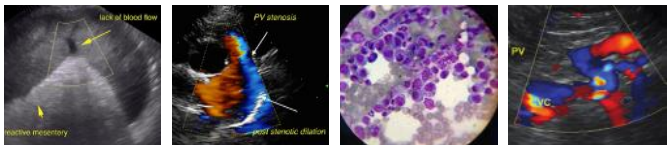
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Taylar Stanley

SPECIES

Canine

BREED

Boston Terrier

SEX

F

AGE

13yr

WEIGHT

5.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Kimmel

INVOICE

11107ag

DATE

07/11/2022

PRESENTING CLINICAL SIGNS

History: Elevated ALT. Possible liver/splenic mass O/E.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of medullary mineral and mild bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology associated with the uterus or uterine remnant whichever is clinically applicable.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 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 0.29 cm width at the caudal pole.

Spleen

The spleen exhibited generalized mild to moderate enlargement with generalized parenchyma heterogeneity exhibiting nonhomogeneous echotexture. Indistinct cystic areas of splenic parenchyma were present with potential for indistinct nodular changes. The capsule was rounded to mildly asymmetric. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 2.5 cm in width at the level of the hilus.

Liver

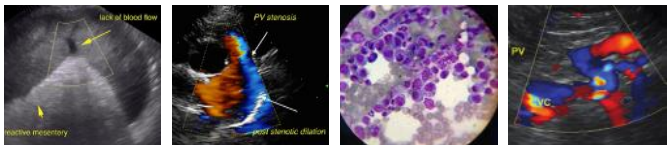
The liver exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thickened hyperechoic walls measuring up to 0.3 cm in width. Primarily anechoic luminal content was present with nondependent nonorganized hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of 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.



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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

A small pocket of scant peri cholecystic to peri hepatic free fluid was noted between the gallbladder and cranial liver.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with mild pyelectasia
- Splenomegaly exhibiting nonhomogeneous to irregularly nodular microcystic parenchyma
- Chronic cholangitis/cholangeohepatitis liver pattern
- Scant peri cholecystic to peri hepatic free fluid
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The splenic presentation was nonspecific with potential for hyperplasia, hematopoiesis, incidental splenitis, splenic cyst, granulomas or hemangiomas with the potential for neoplastic criteria i.e. sarcoma or other. Assuming normal clotting status a hepatosplenic FNA could be considered for screening cytology. Sonographic monitoring of the spleen with initial recheck in 3-4 weeks along with empirical cholangeohepatitis therapy protocol and monitoring of ALT elevation would be a more conservative approach.

Three view chest radiographs are suggested if not recently done.

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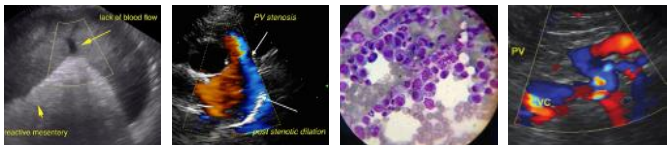

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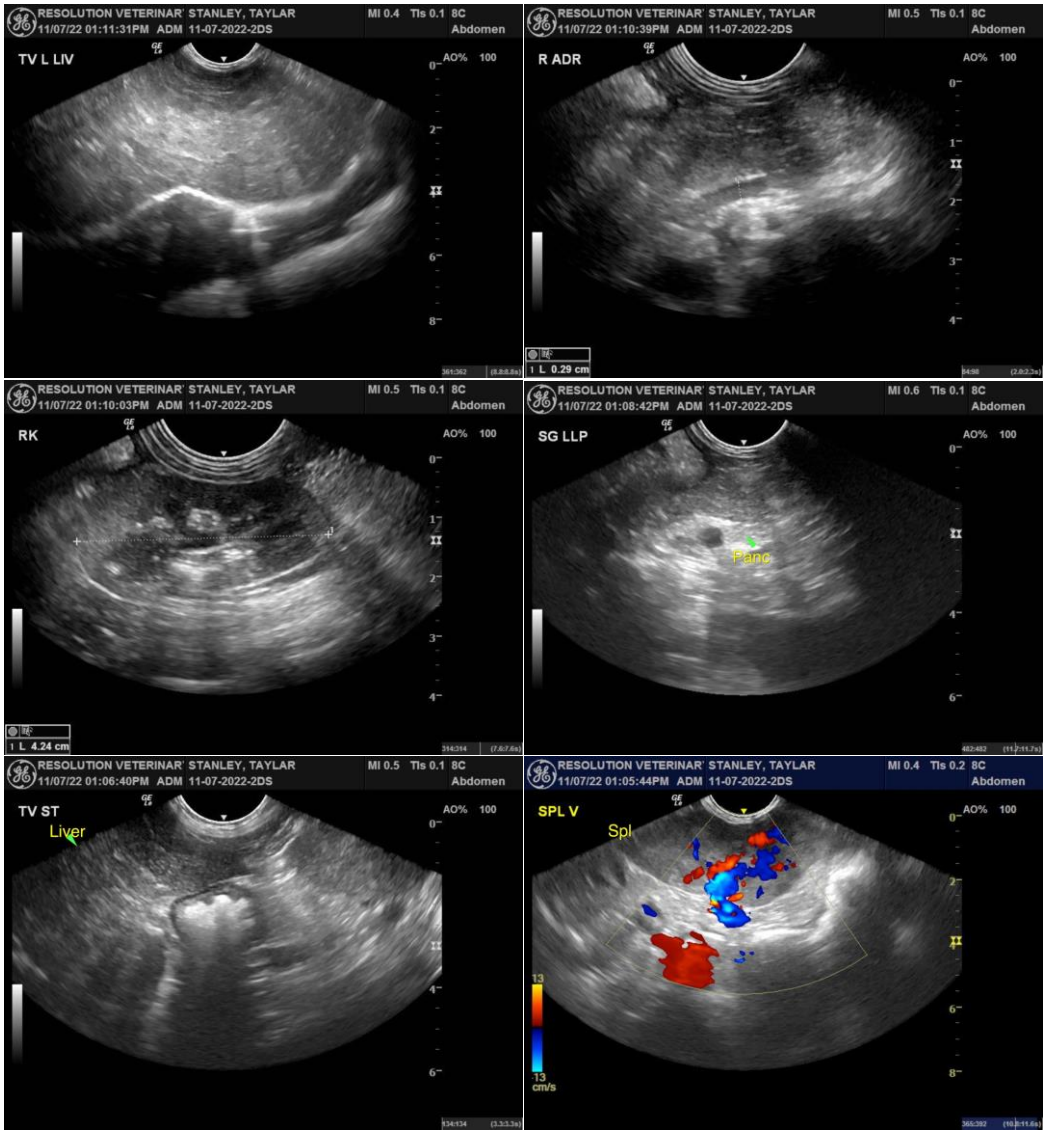

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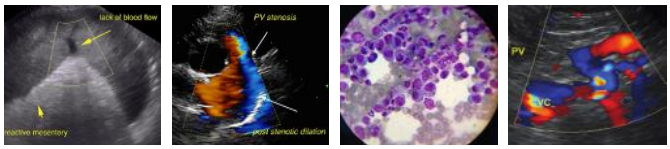

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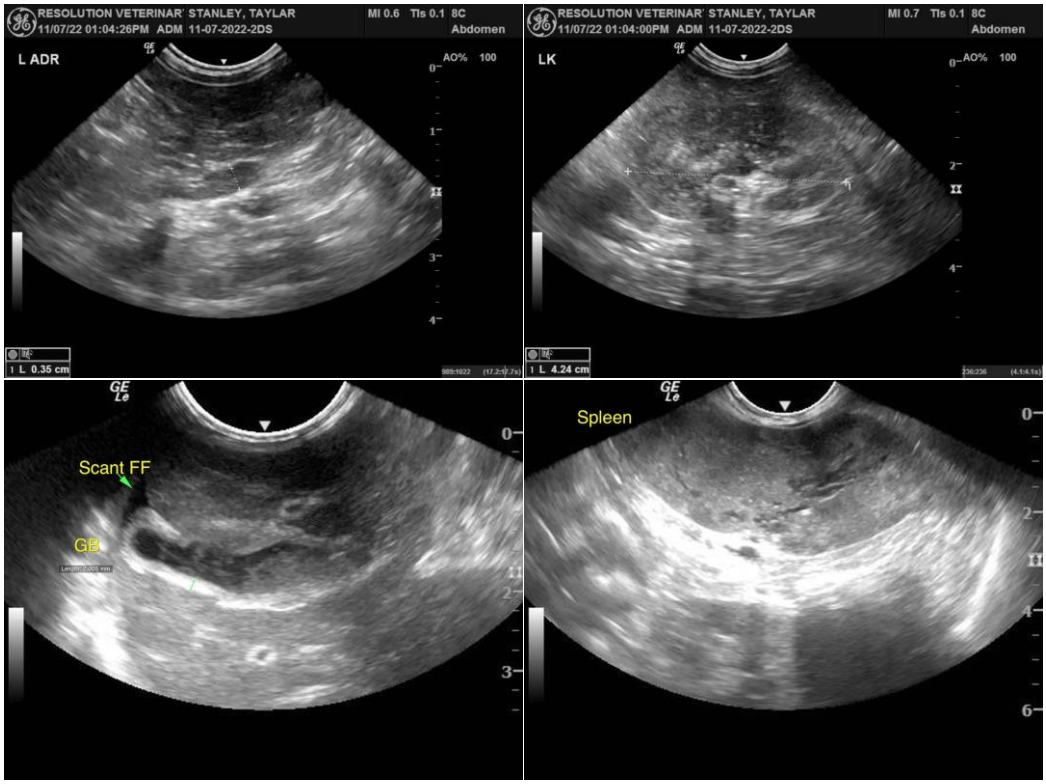

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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