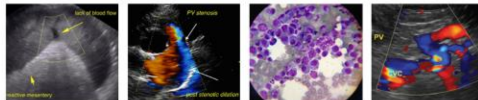


PATIENT
Skye Vecchione

SPECIES
Canine

BREED
Labrador Retriever

SEX
FS

AGE
9 y

WEIGHT
49.6 lb

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River AH

REFERRING VET
Casey Schuelke, DVM

INVOICE
14378

DATE
7/22/22

PRESENTING CLINICAL SIGNS

Presenting for dental prophy. Pre-surgical bloodwork showed elevated liver values. Owner reports dog has been PU/PD and acting "off" (lethargic, licking lips, hiding). Has lost 9 lbs over past 5 months.
Abnormal PE/Chem/CBC/UA Results: ALT 278; ALP 408; GGT 30; pre bile acids 27.2; post bile acids 40.2

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. 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 was noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.5 m in length.

Adrenal Glands

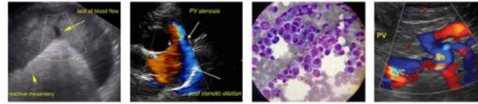
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited overall normal size and primarily maintained a symmetrical capsule contour with generalized mild splenic parenchyma heterogeneity. Regional reduced splenic size exhibiting asymmetrical contour and hypoechoic to nonhomogeneous parenchyma was present in the subjective mid to cranial spleen measuring approximately 4.0 cm x 1.5 cm. Splenic vascularity at the level of the hilus appeared to be overtly normal. Obvious evidence of splenic vein thrombosis Is not present.

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild to moderate nondependent to mildly congealed, mildly hyperechoic nonorganized gallbladder debris was present. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

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

Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.41 cm width. No peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy - metabolic, reactive, or metabolic hepatopathy, nonclinical cholestasis given the presence of gallbladder debris and elevated ALP / GGT combination with potential primarily or concurrent nonspecific hepatic inflammation given the ALT elevation, no overt evidence of a portosystemic vascular anomaly given the overtly normal hepatic volume
- Mild to moderate gallbladder debris (non-mucocele)
- Suspect mid to cranial splenic moderately sized infarct
- Mild age-related renal changes
- Overtly normal gastrointestinal tract
- Intermittent minor benign / reactive mesenteric lymph nodes

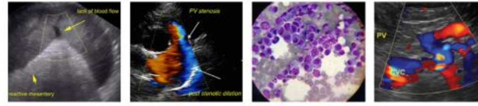
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titer/PCR is recommended if endemic to the area or potential exposure.

The appearance of the liver and bilateral adrenal glands was not overtly suggestive of Cushing's Syndrome. However, adrenal testing could be considered if suspicion of adrenal hyperfunction.

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.

Minor potential for regional infiltrative splenic disease cannot be definitively excluded yet is considered less likely given the contracted and asymmetrical appearance of the abdominal mid to



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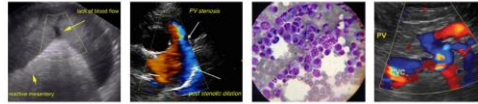
cranial spleen. Sonographic monitoring of this area +/- screening FNA, assuming normal clotting status and using a 25-gauge needle, would be reasonable.

PAUS
Pet Animal Ultrasound Service



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EDUCATIONAL TELECONSULTATION SERVICES™
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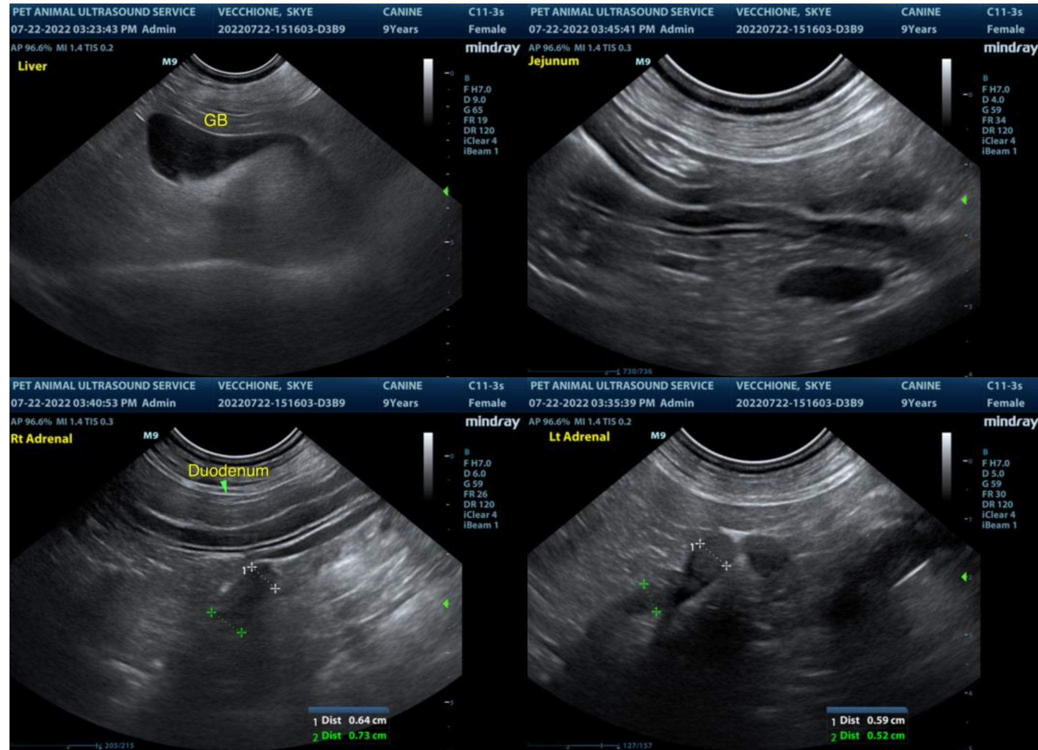

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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