



PATIENT PRESENTING CLINICAL SIGNS

Jasmine Wetzel Geriatric, decreased appetite, chronic GI issues, PU/PD, recent liver elevations Gabapentin, Keflex, Carprofen

SPECIES ALP 1035, ALT 491, AST 83, GGT 103, BUN 35, Precision PSL 368, WBC 16.5, Platelets 410

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Husky Mix The bladder was distended in size. The urinary bladder, trigone, and cystourethral junction 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 mural criteria was noted.

SEX FS The area of the aortic trifurcation was free of pathology.

AGE 2008 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. No evidence of pyelectasia was present. The left kidney measured 6.5 cm in length. The right kidney measured 7.4 cm in length.

WEIGHT 51 *Adrenal Glands*

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the cranial pole and 1.0 cm width in the caudal pole. The right adrenal gland measured 1.2 cm width in the cranial pole and 0.71 cm width in the caudal pole.

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

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT The spleen exhibited subjective normal size with areas of mild asymmetrical lateral and medial capsule contour. Generalized mild splenic parenchyma heterogeneity was present. Multiple nondisruptive well-demarcated hyperechoic nodules were present in the primarily medial parenchyma. Normal splenic vascularity was noted.

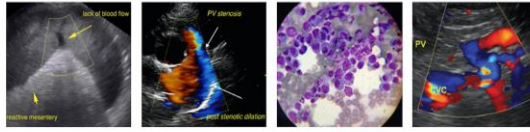
HOSPITAL NAME *Liver/ Gallbladder*

Mill Pond VC The liver exhibited moderate 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 containing primarily anechoic content with pinpoint areas of luminal mineral. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

REFERRING VET
 Dr. Schnolis

INVOICE 14409 *Gastrointestinal*

DATE 7/26/22 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.



PATIENT

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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.

SPECIES

Pancreas

Canine

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

BREED

Free Abdomen

Husky Mix

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Distended urinary bladder containing anechoic urine
- Moderate chronic renal changes
- Mildly prominent to irregular bilateral adrenal glands
- Hepatomegaly exhibiting mild nonuniform parenchyma
- Mild pinpoint gallbladder mineral

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WEIGHT

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Secondary Findings

- Benign splenic nodules - consistent with probable myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific with potential considerations including chronic vacuolar hepatopathy, Inflammatory / immune-mediated disease, discrete nodular hyperplasia, hematopoiesis, or other hepatopathy with hepatic neoplasia possible yet considered a less likely differential diagnosis.

IMAGING

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Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Mill Pond VC

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

REFERRING VET

Dr. Schnolis

Although the decreased appetite is not overtly suggestive of Cushing's Syndrome, adrenal workup could be considered in this patient, given the PU/PD. Bile acid testing +/- Leptospirosis titers/PCR if endemic to the area or if clinically indicated, could be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No overt evidence of gastrointestinal pathology was noted. Continued as-needed gastrointestinal support is suggested.

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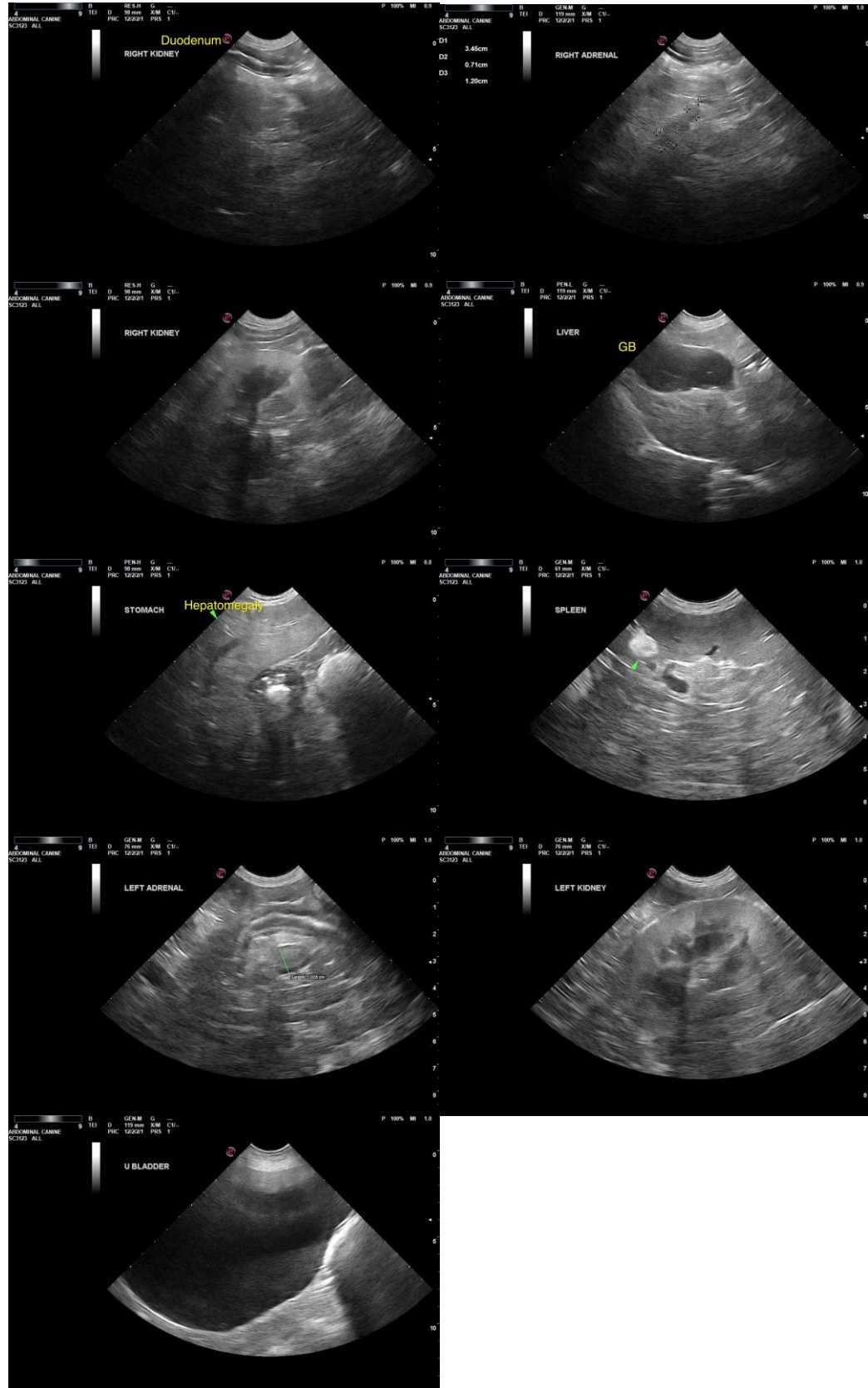
Dr. Schnolis

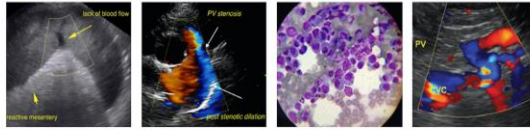
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Husky Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

mac.daniel@sonopath.com

SEX

FS

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

AGE

2008

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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