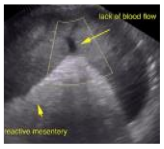
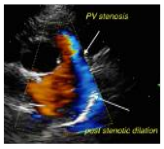
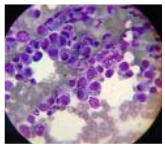
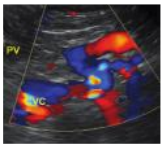
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Calvin Arbore

SPECIES

Canine

BREED

Labradoodle

SEX

M-Intact

AGE

7 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwlad

INVOICE

14440

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Weight loss, Lyme +, elevated liver enzymes. Current meds: Amoxicillin 400mg bid, Metronidazole 250mg bid, Denamarin (med) 1 tab sid
Abnormal PE/Chem/CBC/UA Results: ALT 400(118H), ALKP 218(131H), GGTP 38 (12H)

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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.6 cm x 3.8 cm. A solitary, small Intraparenchymal cyst was present.

Both the left and right testicles were normal in size with primarily homogeneous parenchyma echogenicity. A solitary, nondisruptive, cystic-appearing small nodule was noted in the left testicle parenchyma measuring 0.74 cm in diameter.

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 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 6.3 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

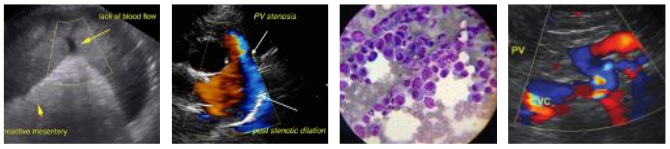
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.88 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.77 cm width at the caudal pole.

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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The



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

PATIENT

Calvin Arbore

SPECIES

Canine

BREED

Labradoodle

SEX

M-Intact

AGE

7 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwlad

INVOICE

14440

DATE

7/28/22

hepatic and portal vasculature were normal in appearance without signs of congestion. Moderate, nondependent yet mobile, mildly hyperechoic gallbladder debris was noted with the gallbladder otherwise normal. 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 echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of obstructive pyloric mural pathology was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing chyme was present.

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 were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

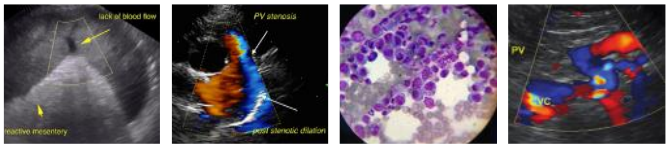
- Hepatopathy - subjectively benign
- Moderate, nondependent yet mobile gallbladder debris (non-mucocele)
- Sonographically unremarkable gastrointestinal tract with gastric and mild segmental small Intestinal ingesta / chyme

Secondary Findings

- Benign prostatic hyperplasia with small intraparenchymal cyst
- Small nondisruptive cystic-appearing left testicle nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific yet sonographically consistent with benign hepatopathy. Considerations may include nonspecific hepatitis (viral, bacterial. Leptospirosis, toxin, etc.,) given the ALT elevation, or vacuolar hepatopathy and nonobstructive cholestasis, given the elevated ALP/GGT combination, with hepatic neoplasia considered a less likely differential diagnosis. Further assessment may include FNA for hepatic cytology, assuming normal clotting status +/- Leptospirosis titer/PCR if clinically indicated.



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

PATIENT

Calvin Arbore

SPECIES

Canine

BREED

Labradoodle

SEX

M-Intact

AGE

7 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Wyman-Greenwlad

INVOICE

14440

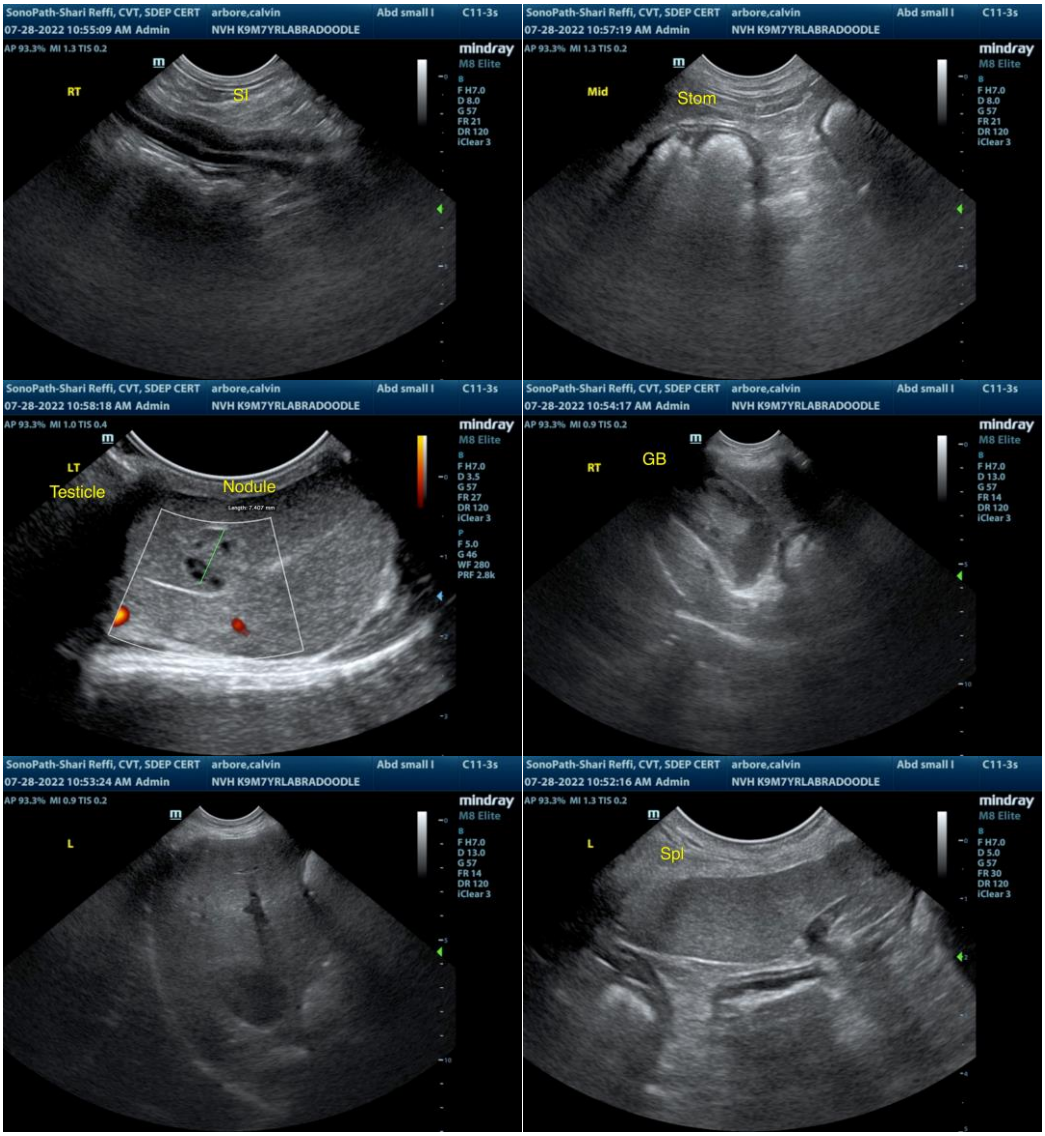
DATE

7/28/22

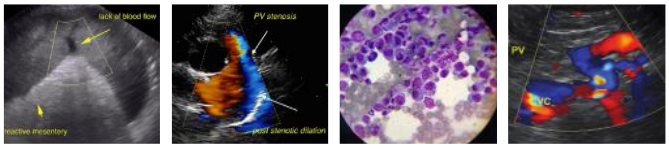
Continued hepatosupportive medications with the addition of Ursodiol, given the gallbladder debris, may prove beneficial. Hepatic core surgical biopsy may be required for a definitive diagnosis.

The presence of gastrointestinal ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

Baseline UPC is suggested, given the Lyme positive, or if evidence of proteinuria. 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.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Calvin Arbore

SPECIES

Canine

BREED

Labradoodle

SEX

M-Intact

AGE

7 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

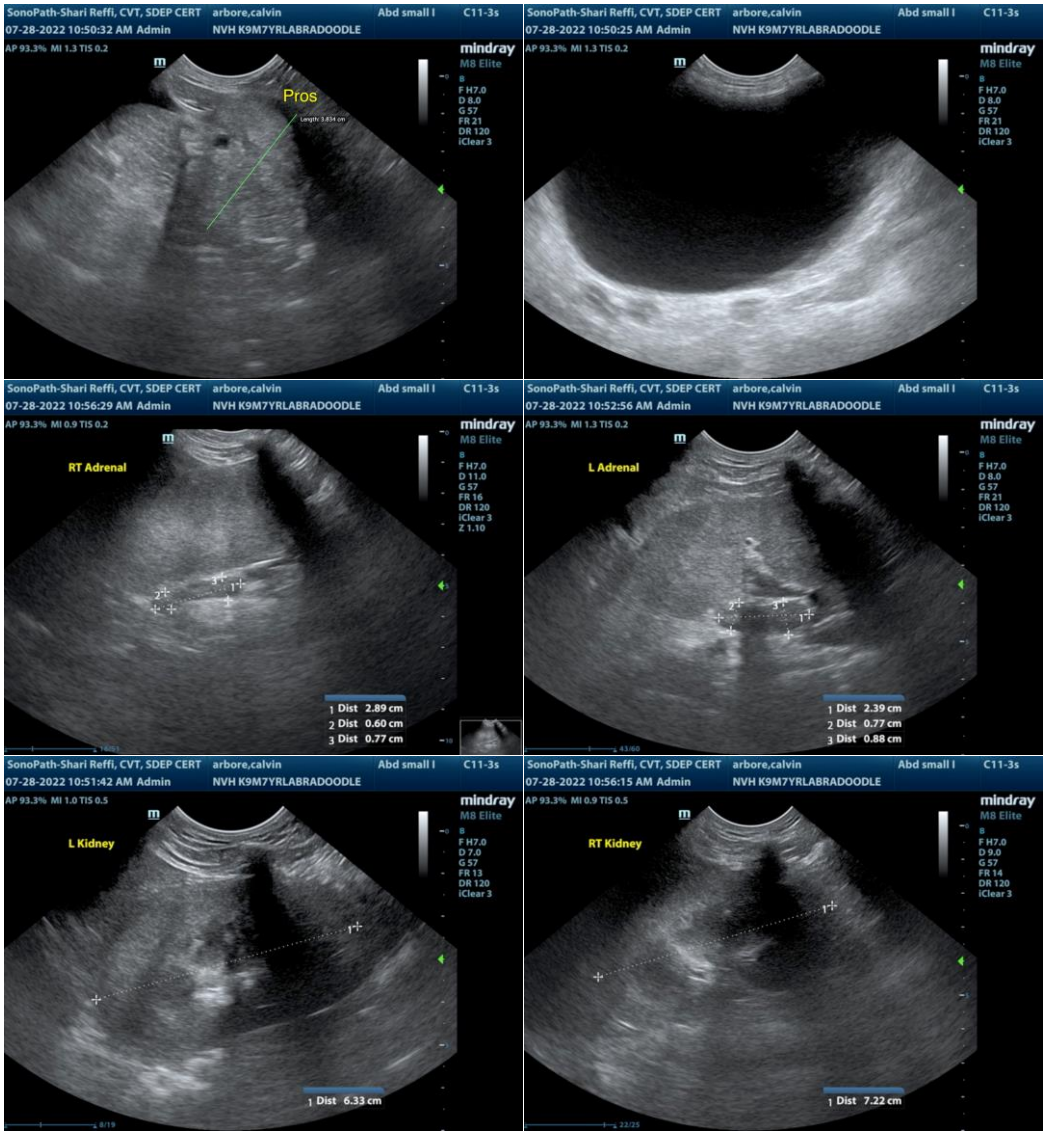
Dr. Wyman-Greenwlad

INVOICE

14440

DATE

7/28/22



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