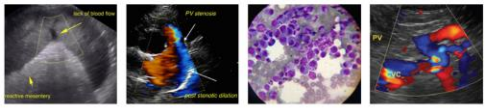


PATIENT

Abby Webber

SPECIES

Canine

BREED

Collie

SEX

FS

AGE

9yr

WEIGHT

63.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Caffarella

INVOICE

11223ag

DATE

07/29/2022

PRESENTING CLINICAL SIGNS

History: Acute hepatopathy starting 1 month ago. Presented with anorexia, jaundice, vomiting, lethargy. 6/30/22: ALT 3719 / ALP 1490 / Tbili 3.1. Treated with fluids, antiemetics, antibiotics, Denamarin. Over past few weeks, values have come down to almost normal. Dog doing well, but owner reports dog still gags / vomits periodically. Denamarin 425 mg SID; Famotidine 20 mg SID. Was on Clavucillin 375 mg BID and Metronidazole 250 mg BID for 3 weeks

Abnormal PE/Chem/CBC/UA Results: 6/3022: ALT 3719 / ALP 1490 / Tbili 3.1. 7/7/22: ALT 839 / ALP 1132 / Tbili 0.5. 7/14/22: ALT 349 / ALP 632 7/27/22: ALT 198 / ALP 273

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Focal mildly thickened dorsal trigone wall was present exhibiting nonhomogeneous mural echogenicity measuring 1.4 cm x 0.6 cm. 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. No evidence of pelvic dilation was present. The left kidney measured 6.7 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 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 0.47 cm width at the caudal pole and 0.62 cm width at the cranial pole.

Spleen

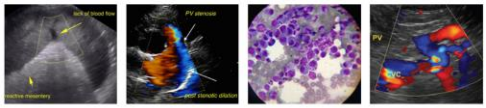
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary mildly expansive hypoechoic nodule in the medial parenchyma measuring 1.3 cm in diameter was present. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver was subjectively mildly enlarged with symmetrical capsule contour and mild nonuniform increased parenchyma echogenicity exhibiting evidence of parenchymal remodeling. Mild loss of discernable portal vascular borders was present. A central nonhomogeneous to hypoechoic nodule measuring 3.8 cm in diameter was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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 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

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous mildly nonuniform hepatic parenchyma with central parenchymal macronodule
- Mildly expansive splenic nodule
- Sonographically unremarkable GI tract
- Mild pancreatic remodeling
- Focally thickened dorsal trigone wall
- Minor chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle FNA cytology of the hepatic parenchyma, nodule and splenic nodule is warranted for further clarification. Sonographic monitoring of the hepatosplenic nodules and overall liver for evidence of progressive nodular changes would be a more conservative approach.

The focally thickened trigone wall is nonspecific and may indicate a focal area of cystitis however the possibility of emerging neoplastic criteria could be possible. A screening BRAF assay could be considered.

Biopsy of the thickened trigone wall is likely required for a definitive diagnosis.

A spec cPL could be considered to assess for possible low grade to chronic pancreatitis. Continued gastric protectant protocol with omeprazole instead of famotidine and potential bland or hydrolyzed diet with assessment of clinical response would be reasonable.

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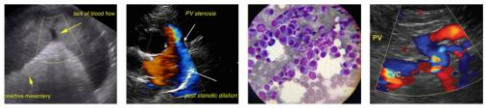

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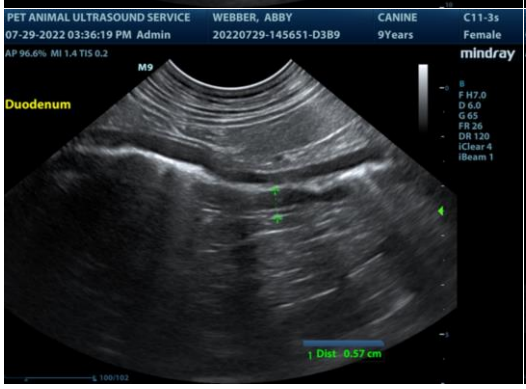

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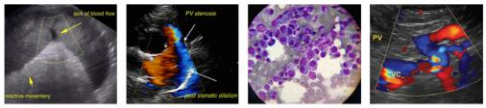

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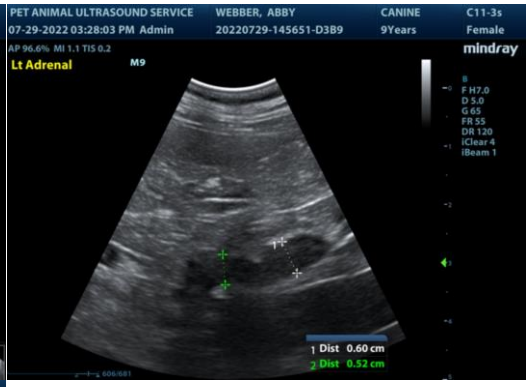

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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