



PATIENT

Harry Bennett

SPECIES

Canine

BREED

Pembroke Welsh
Corgi

SEX

MN

AGE

14 years

WEIGHT

16.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield DVM

HOSPITAL NAME

Ark AC

REFERRING VET

Kevin Long DVM

INVOICE

14231

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Pt presenting for AUS. Pt E/D/U/BM normally. PU/PD on no medications at this time. Pt normal at home. AA Reason for Non-urgent Ultrasound: Increasing ALP and ALP over the last 2 years Primary Problem(s): No vomiting or diarrhea, appetite and attitude are good Pertinent Medical History: Elevations in ALT Current Medication: None
Abnormal PE/Chem/CBC/UA Results: Physical Exam: -- Moderate dental calculus and tartar, missing many teeth. -- Mild epiphora and moderate lenticular sclerosis OU Diagnostic Tests Performed/Results: Blood work shows chronically elevated ALT and ALP: ALT normal values: 18-121 ALP normal values: 5-160 ALB normal values: 2.7-3.9 ** 6/2022 ** ALT: 313 ALP: 218 ALB: 2.6 ** 11/2021 ** ALT: 197 ALP: 260 ALB: 2.6 ** 6/2020 ** ALT: 131 ALP: 114 ** 8/2019 ** ALT: 85 ALP: 243 ALB: 3.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

No overt pathology was noted In the area of the residual prostate.

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 pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.71 cm width in the caudal pole. The right adrenal gland measured 2.8 cm length x 0.61 cm width in the caudal pole. No evidence of neoplastic criteria was noted.

Spleen

The spleen was normal in size and contour with generalized mild splenic parenchyma heterogeneity. Intermittent nondisruptive discretely hypoechoic splenic nodules were present with an example measuring 1.1 cm in diameter.

Liver/ Gallbladder

The liver was mildly enlarged in size with normal structure and maintained symmetrical hepatic contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent nondisruptive



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discretely hypoechoic Intraparenchymal nodules were present. An example of a liver nodule measured 1.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and containing primarily anechoic content with focal areas of minor congealed mildly 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 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Intermittent discrete nondisruptive splenic nodules - multiple etiologies for the nodules are possible including probable benign nodules such as nodular hyperplasia, hematopoiesis, focal incidental splenitis with neoplastic criteria thought less likely
- Chronic hepatopathy exhibiting minor generalized parenchymal remodeling including intermittent nondisruptive discretely hypoechoic intraparenchymal nodules - vacuolar hepatopathy, chronic low-grade inflammatory hepatopathy possible, neoplastic criteria is considered an unlikely differential diagnosis
- Sonographically unremarkable gallbladder with focal minor congealed luminal debris
- Pancreatic remodeling - Likely age-related / patient variant, minor potential for remodeling owing to previously inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA specifically in the area of the discrete splenic nodule along with hepatic parenchymal and nodule FNA could be considered for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol with sonographic monitoring of the liver and spleen for evidence of progressive parenchymal changes would be a more conservative approach, yet would also be reasonable.

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



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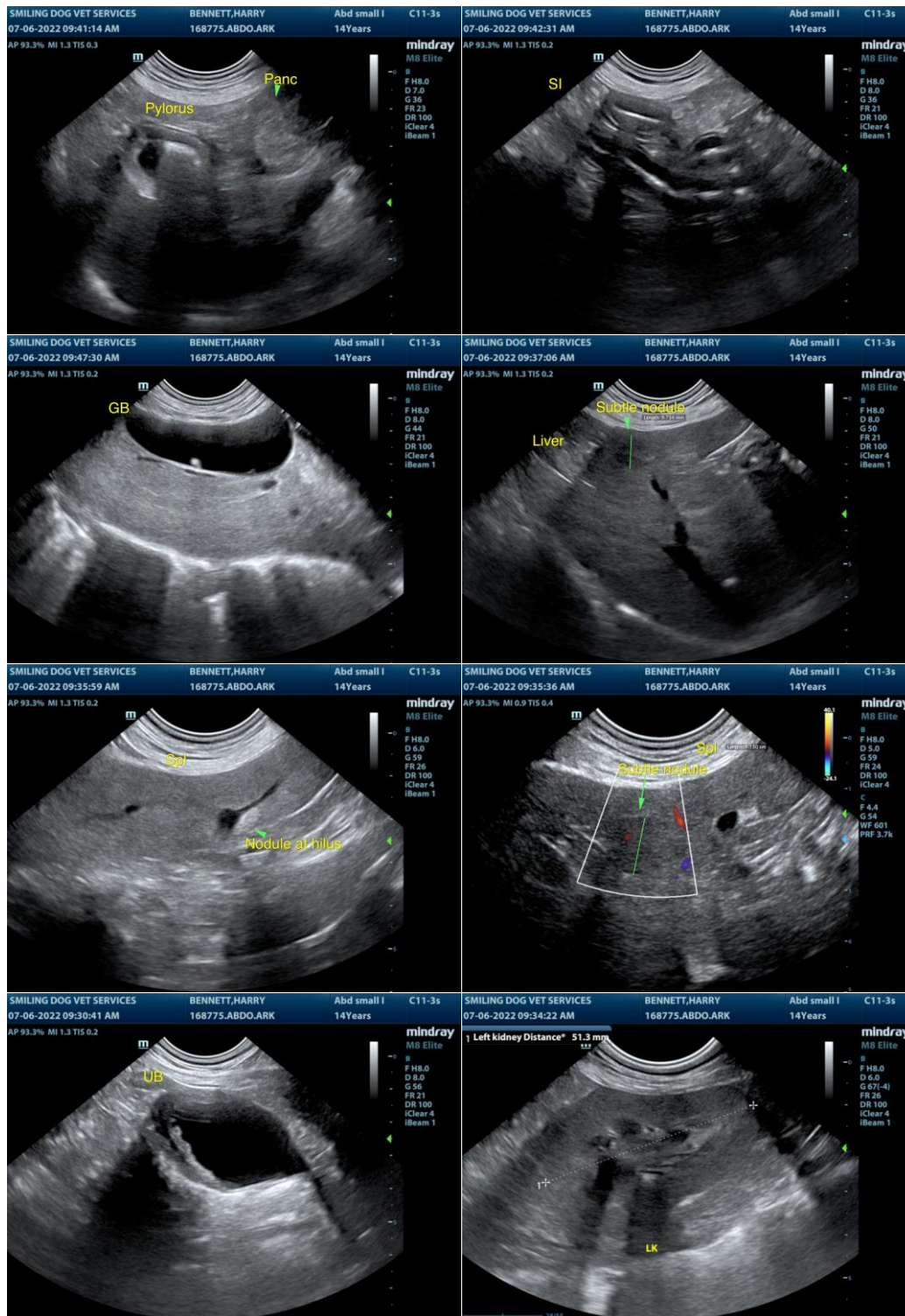
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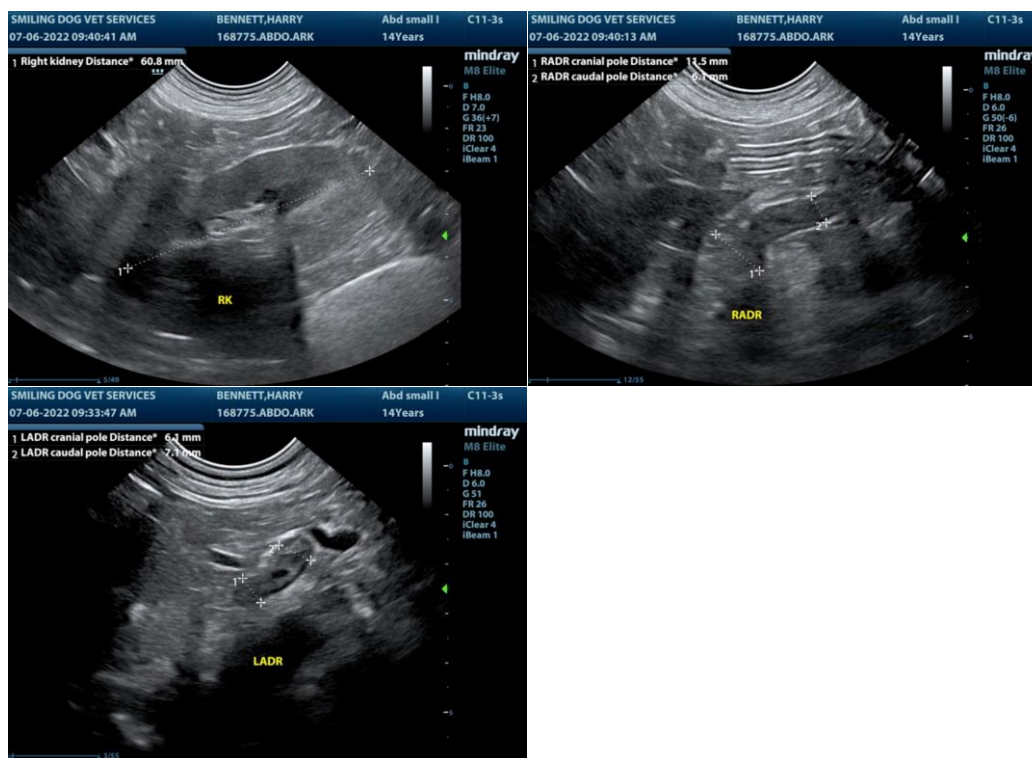
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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