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Clinical Sonography & Telecytology
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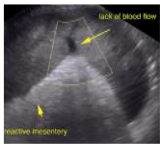

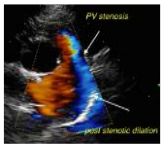

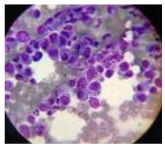
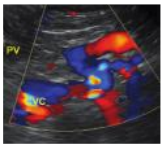

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1-800-838-4268 info@sonopath.com

PATIENT
Lucy Dodson

SPECIES
Canine

BREED
Samoyed

SEX
SF

AGE
5 years

WEIGHT
54.2 lbs.

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

IMAGING PERFORMED BY
Amanda Crook and Jasmine Palacios

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Jason Christensen

INVOICE
14576

DATE
8/11/22

PRESENTING CLINICAL SIGNS

Animal came from China, was spayed there and also had Transmissible Venereal Tumor of the vulva. Treated with Vincristine at VCA in California. History of recurrent UTI Current meds: Simplicef 200 mg 1 T q24
Abnormal PE/Chem/CBC/UA Results: Routine pre op showed elevations in liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventroapical urinary bladder wall thickness measured 0.73 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 2.0 cm. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of urinary bladder neoplastic criteria was noted.

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar or hypogastric lymphadenopathy. Sonographic assessment in the inguinal area revealed no obvious inguinal lymphadenopathy.

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 5.9 cm in length. The right kidney measured 6.6 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 0.45 cm width at the caudal pole and 0.48 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 0.41 cm width at the caudal pole and 0.76 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. 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 normal in size and contour. Uniform generalized increased hepatic parenchyma echogenicity exhibited mild coarse echotexture was present with no hepatic masses or nodules noted. The gallbladder was non-distended in size with primarily anechoic content with minor nondependent, mildly hyperechoic luminal debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

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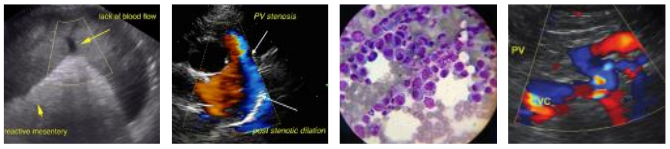

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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibited progressive distal acoustic shadowing.

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

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatic parenchyma hyperechogenicity
- Minor gallbladder debris (non-mucocele)
- Gastric ingesta - suspect post prandial presentation
- Mildly cystitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver exhibiting parenchyma hyperechogenicity was nonspecific. Potential considerations may include chronic hepatitis / cholangiohepatitis, lipidosis, vacuolar hepatic changes, less likely fibrosis or round cell neoplasia or other hepatopathy.

Assuming normal clotting status ultrasound-guided hepatic FNA for screening cytology and further assessment could be considered. Urine culture and sensitivity on a sterile urine sample is suggested if previous or current UTI signs, or if evidence of inflammatory cells is noted on urinalysis.

Overall, no obvious evidence of intraabdominal or inguinal metastasis from the transmissible venereal tumor.

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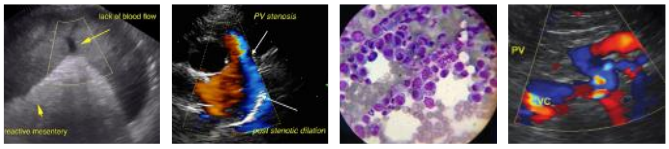

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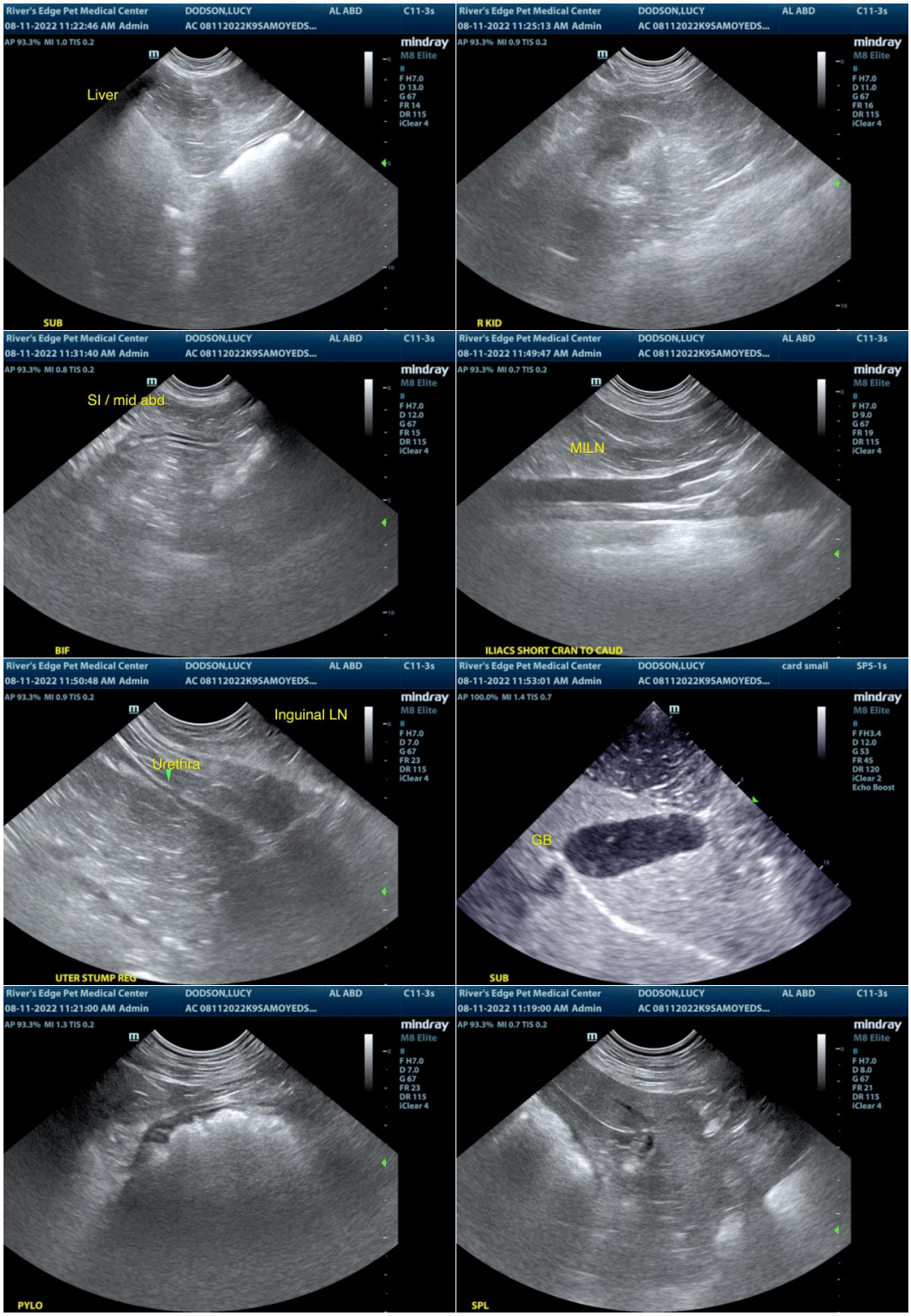

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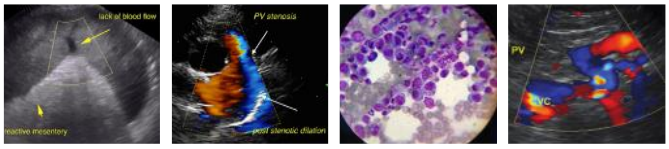

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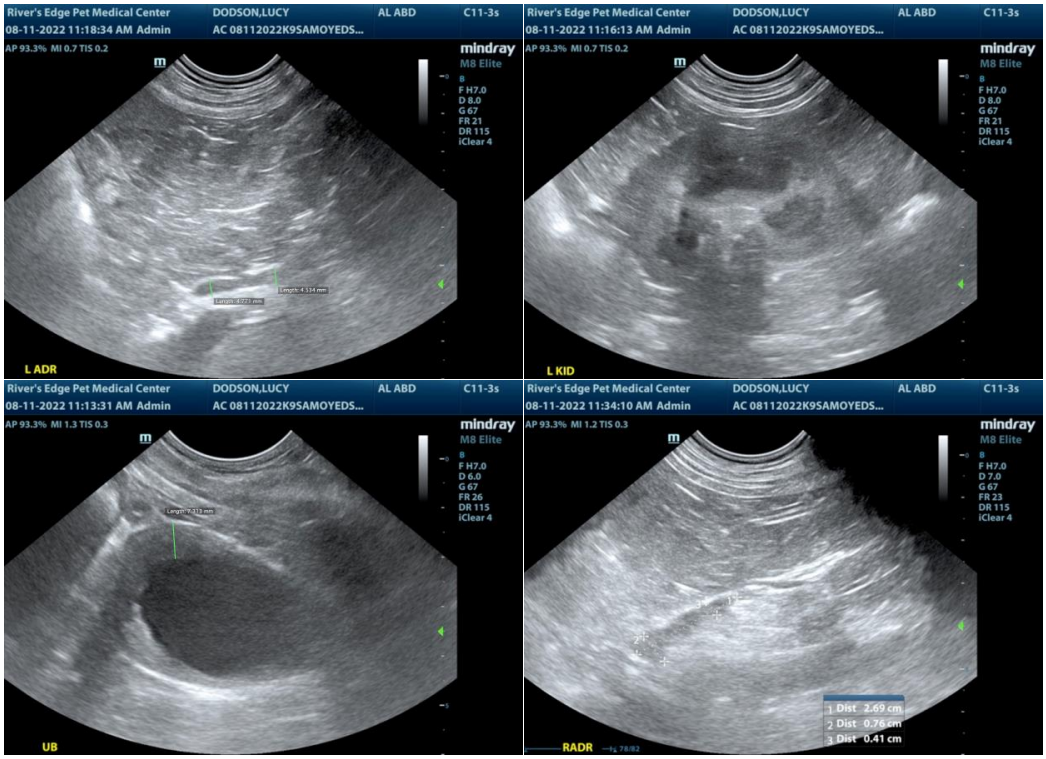

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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