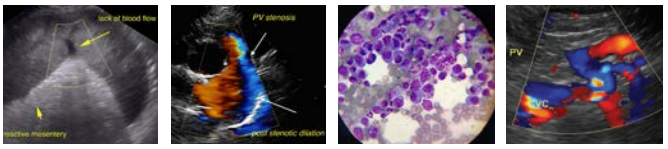
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**

Ellie Mae Guthrie

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

16.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Harris

**HOSPITAL NAME**

Mt. Yonah AH

**REFERRING VET**

Dr. Michele Harris

**INVOICE**

24746

**DATE**

8/17/21

## PRESENTING CLINICAL SIGNS

abd rad=area of increased soft tissue density over caudal aspect of liver on lateral views but w/o definitive margins; intestinal loops are all indistinct--thickened/irregular/neoplasia/other, colon visible; no FBs noted
Abnormal PE/Chem/CBC/UA Results: cbc=nsf comp=alp 882, alt 123 (both slightly lower than 5/2021 values), glu 128

## 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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.2 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.55 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.66 cm at the caudal pole.

### *Spleen*

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, echogenic nodule was present in the mid medial spleen adjacent to the hilus. 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 or neoplastic changes were not noted. Echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

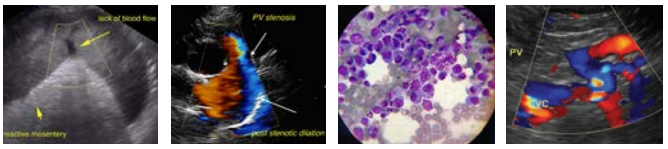
### *Liver*

The liver was mildly enlarged. 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 with mild, echogenic, non-dependent yet non-organized debris. No evidence of associated gallbladder mural or peripheral inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

### *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. Gastric body wall measured 0.32 cm.

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. Jejunum wall measured 0.29 cm.



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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 was evident.

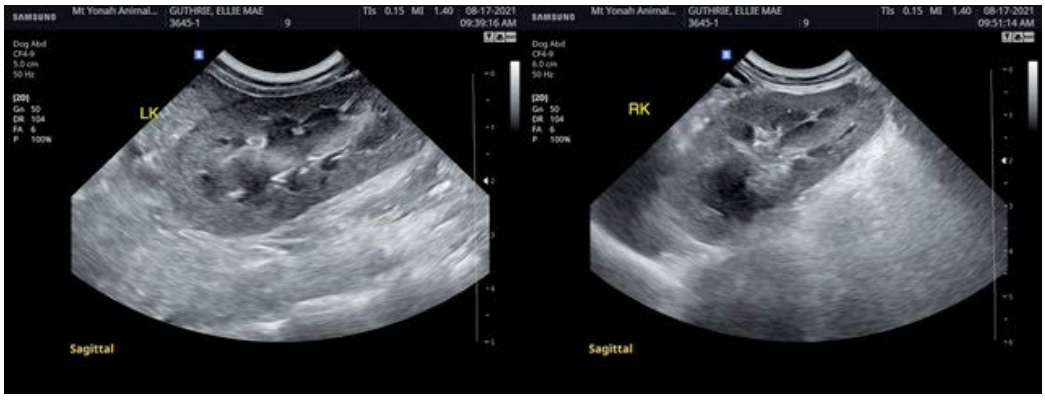
## ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy – subjectively benign
- Mild gallbladder debris (non-mucocele)
- Mild age related kidneys
- Benign splenic nodule – consistent with probable benign myelolipoma
- Sonographically unremarkable gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Assuming normal clotting status, hepatic FNA using 25-gauge needle may be considered for screening cytology and further clarification. No evidence of hepatic masses. Denamarin and Ursodiol may prove beneficial.

No overt evidence of structural gastrointestinal mural pathology, yet potential for underlying gastrointestinal inflammation (if previous or current history of gastrointestinal signs) cannot be definitively excluded.



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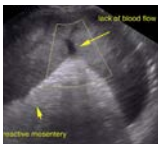
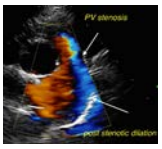
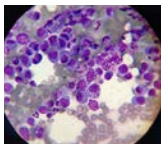
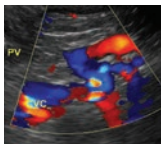

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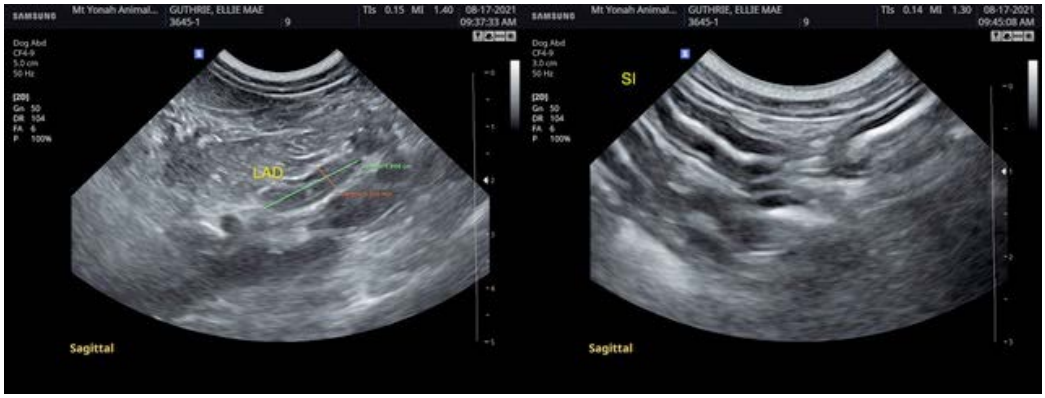


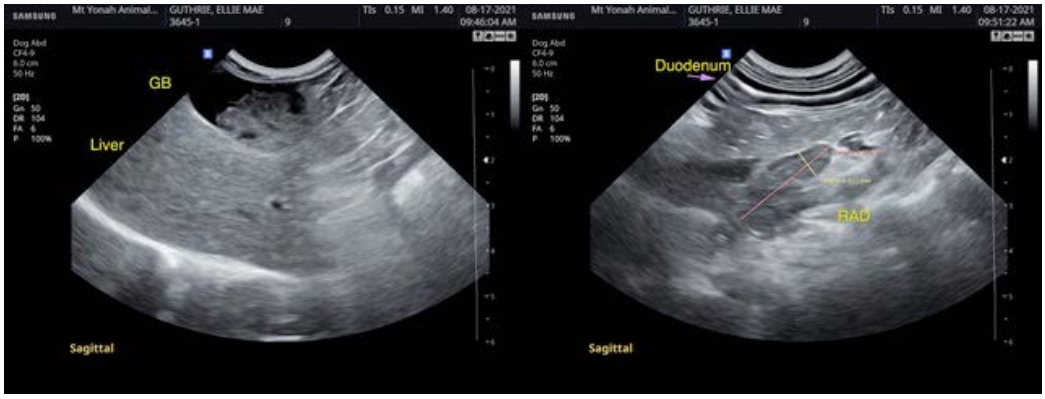



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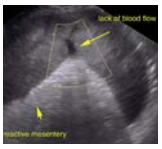
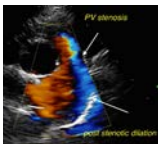
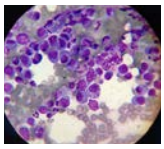
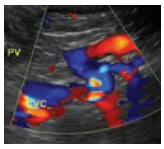

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**