SonoPath
Clinical Sonography & Telecytology
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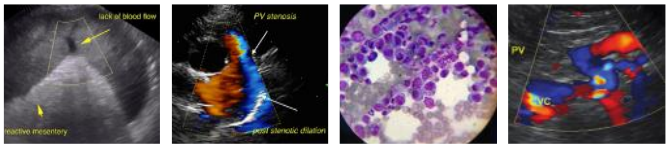


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Marquee Petrone

SPECIES

Canine

BREED

Labradoodle Mix

SEX

MN

AGE

13 years

WEIGHT

28 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patty Mayfield DVM

HOSPITAL NAME

La Paw Animal Hospital

REFERRING VET

Deb La Paugh DVM

INVOICE

14864

DATE

8/17/23

PRESENTING CLINICAL SIGNS

P presented for AUS due to recently observed elevated LE's. - No known clinical signs, as a different veterinarian performed the blood work. Was evaluated on 8/9/23 at other DVM for re-evaluation of a lesion on the dorsal palpebra (OS), along with chronic pruritis. PPH: laryngeal paralysis DIET: DD Science diet MEDS: Apoquel, Simparica Trio

Abnormal PE/Chem/CBC/UA Results: PE: -- grade 2/4 dental tartar -- Erythema and moderate swelling of a cystic/ruptured abscess-like lesion associated with the dorsal palpebra (OS). Generalized pruritis 8/9/23 CBC: -- WNL CHEM: -- ALP: 673 U/L (5-160) -- remaining LE's are wnl -- CHOL: 355 mg/dL (131-345) -- AMYL: 3693 U/L (337-1469) T4: -- 1.4 ug/dL (1-4)

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 residual prostate was sonographically unremarkable.

No evidence of pathology in the area of the aortic trifurcation.

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 7.0 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

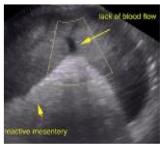
Both adrenal glands exhibited borderline prominent size based on caudal pole width measurement in light of body weight with pinpoint hyperechoic adrenal parenchyma foci, suggestive of pinpoint areas of benign dystrophic mineralization. There was no evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.71 cm width at the caudal pole and 0.94 cm width at the cranial pole. The right adrenal gland measured 0.71 cm width at the caudal pole.

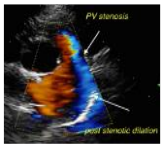
Spleen

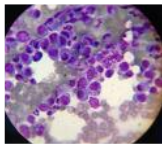
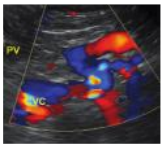
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. Solitary to intermittent, nondisruptive, well-demarcated, mildly hyperechoic intraparenchymal nodules were noted with an example measuring 1.8 cm in diameter. The capsule of





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the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with a normal appearance to the gallbladder wall without evidence of inflammatory criteria. The gallbladder contained anechoic content with moderate, non-dependent, mildly congealed yet non-organized, variably hyperechoic gallbladder sediment. No evidence of peripheral gallbladder inflammatory criteria or post-hepatic obstruction was noted. The common bile duct was normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting strong 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 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

Primary Findings

- Mild chronic renal changes
- Borderline bilateral adrenomegaly - nonspecific
- Hepatopathy with focal to intermittent subjectively benign hyperechoic intraparenchymal nodules - nodules suggestive of benign criteria such as lipogranulomas or nodular hyperplasia
- Nondistended gallbladder containing moderate congealed nonorganized gallbladder sediment - not consistent with mucocele criteria
- Mildly heterogeneous remodeled pancreas - no sonographic evidence of active pancreatitis, benign remodeling owing to previous inflammation, or potential chronic pancreatitis possible

Secondary Findings

- Strongly shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific yet sonographically suggestive of benign vacuolar hepatopathy pattern with potential for nonobstructive cholestasis, given the ALP elevation and presence of gallbladder sediment. Inflammatory hepatopathy i.e., cholangiohepatitis is considered less likely. Screening hepatic FNA cytology could be considered for further clarification, primarily to assess for evidence of inflammatory criteria.

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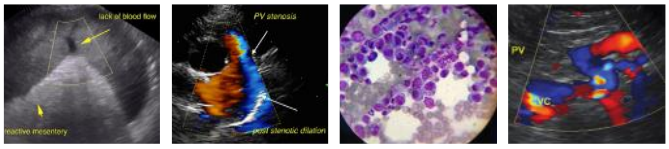

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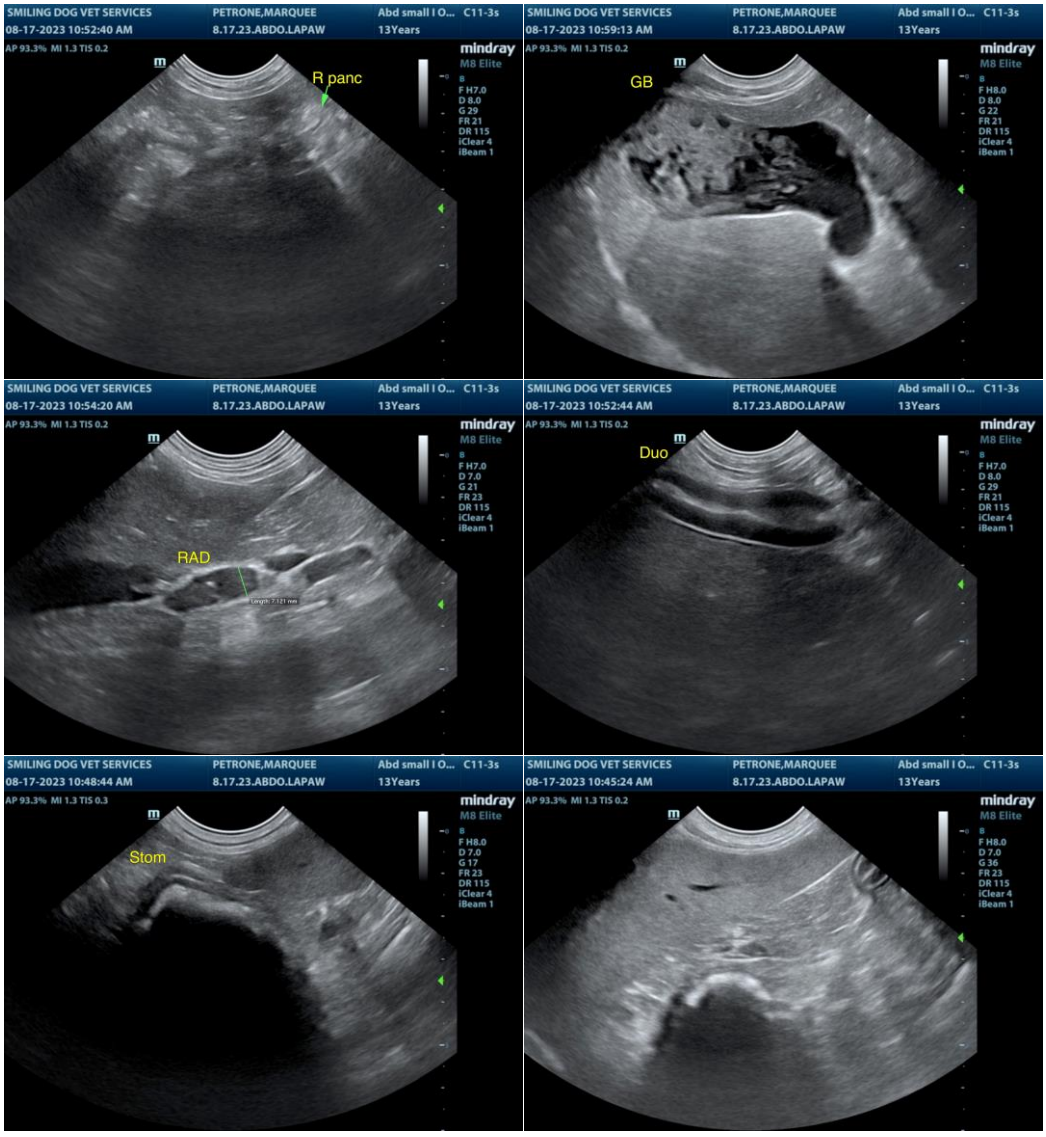
Adrenal workup could be considered if clinical signs consistent with Cushing's Syndrome arise, although without reported clinical signs at this stage, the bilateral borderline adrenomegaly is likely incidental.

Potential for low grade chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Hepatosupportive medications may prove beneficial.



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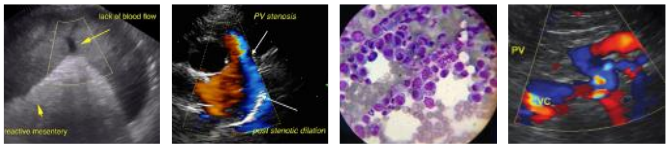

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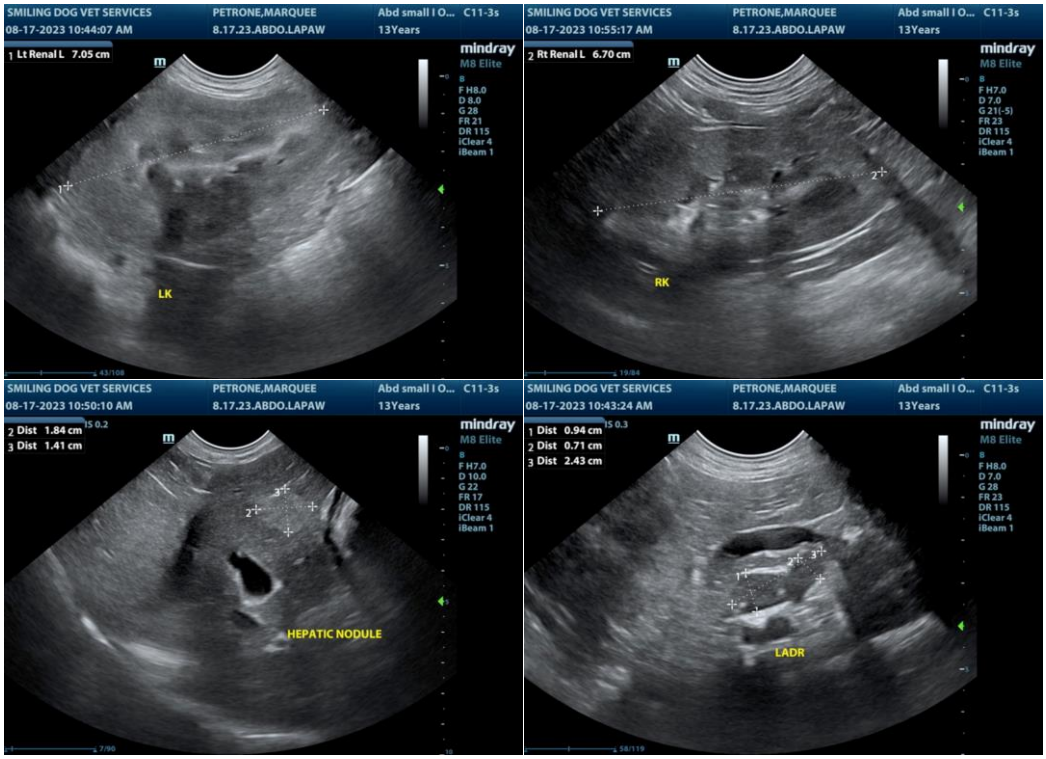

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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