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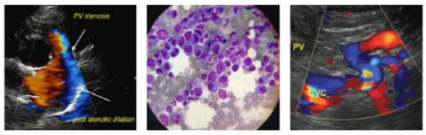
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Brewer Boehike
277566

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

10yr

WEIGHT

2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC Dr. Roberg

INVOICE

11430ag

DATE

08/19/2022

PRESENTING CLINICAL SIGNS

History: Hyporexia 2 weeks

Abnormal PE/Chem/CBC/UA Results: icteric sclera, T 101.1 P 120 R 24 NE, GGT 188 (H), tbili 7.6 (H), ALT 977, ALKP too high to read

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 potential luminal mineral. 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of focal to pinpoint medullary mineral were present.

The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate 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 0.43 cm width at the caudal pole and 0.37 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 0.38 cm width at the caudal pole and 0.49 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

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was mildly distended in size with prominent to echogenic walls, the ventral gallbladder wall measured 0.19 cm in diameter. Primarily anechoic luminal content was present with moderate congealed non-homogeneous luminal debris. The cystic and common bile ducts were not overtly visualized.

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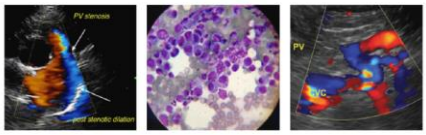

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Gastrointestinal

The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained ingesta/chyme with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Regional cranial abdominal hyperechoic mesentery along the upper GI tract, pancreas and liver was present.

A small pocket of scant peritoneal free fluid was noted.

A solitary enlarged hepatic lymph node was present measuring 3.2 cm x 0.79 cm.

ULTRASONOGRAPHIC FINDINGS

- Acute to subacute hepatopathy
- Cholecystitis with moderate congealed luminal debris
- Gastroenteritis pattern with gastric and segmental small bowel hypomotility
- Concurrent low-grade pancreatitis
- Regional hyperechoic mesentery with scant cranial abdominal free fluid
- Associated focal hepatic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology. Leptospirosis titer/PCR could be considered if clinically indicated. Hospitalization with aggressive therapy for acute hepatitis/cholangeohepatitis and as needed GI support is recommended with assessment of clinical response and monitoring of hepatic enzymes. A spec cPL could be considered for further assessment of the pancreas.

Sonographic reassessment of the gallbladder and CBD is recommended if progressive hepatic enzyme elevations and/or cholestasis despite therapy.

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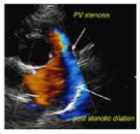
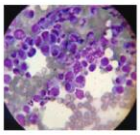
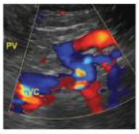

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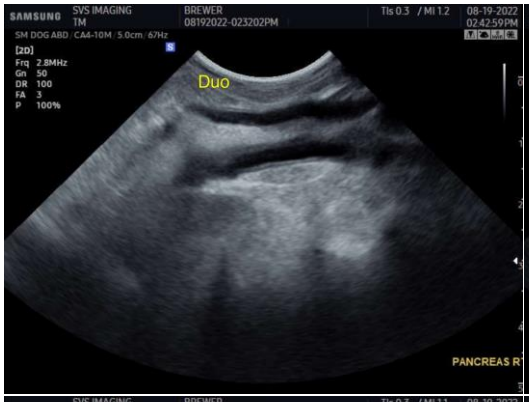

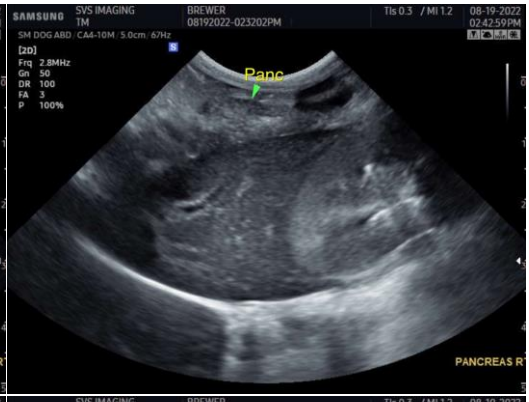

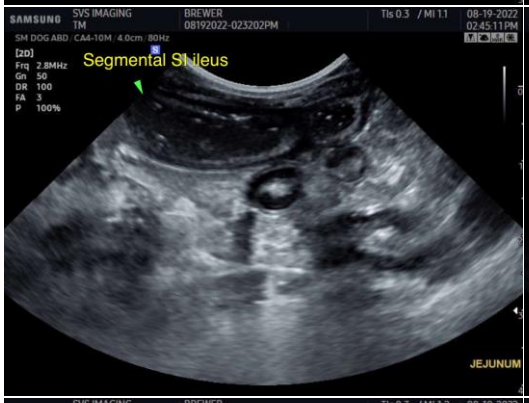

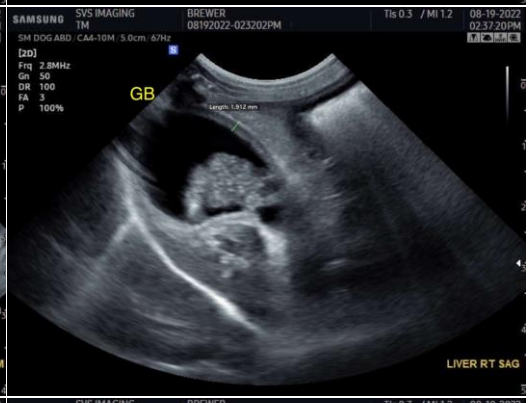

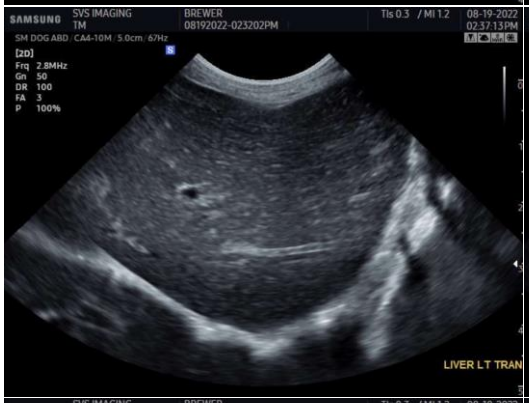

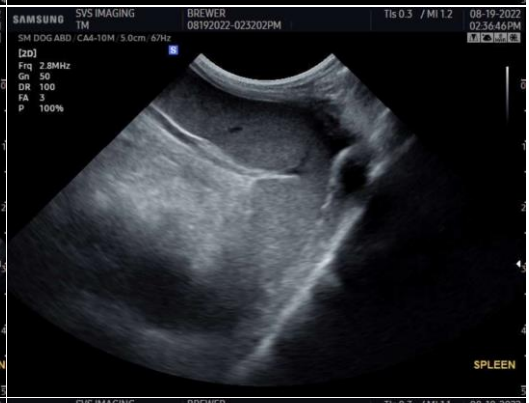

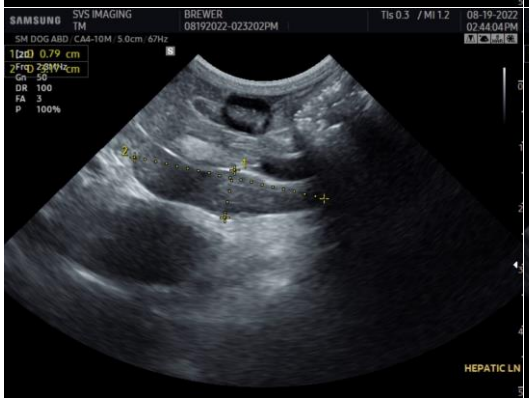

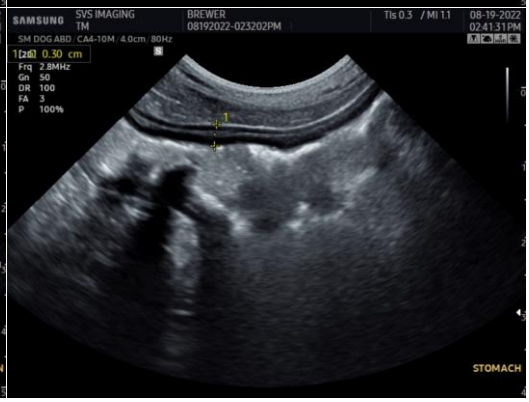

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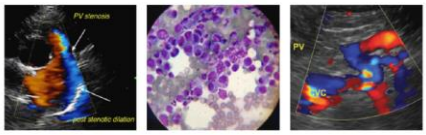

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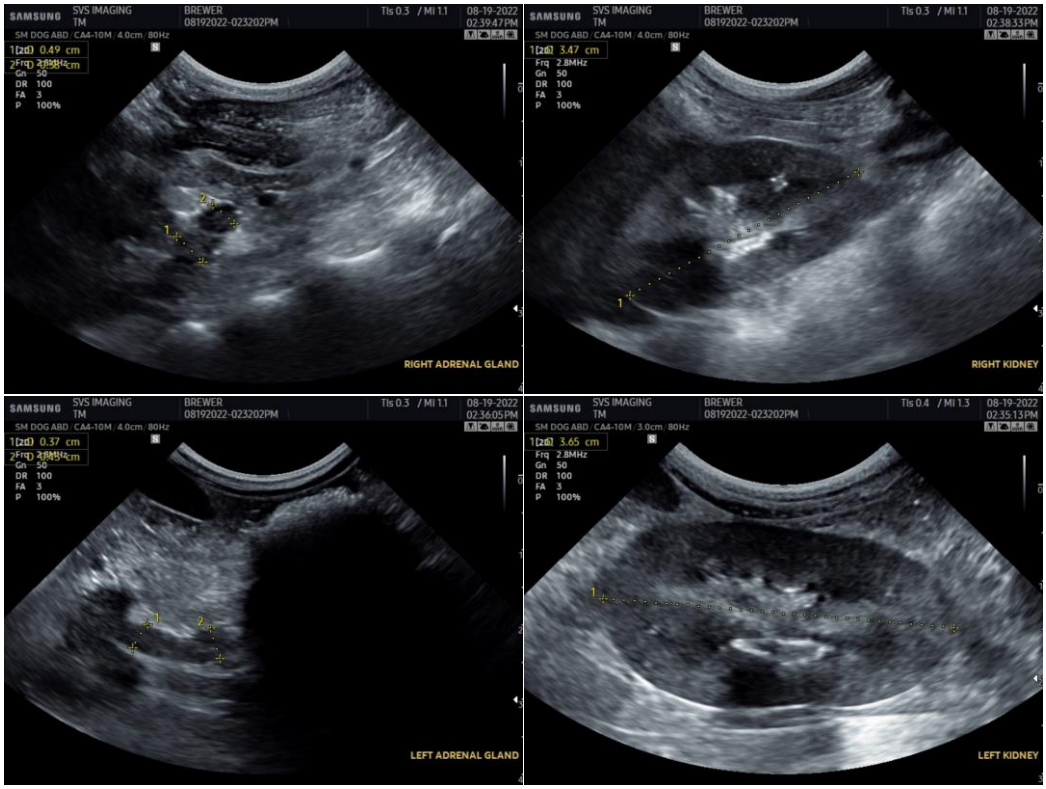

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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