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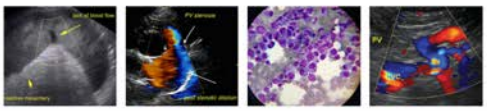

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Blue Botka

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Male

AGE

12 Years

WEIGHT

48.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Dr. Casey Schuelke

INVOICE

24868

DATE

8/23/21

PRESENTING CLINICAL SIGNS

Presented for having episodes of anxiety/shaking and needing to sit near owner. On PE: grade IV/VI left apical holosystolic murmur. Echocardiogram to make sure there are no contraindications to anxiety medications. BW showed elevated liver enzymes. Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Several prominent yet isoechoic medial iliac lymph nodes were present adjacent to theaortic trifurcation, exhibiting normal width to length ratio of <0.5. Example measured 0.69 cm in width. These lymph nodes are likely incidental and not consistent with inflammatory or neoplastic criteria.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured approximately 5.0 cm x 3.0 cm. Anechoic, thinly walled parenchyma cysts were present.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia present in the left kidney. The left kidney measured 5.9 cm. The right kidney measured 5.9 cm.

Adrenal Glands

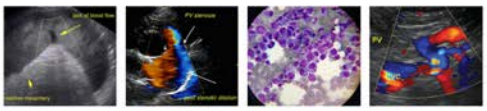
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm at the cranial pole and 0.58 cm at the caudal pole. The right adrenal gland measured 0.49 cm at the cranial pole and 0.50 cm at the caudal pole .

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. 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. Intermittent echogenic hepatic nodules were present. Example measured 1.5 cm diameter. The gallbladder was non-distended in size with thin walls and minor, primarily dependent, non-organized debris.



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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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intermittent, benign nodules
- Minor gallbladder debris (non-mucocele)
- Minor left kidney pyelectasia
- Mild prostatomegaly with parenchymal cysts – benign prostatic hyperplasia with parenchymal cysts likely, potential for prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left renal pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The appearance of the liver was nonspecific but most consistent with benign, likely chronic hepatopathy. Considerations for the liver may include chronic hepatic parenchymal or hepatobiliary inflammatory process given the primarily elevated ALT/AST elevation (i.e., non-specific hepatitis/cholangiohepatitis with some degree of vacuolar hepatic changes and cholestasis given the ALP/GGT combination and presence of minor gallbladder debris. The echogenic liver nodules are likely consistent with areas of nodular to regenerative hyperplasia or benign lipogranulomas. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology, primarily to assess for evidence of inflammatory cells and to rule out unlikely neoplasia. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels.

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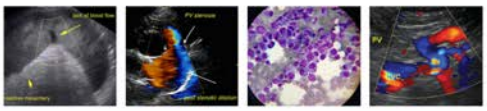

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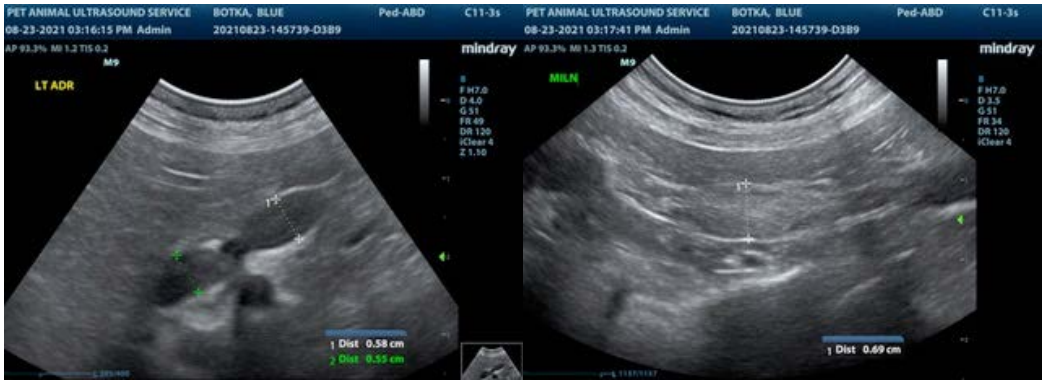

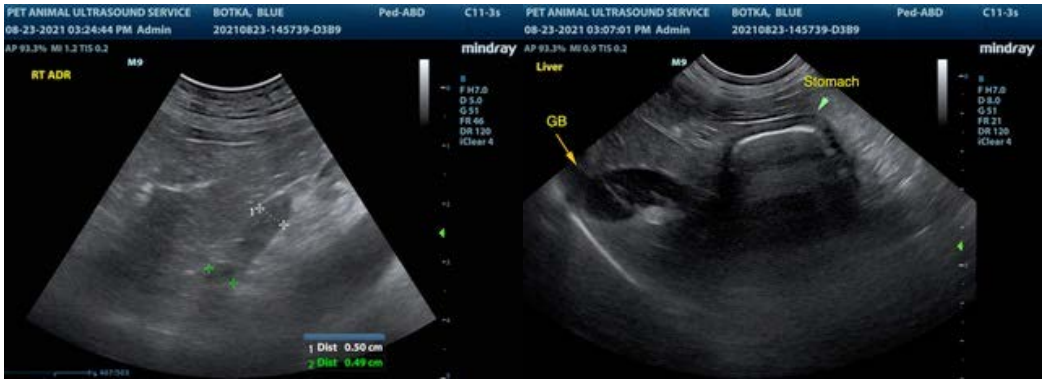

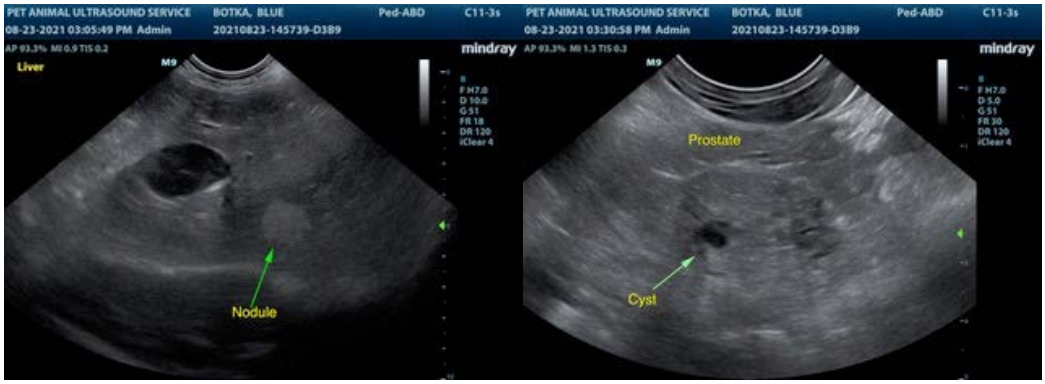

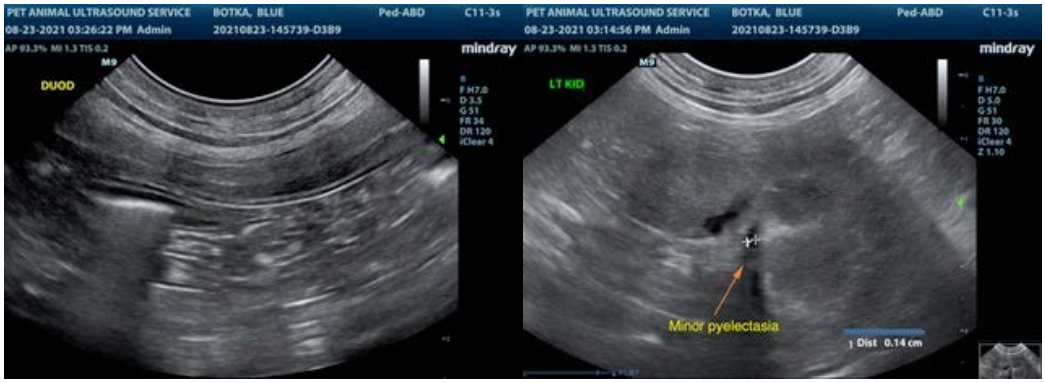

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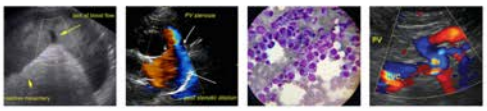

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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