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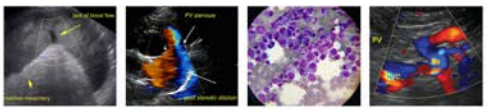

SonoPath
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PATIENT

Bella Charlestown Animal Control

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

70 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. Leah Fischer

INVOICE

24875

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Owner surrender. PU/PD in shelter as well as diarrhea. Normal fecal cytology; negative fecal. Treated with proviable, bland diet after 24 hour fast; zithromax. Symptoms improved.
Abnormal PE/Chem/CBC/UA Results: ALP 371; CK 711; slight thromboytopenia; monocytosis, UA - 4+, bulirubin 2+, USG 1.054

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.

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. No evidence of pelvic dilation was present. No evidence of overt pyelonephritis. The left kidney measured 5.6 cm. The right kidney measured 5.7 cm.

No overt pathology in the area of the aortic trifurcation. Observed medial iliac lymph nodes were sonographically unremarkable, exhibiting normal width to length ratio of <0.5. Example measured 0.59 cm width.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 0.67 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 presented mildly 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. A focal, non-expansive, hypoechoic nodule measuring 2.8 cm diameter was noted in the ventral liver lobes. The capsule of 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 echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. Areas of striated hyperechoic organized luminal debris were present. Gallbladder walls were mildly prominent to echogenic in appearance. No evidence of peripheral inflammation.

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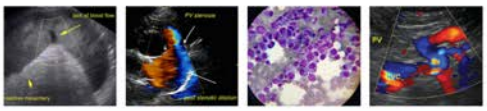

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained, primarily anechoic gastric fluid was present. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.38 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. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.30 cm.

Normal visible colon wall layers were present with subjective semiformed feces.

Pancreas

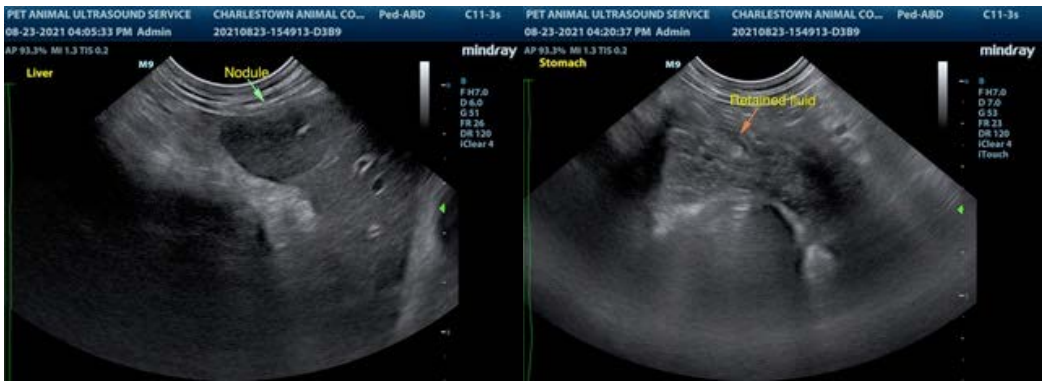
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Potential hypoechoic nodules in the area of the pancreas base and proximal left pancreatic limb were present with subtle peripancreatic reactive mesentery versus non-specific, mildly hypoechoic gastric lymph nodes adjacent to the pylorus. No effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys
- Vacuolar hepatopathy pattern with non-specific parenchymal nodule – regenerative hyperplasia, hematopoiesis, granulomas, less likely infarct, or neoplastic nodules possible.
- Gallbladder mucocele
- Potential mild gastric hypomotility
- Potential hypoechoic nodular pancreas base changes versus minor non-specific gastric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Leptospirosis titers/PCR may be considered if clinically indicated. No overt suspicion of underlying endocrinopathy given the normal sonographic appearance of the bilateral adrenal glands and appearance of the liver. Assessment for evidence of cranial abdominal or subxiphoid pain or discomfort on palpation in the area of the gallbladder recommended. Assessment of thyroid levels may be considered if not recently done. Hepatosupportive medications and Ursodiol warranted with close monitoring for evidence of increasing cholestasis. Recheck sonogram suggested I increasing cholestasis is noted. As-needed continued supportive care for potential resolving enterocolitis would be appropriate.



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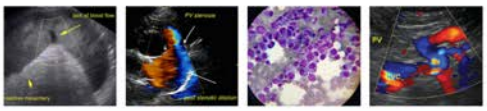

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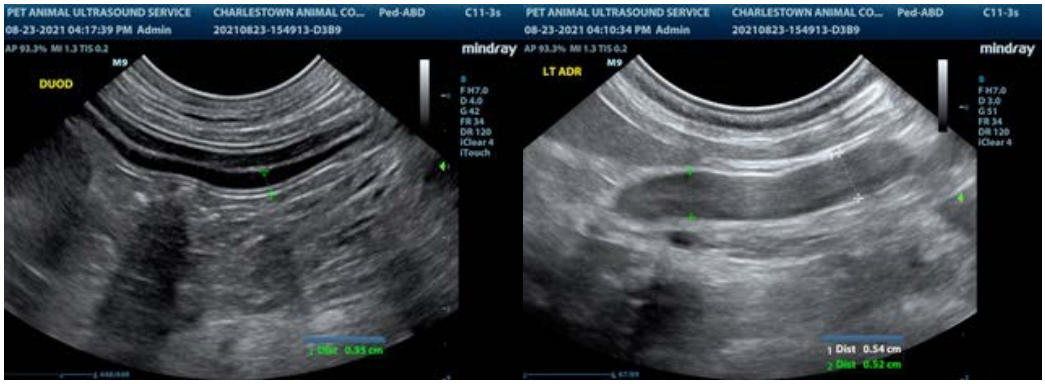

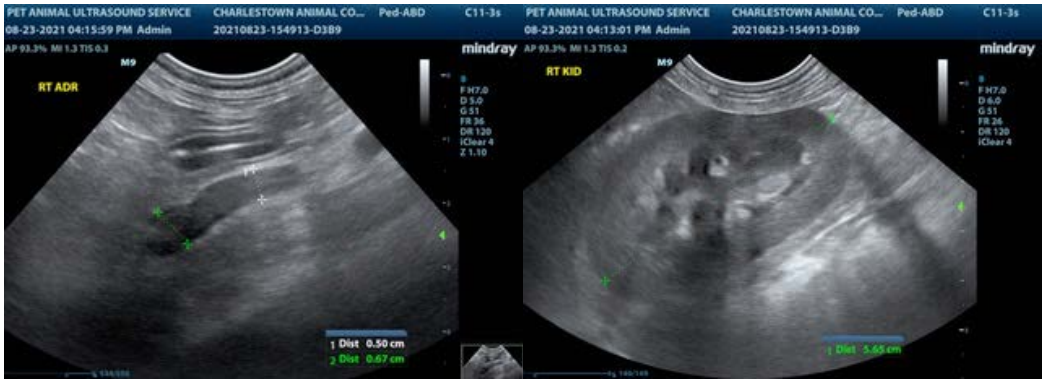

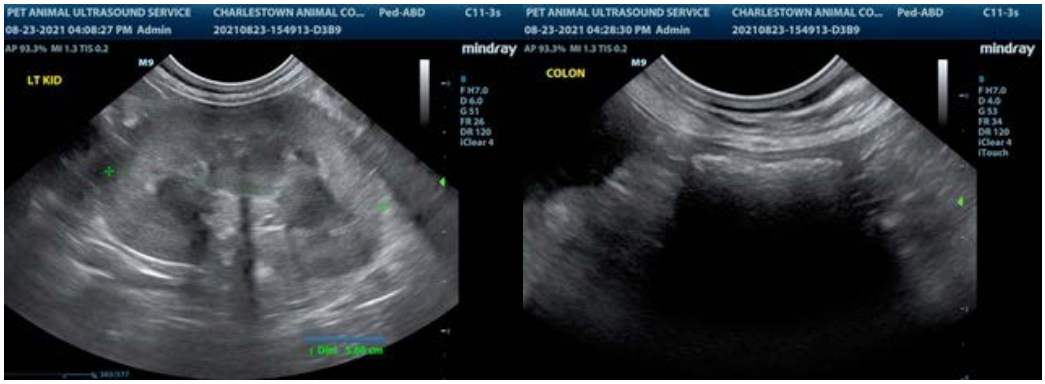

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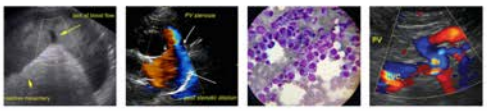

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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