

PATIENT

Blue Greenlaw

SPECIES

Canine

BREED

Australian Sheperd

SEX

MN

AGE

13y

WEIGHT

12.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall AH

REFERRING VET

Acelyn Colella, DVM

INVOICE

14706

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Coughing. 5/6 heart murmur (new murmur). Elevated liver values, needs anesthesia. ALT 186; ALP 175; neut 83.

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 sediment or calculi. 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 free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Scant left kidney pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

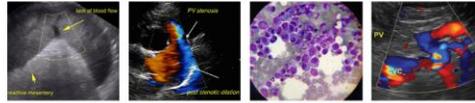
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the cranial pole and 0.77 cm width in the caudal pole. No evidence of adrenomegaly or adrenal tumors was present.

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/ Gallbladder

The liver exhibited mild to moderate enlargement with normal 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. Intermittent nondisruptive subtle hypoechoic intraparenchymal nodules were present with an example measuring 1.3 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild nondependent mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



PATIENT

Blue Greenlaw

SPECIES

Canine

BREED

Australian Sheperd

SEX

MN

AGE

13y

WEIGHT

12.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall AH

REFERRING VET

Acelyn Colella, DVM

INVOICE

14706

DATE

8/25/22

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 pancreas was normal in size with areas of capsule asymmetry and nonuniform heterogeneous to indistinctly nodular parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting heterogeneous mildly irregular to intermittently nodular parenchyma
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes with scant left kidney pyelectasia
- Mild irregular to nodular pancreas

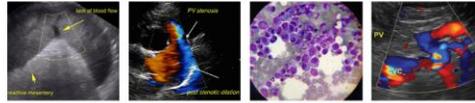
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes are nonspecific with considerations including vacuolar hepatopathy, inflammatory / Immune mediated disease, benign parenchymal remodeling, nodular hyperplasia, hematopoiesis, potential early fibrosis, or other hepatopathy with infiltrative neoplasia possible yet considered less likely.

Assuming normal clotting status ultrasound-guided hepatic FNA for cytology could be considered. No overt anesthetic contraindications if evidence of normal hepatic functionality, i.e., normal albumin, BUN, glucose, and cholesterol levels. Hepatosupportive medications including Denamarin and Ursodiol with continued monitoring of hepatic enzyme levels would be reasonable given the relatively low grade hepatic enzyme elevations.

The pancreas may indicate age-related changes or parenchymal remodeling associated with previous inflammation with indistinct areas of nodular hyperplasia. Potential for current low-grade chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. No overt evidence of pancreatic neoplasia. Correlation with a Spec cPL could be considered.

Full echocardiogram is recommended prior to anesthetic considerations given the heart murmur and coughing.



PATIENT

Blue Greenlaw

SPECIES

Canine

BREED

Australian Sheperd

SEX

MN

AGE

13y

WEIGHT

12.6 kg

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wignall AH

REFERRING VET

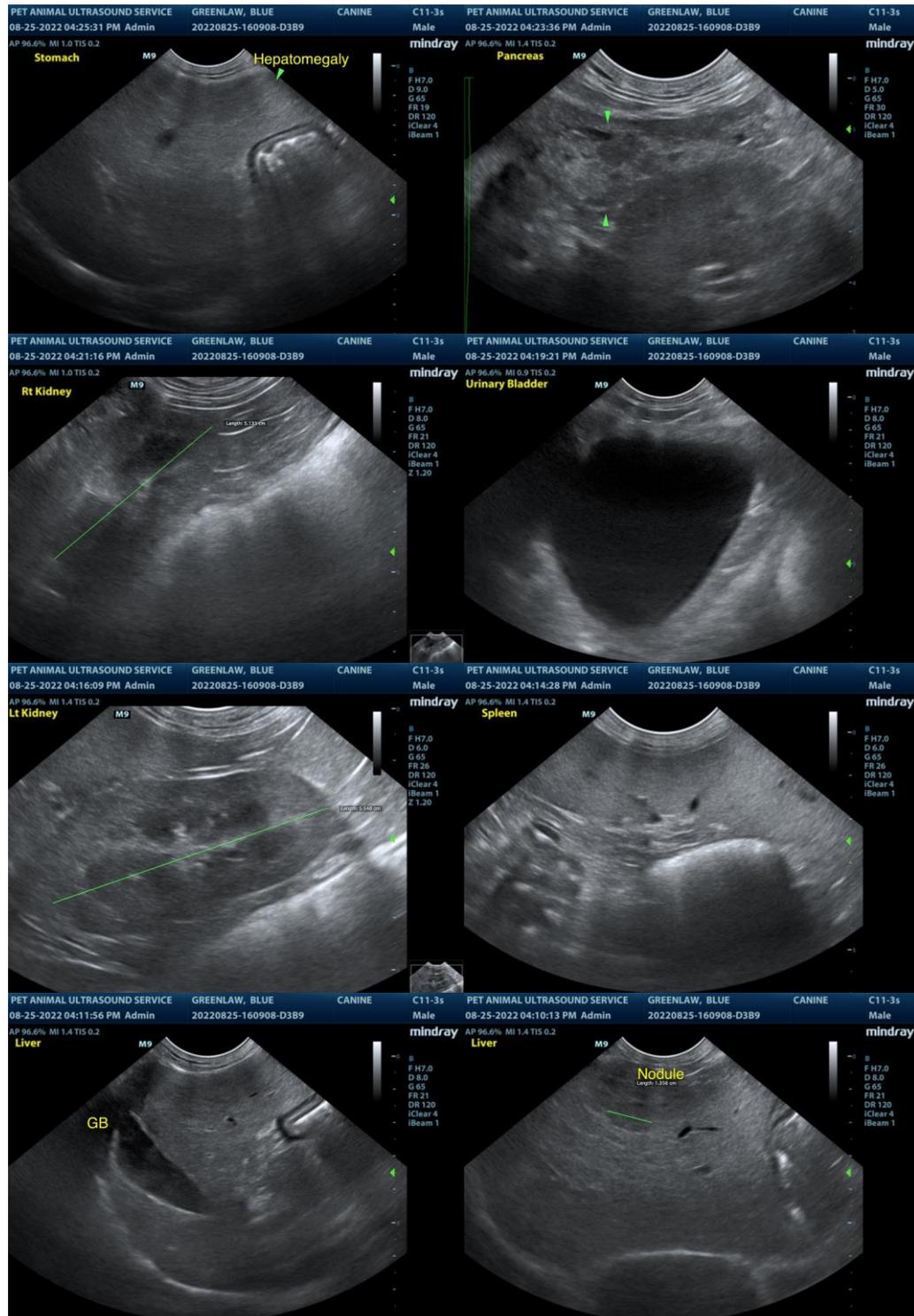
Acelyn Colella, DVM

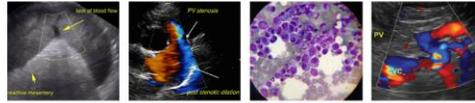
INVOICE

14706

DATE

8/25/22





PATIENT

Blue Greenlaw

SPECIES

Canine

BREED

Australian Sheperd

SEX

MN

AGE

13y

WEIGHT

12.6 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Wignall AH

REFERRING VET

Acelyn Colella, DVM

INVOICE

14706

DATE

8/25/22



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