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Clinical Sonography & Telecytology
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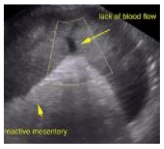

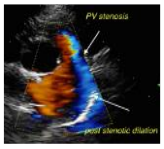

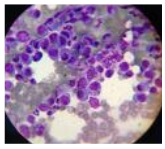
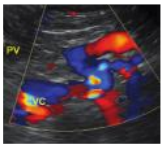

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Melville Slotkin

SPECIES
Canine

BREED
Samoyed

SEX
N/M

AGE
4 yrs 4 mos

WEIGHT
76.7

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

IMAGING PERFORMED BY
Amy

HOSPITAL NAME
Long Valley Animal Hospital

REFERRING VET
Dr. Earl

INVOICE
14715

DATE
8/25/22

PRESENTING CLINICAL SIGNS

Significantly elevated ALT (660) Diabetic, IMHA, Anaplasmosis, Splenic Histiocytosis. Current Medications: Vetsulin 12u BID, Azathioprine 50mg 1.5tabs PO QOD, Denamarin 425mg 2tabs PO SID Abnormal PE/Chem/CBC/UA Results: CBC Results: CBC 5.12, Hgb 12.8 Chem Results: ALT 660, Glucose 226, Bile Acids Pre<1 (N) Post 3.4 (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 free of overt pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.57 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 0.59 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

The spleen was normal to possible subnormal in size with maintained symmetrical capsule contour and primarily finely textured homogeneous parenchyma. A solitary, discrete, non-disruptive, hypoechoic nodule measuring 0.33 cm was present in the medial parenchyma. The nodule did not distort the associated medial splenic capsule.

Liver/ Gallbladder

The liver exhibited generalized enlargement with maintained symmetrical capsule contour. Normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture was noted. Subjective, mildly prominent yet indistinct portal vascular borders were noted. The gallbladder was non-distended in size with primarily anechoic content. A solitary small cholelith was noted, measuring 1.2 cm In diameter. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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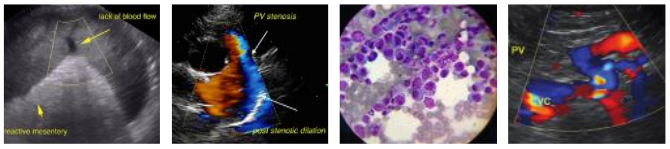

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Gastrointestinal

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively benign
- Solitary nonobstructive gallbladder mineral / small cholelith
- Nonspecific solitary discrete splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy / hepatomegaly. Metabolic / vacuolar / reactive (diabetic) hepatopathy, nonspecific inflammatory hepatopathy or other hepatopathy, are possible. Further assessment may Include screening liver FNA for cytology primarily to assess for evidence of inflammatory cells.

The solitary discrete splenic nodule is nonspecific with multiple etiologies possible including focal minor hyperplasia, hematopoiesis, histiocytic nodule (given the patient history), small hematoma, and focal splenitis. Potential for emerging neoplastic nodule cannot be definitively excluded. Sonographic monitoring of this nodule for evidence of progression +/- concurrent nodule FNA with 25-gauge needle would be reasonable.

Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial.

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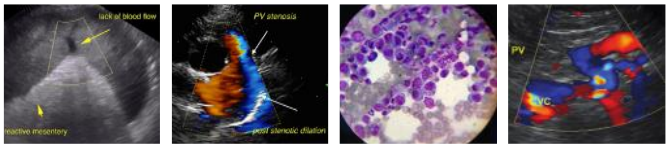

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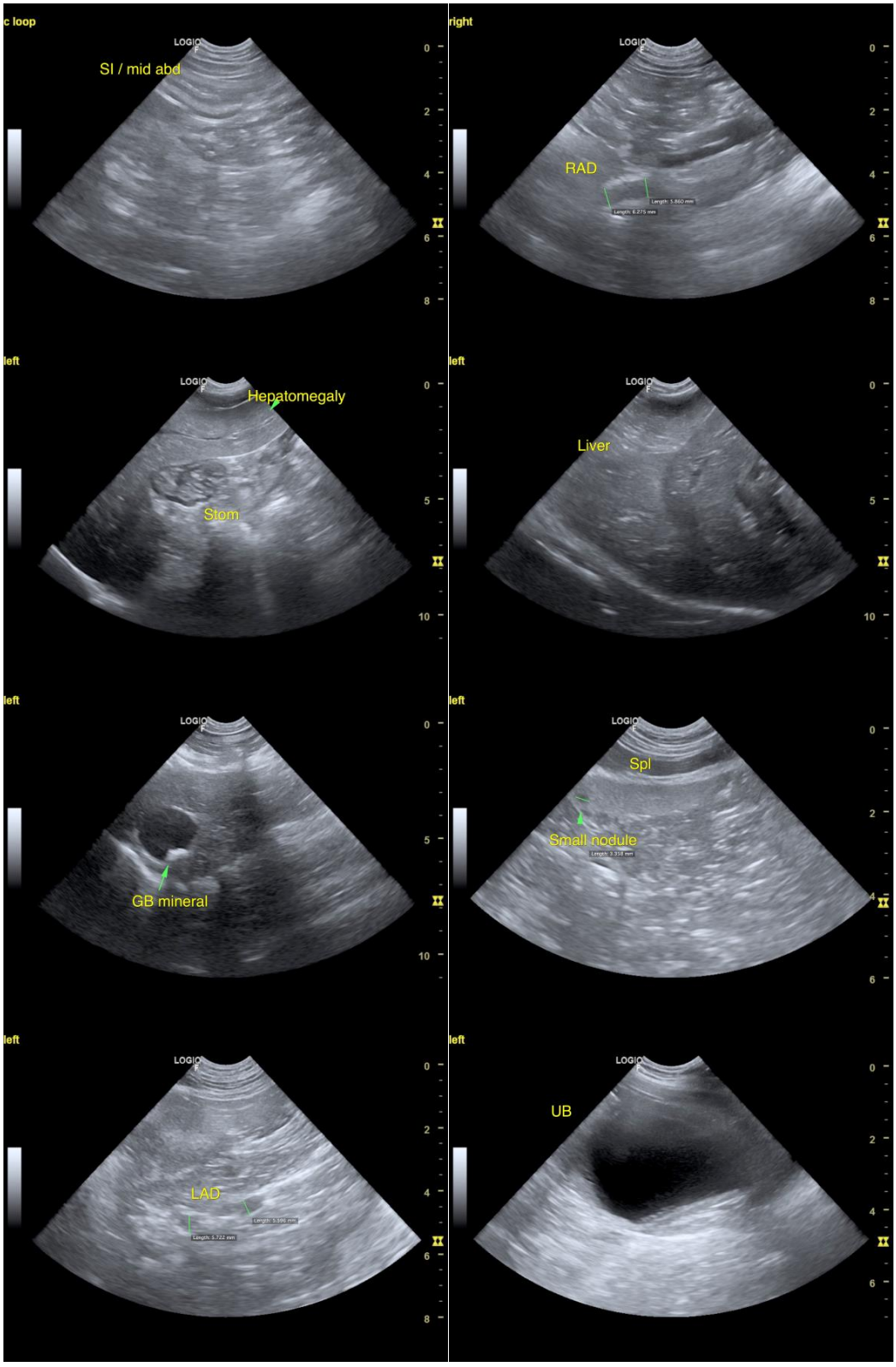

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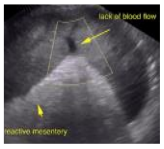
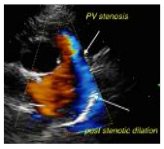
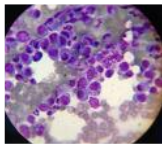
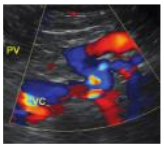

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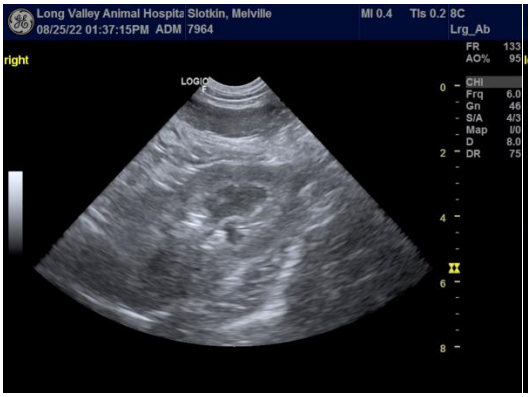

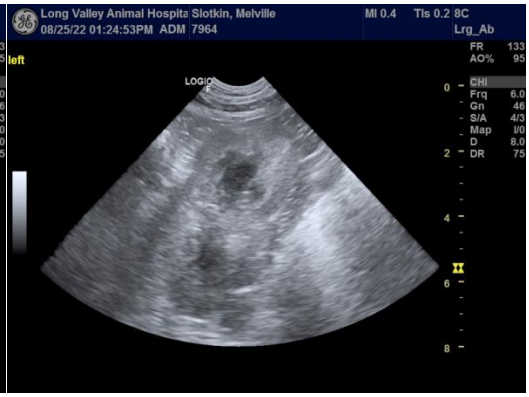

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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