SonoPath
Clinical Sonography & Telecytology
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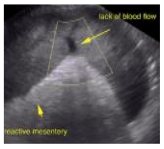

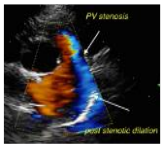

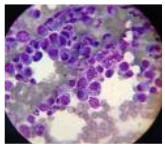
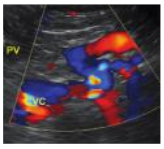

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jezebelle Talbot

SPECIES

Canine

BREED

English Bulldog

SEX

F/S

AGE

11 years

WEIGHT

22 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Resolution Vet Ultrasound LTD

REFERRING VET

Legacy Veterinary Clinic

INVOICE

14494

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Chronic GI upset. Mildly increased ALT. Lethargic.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

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. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted in both kidneys. The left kidney measured 5.7 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Mild parenchyma heterogeneity and mild capsule asymmetry was present in the left adrenal gland without suspicion for overt neoplasia. The left adrenal gland exhibited a mildly expansive, irregular nodule in the cranial left adrenal gland measuring 1.6 cm x 1.1 cm. The nodule was hyperechoic to mildly nonhomogeneous without evidence of mineralization. The left adrenal gland measured 0.77 cm width in the caudal pole. No evidence of left or right adrenal parenchymal escape or evidence of vascular invasion was noted.

The right adrenal gland exhibited mild caudal pole enlargement yet maintained capsule integrity. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.8 cm length x 0.95 cm width in the caudal pole. No evidence of left or right adrenal parenchymal escape or evidence of vascular invasion was noted.

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/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild nondependent, mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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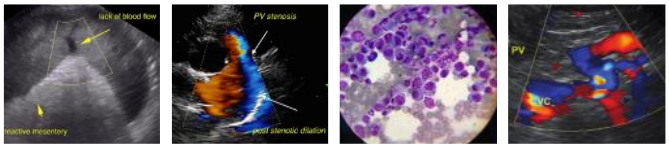

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Gastrointestinal

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 subjective semi-formed fecal matter in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

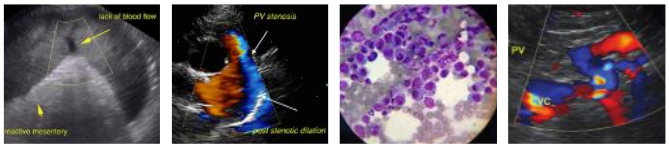
- Bilateral mid irregular adrenal glands with left adrenal nodule
- Low-grade hepatopathy - benign, suspect low-grade inflammatory hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Overtly normal gastrointestinal tract
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal nodule was nonspecific with considerations including adenoma, benign hyperplasia, and lipogranuloma, while the possibility of emerging neoplasia such as pheochromocytoma, adenocarcinoma, or other cannot be definitively excluded. Screening blood pressure Is recommended to assess for evidence of hypertension which may allude to an emerging left adrenal pheochromocytoma. Sonographic monitoring of the bilateral adrenal glands for evidence of progressive parenchymal or nodular changes with an initial recheck in 4-6 weeks would be ideal.

At times, the gastroenterocolic presentation may not be sonographically consistent with chronic gastrointestinal signs. In patients with chronic gastrointestinal signs, considerations may include; dietary intolerance / food allergy, dysbiosis, occult parasitism, inflammatory bowel disease, and low-grade to chronic pancreatitis, both of which may present as sonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.



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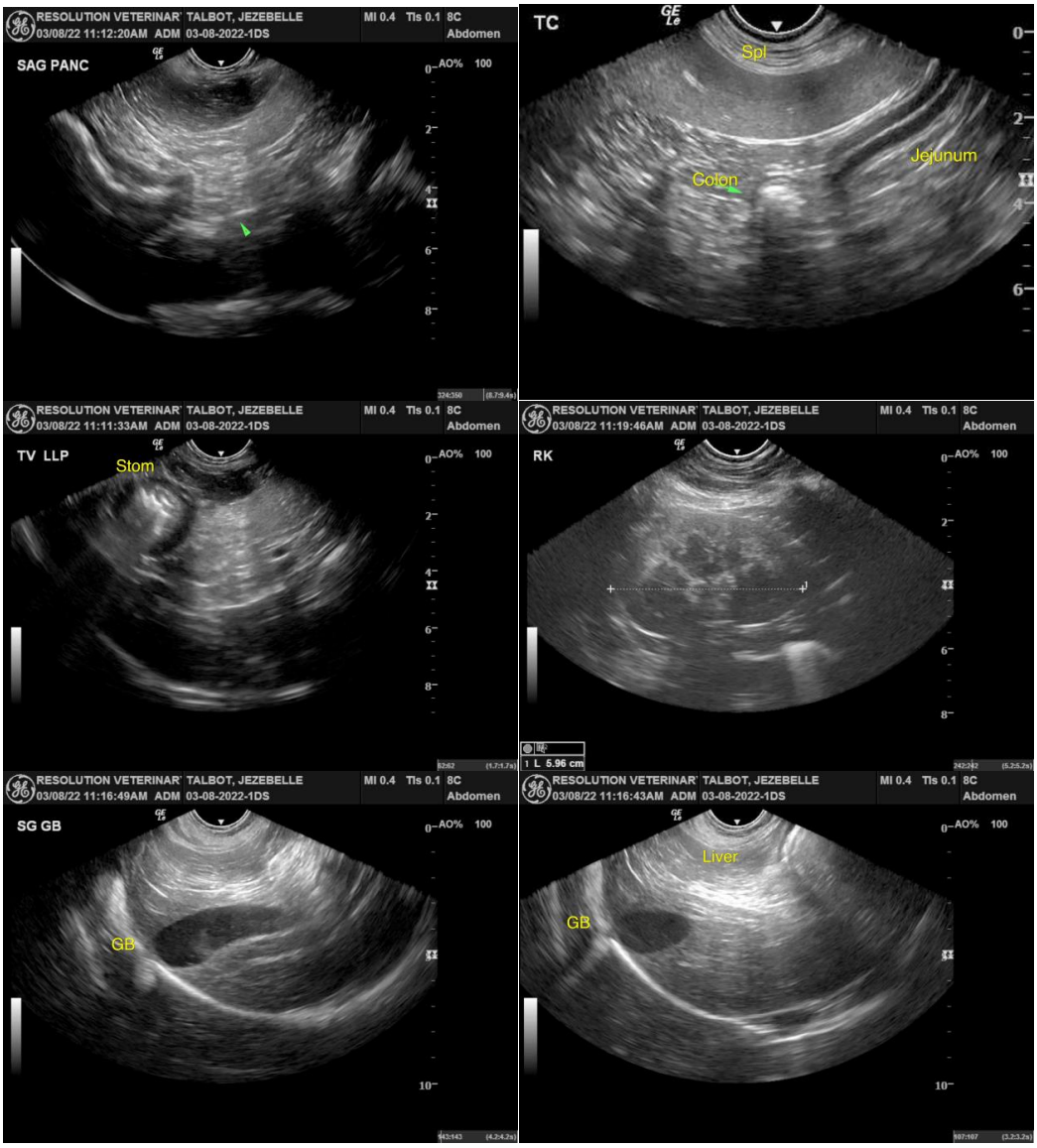
Continued monitoring of ALT levels for evidence of progression would be reasonable. Hepatosupportive medications could also be considered If persistent / progressive ALT elevation.



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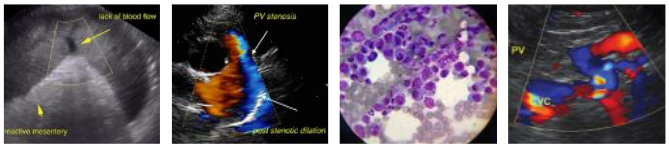

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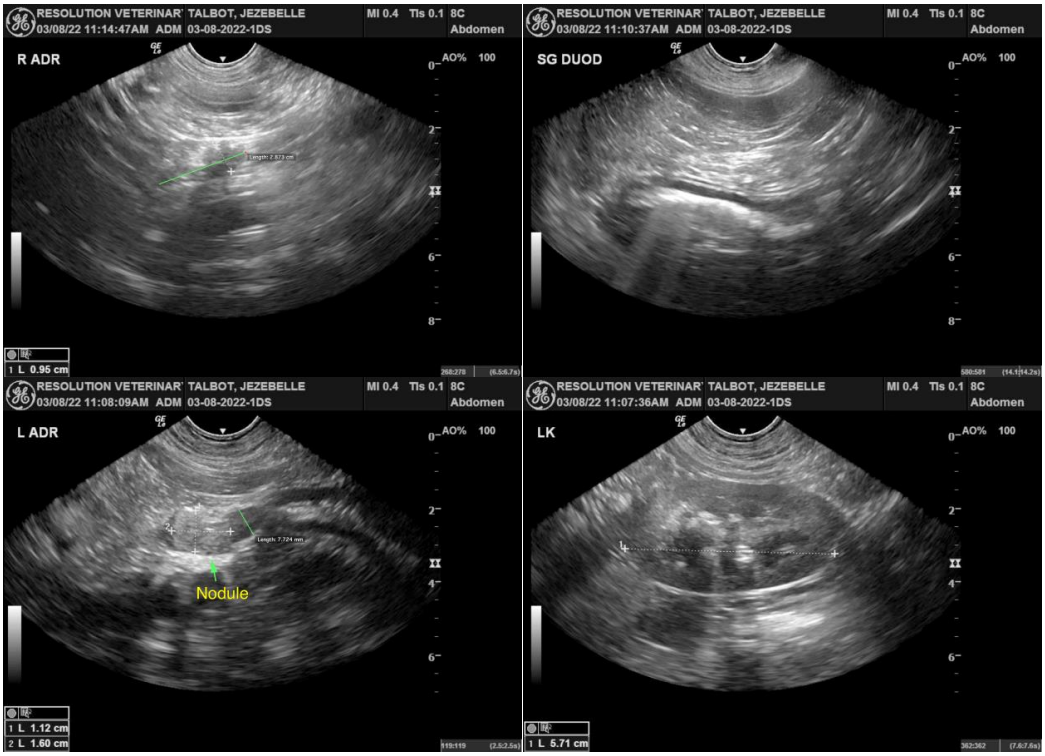

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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