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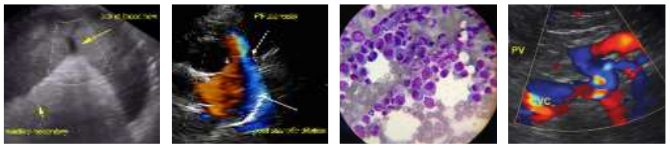

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chino Galdi

SPECIES
Canine

BREED
Mix

SEX
Spayed Female

AGE
10 years

WEIGHT
Not Provided

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

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
All Creatures Great and Small

REFERRING VET
Dr. Mitrovic

INVOICE
12214

DATE
9/13/21

PRESENTING CLINICAL SIGNS

Abdomen pain, fever 105, x-rays showed enlarged liver, bloodwork normal.
Abnormal PE/Chem/CBC/UA Results: Total protein 7.6, Alk Phos 178, Globulin 4.1, Neutrophils 13158

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. No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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. The left kidney measured 6.8 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.44 width in the caudal pole.

No overt pathology was noted in the area of the right adrenal gland.

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. No evidence of splenic nodules, masses, or cystic lesions was noted.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement yet maintained symmetrical capsule contour with subjective normal hepatic parenchyma echogenicity with moderate coarse echotexture. Mild increased prominence of the portal vasculature borders and generalized parenchymal remodeling were present. No hepatic masses, nodules, or cystic lesions were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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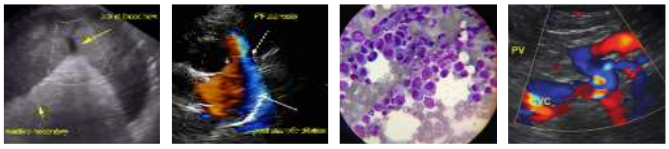

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Gastrointestinal

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 evidence of omental masses, cystic lesions, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related renal changes
- Mild hepatomegaly with parenchymal remodeling, sonographically unremarkable gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology as an obvious cause of abdominal pain or fever.

Subjectively, the overall appearance of the liver was most suggestive of mild benign hepatopathy / hepatomegaly with evidence of parenchymal remodeling. Mild vacuolar hepatopathy, low-grade hepatic parenchymal or hepatobiliary Inflammatory process are possible with occult hepatic neoplasia considered an unlikely differential diagnosis.
The possibility of low-grade to chronic pancreatitis which may present sonographically normal may be possible if evidence of cranial abdominal or subxiphoid discomfort on palpation. Assess for evidence of muscular / skeletal or potential referred abdominal pain, as well as three view chest radiographs if not done to rule out occult thoracic pathology are recommended. Continued supportive care and empirical therapy for fever of unknown origin would be appropriate.

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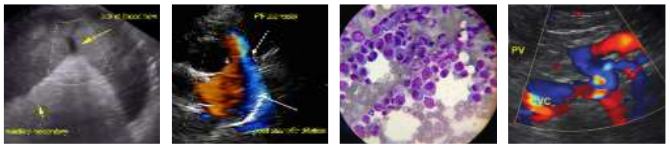

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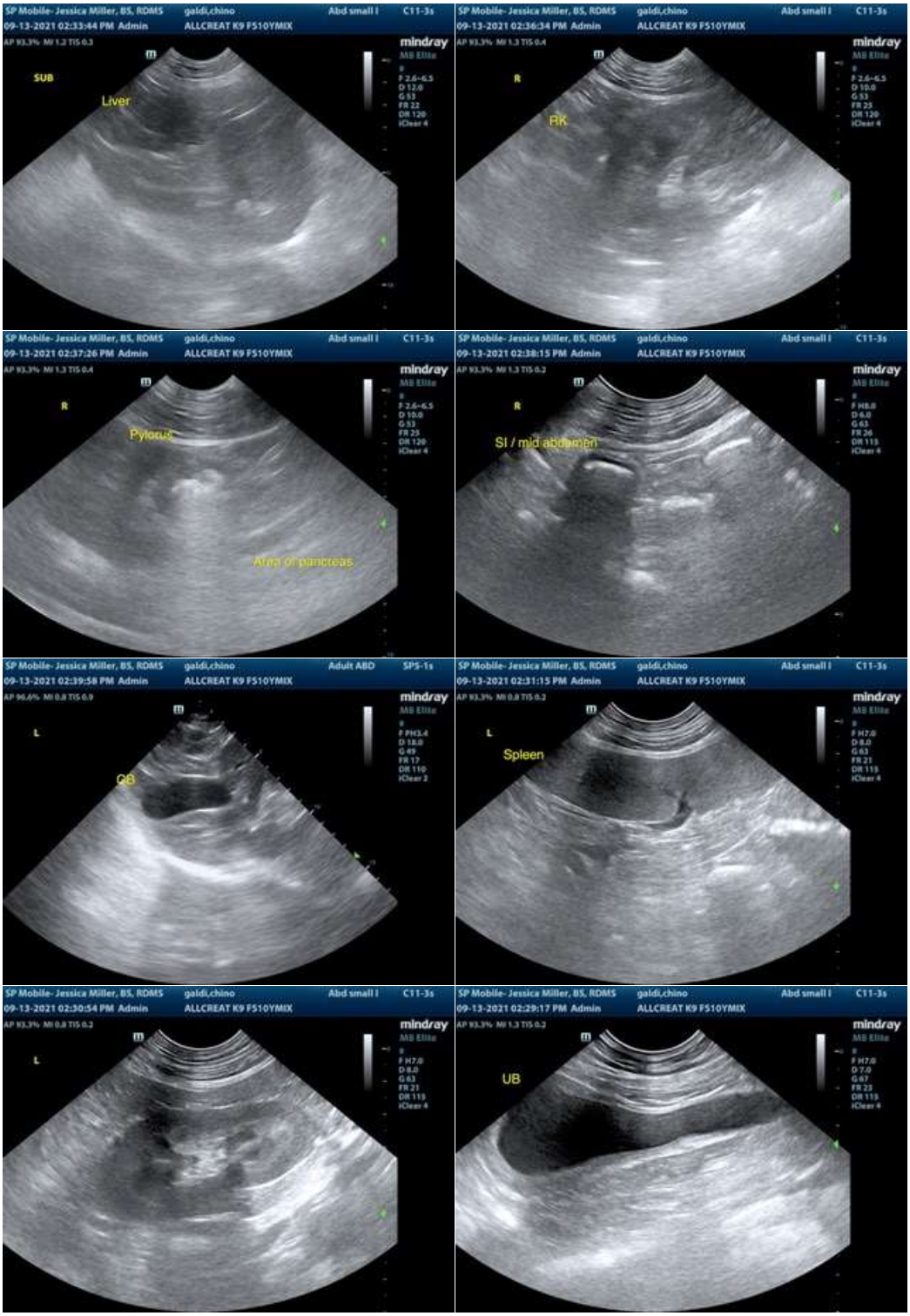

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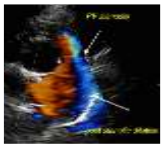
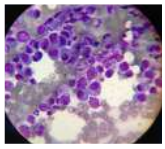
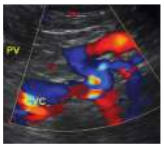

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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