

**PATIENT**

Raylan Connor

SPECIES

Canine

BREED

Corgi Mix

SEX

MN

AGE

10yr

WEIGHT

33.1lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. Elizabeth Wilcox

INVOICE

11668ag

DATE

09/19/2022

PRESENTING CLINICAL SIGNS

Liver values that continue to elevate. On Apoquel.

Abnormal PE/Chem/CBC/UA Results: March/April 2022: ALT 154, ALKP 356. 9-8-22: ALT 234 (12-118), ALKP 634 (5-131), TP 7.8 (5-7.4), GLOB 3.8 (1.6-3.6). Rest of chem, CBC and T4 WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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. Pinpoint medullary mineral was noted bilaterally. The left kidney measured 5.9 cm in length. The right kidney measured 6.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

Adrenal Glands

Both adrenal glands exhibited mildly prominent size and subtle non-homogeneous parenchyma. A discrete casual left adrenal nodule was present measuring 1.0 cm length x 0.78 cm caudal pole width.

The left adrenal gland measured 0.94 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.75 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and 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. Subtle enlargement of the cranial spleen with potential for isoechoic to focally hyperechoic cranial splenic nodule was present measuring 1.3 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented 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. 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 primarily anechoic luminal content and mild non-dependent echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

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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.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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MN

ULTRASONOGRAPHIC FINDINGS**AGE**

10yr

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Mildly enlarged cranial spleen, potential for splenic nodule-subjectively benign, hyperplasia, hematopoiesis, atypical myelolipoma, focal splenitis possible
- Mild chronic renal changes
- Bilateral prominent adrenal glands with discrete caudal left adrenal nodule-adenoma, benign hyperplasia, emerging neoplastic criteria considered less likely
- Age related pancreatic remodeling, minor potential for low-grade chronic pancreatitis if previous history of pancreatitis

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(Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An ultrasound guided hepatic screening FNA cytology may be considered for further assessment. A spec cPL could be considered if clinically indicated. A full adrenal workup and assessment of systemic BP may be considered in this patient. Ideally sonographic monitoring of the left adrenal gland for evidence of progressive nodule changes with initial recheck in 6-8 weeks is recommended, Hepatop supportive medications including Denamarin and Ursodiol may prove beneficial with assessment of hepatic response.

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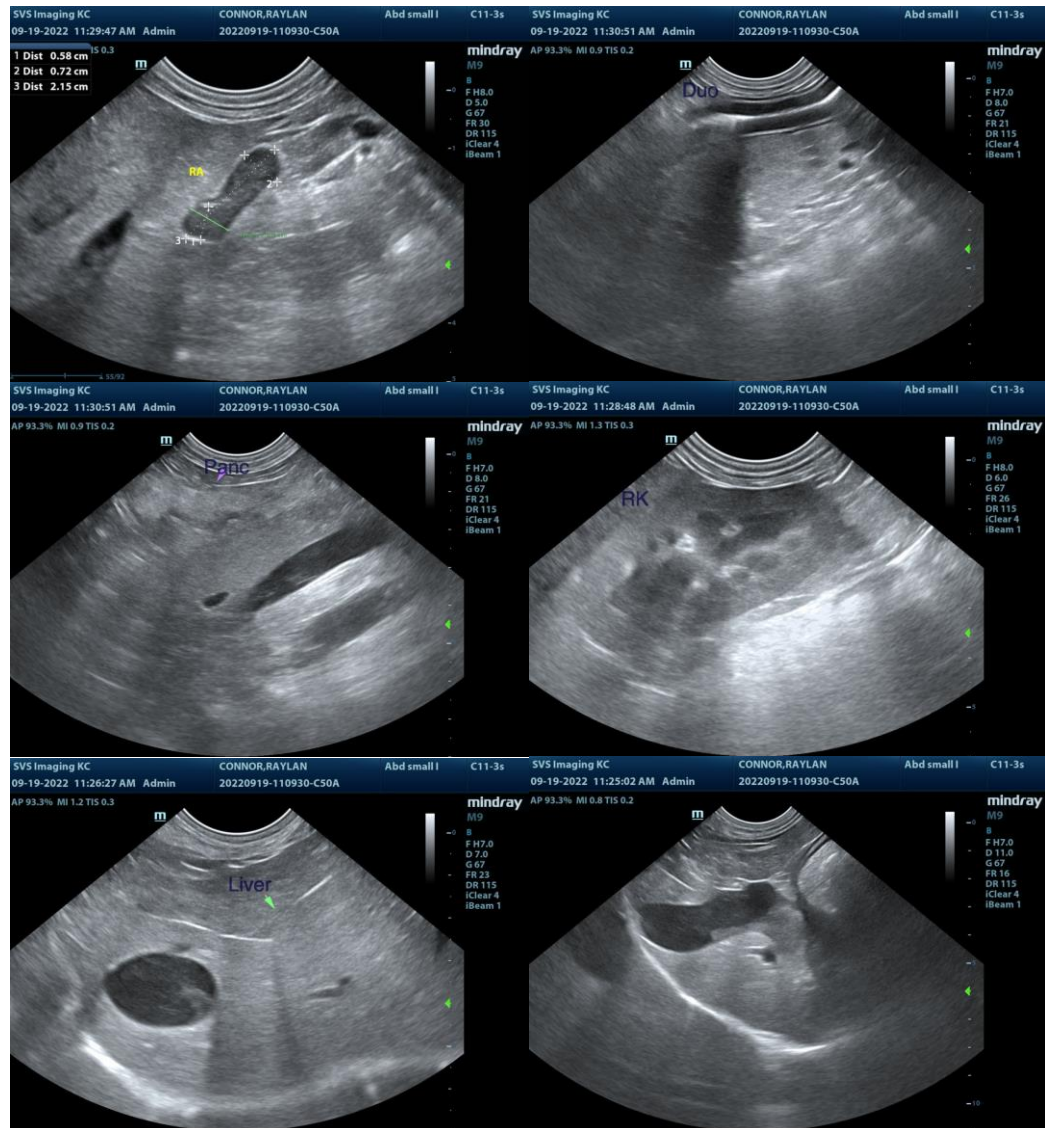
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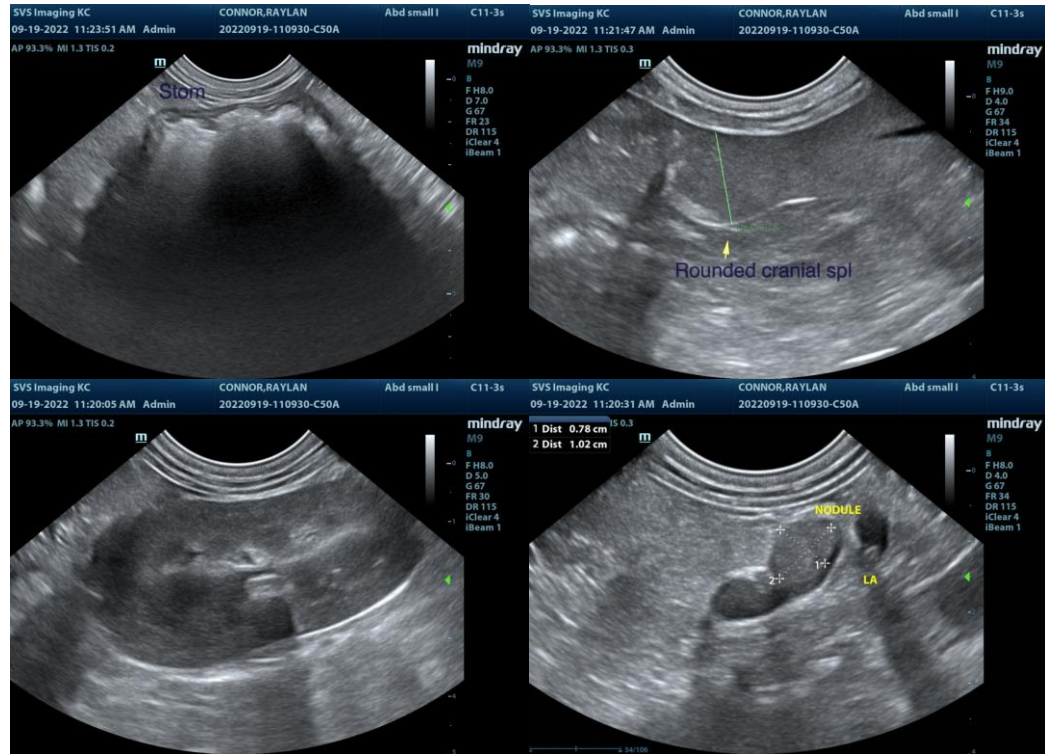
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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