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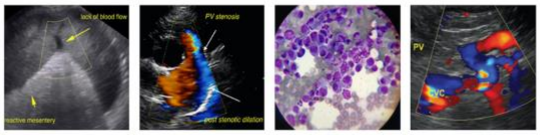

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Ink Collinson

SPECIES

Canine

BREED

St. Poodle

SEX

FS

AGE

13 years

WEIGHT

43 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Holland

INVOICE

13197

DATE

9.20.2021

PRESENTING CLINICAL SIGNS

History: Increased liver values

Medication: Denamarin, Metronidazole

Labs: ALP 1707, ALT 221

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted. Aortic trifurcation was normal.

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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.5 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 2.2 cm length x 0.61 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length x 0.69 cm width in the caudal pole. No evidence of adrenal hyperplasia or tumors.

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

The liver was subjectively normal in size, 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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.

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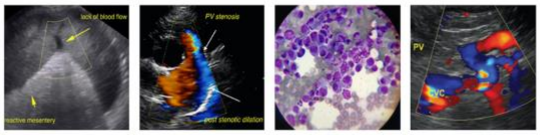

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Pancreas

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 was evident.

Free Abdomen

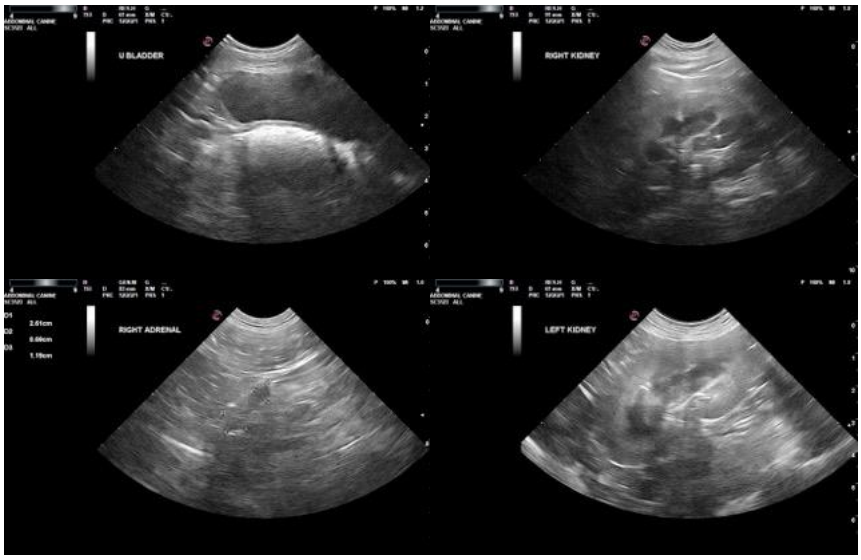
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was non-specific yet consistent with probable benign hepatopathy. Considerations may include vacuolar hepatopathy, non-clinical cholestasis (given the ALP elevation) with potential primary or concurrent non-specific hepatitis (infectious, immune mediated or other) less likely hepatotoxicosis, while hepatic neoplasia considered as less likely differential diagnosis. Hepatic sampling is required for further clarification. Assuming normal clotting status, hepatic FNA could be considered initially for screening cytology and potential identification of inflammatory cell type. Core biopsies likely required for definitive diagnosis with histopathology, tissue culture and sensitivity +/- copper assessment. Hepatosupportive medications including denamarin and ursodiol may prove beneficial. The addition of amoxicillin to current metronidazole with reassessment of hepatic enzymes in 2 weeks would be reasonable. Discontinuation of antibiotic recommended if no improvement in hepatic enzymes following two weeks of antibiotic therapy. Leptospirosis titers/PCR may be considered if clinically indicated.



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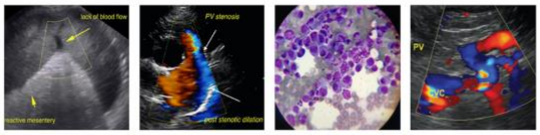

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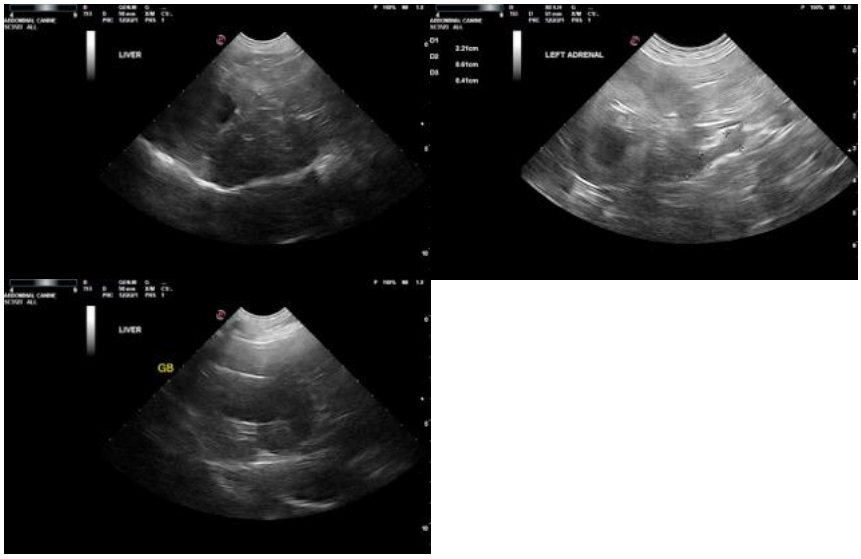

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com