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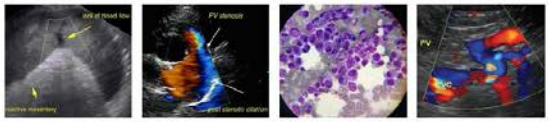

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Lucky Larson

SPECIES

Canine

BREED

Springer Spaniel

SEX

Neutered Male

AGE

14 Years

WEIGHT

20.35 kg

INTERPRETED BY

R. McKenzie Daniel, DVM. DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Carl Kelly

INVOICE

25693

DATE

9/20/21

PRESENTING CLINICAL SIGNS

ATTACHED BILE ACIDS and LABS- "Lucky" Linda Larson Male, neutered DOB=2007 Springer spaniel Bile acids indicate continued liver disfunction. Current meds are ursodiol 250mg 1 p.o. sid. Metronidazole 250mg bid (8-12-21) Denamarin 425mg 1 tab sid (since early this year). Amoxicillin 250mg 1 cap bid (since 8-12-21) Yumove (supplement) 1 sid. 20.35kg

ALP 273, ALT 211, GGT <5, post-prandial bile acids 60, TBili 0.3, Alb 4.2, BUN 17, Chol 285.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. Likely focal prominent ureteral papilla noted in the dorsal abdomen. Potential for mild emerging polyp or focal cystitis possible. No overt evidence of neoplastic criteria. Apical urinary bladder wall measured 0.54 cm in width.

No overt pathology in the area of the residual prostate.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. The kidneys measured 6.1 cm each.

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 0.71 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 0.65 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. A solitary, non-expansive, heterogeneous nodule was noted in the cranial spleen, measuring 1.6 cm diameter. 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.

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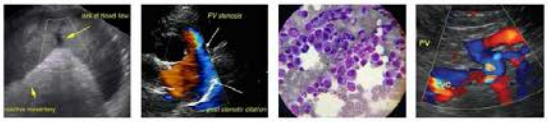

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Liver

The liver exhibited mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent subtly expansive to indistinct parenchymal nodules lesions isoechoic to adjacent hepatic parenchyma were noted. Example measured 3.7 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 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 was evident.

Free Abdomen

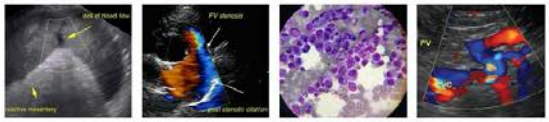
Small pockets of scant perihepatic free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Possible mild cystitis
- Non-specific cranial splenic nodule – nodular hyperplasia, hematopoiesis, small hematoma, previous infarct, primary versus metastatic neoplasia possible.
- Hepatopathy with parenchymal remodeling and intermittent, subtly expansive, isoechoic parenchymal nodular lesions – chronic vacuolar or non-specific inflammatory hepatopathy with parenchymal remodeling, areas of nodular to regenerative hyperplasia or hematopoiesis, hepatoma, hepatic neoplasia possible.
- Minor gallbladder debris, non-mucocele
- Scant perihepatic free fluid
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA warranted for screening cytology and further clarification. The splenic nodule is not likely accessible for FNA. Therefore, sonographic monitoring of the splenic nodule is recommended. Hepatic core biopsy is likely required for definitive diagnosis. Hepatosupportive medications and Ursodiol may be beneficial. Although



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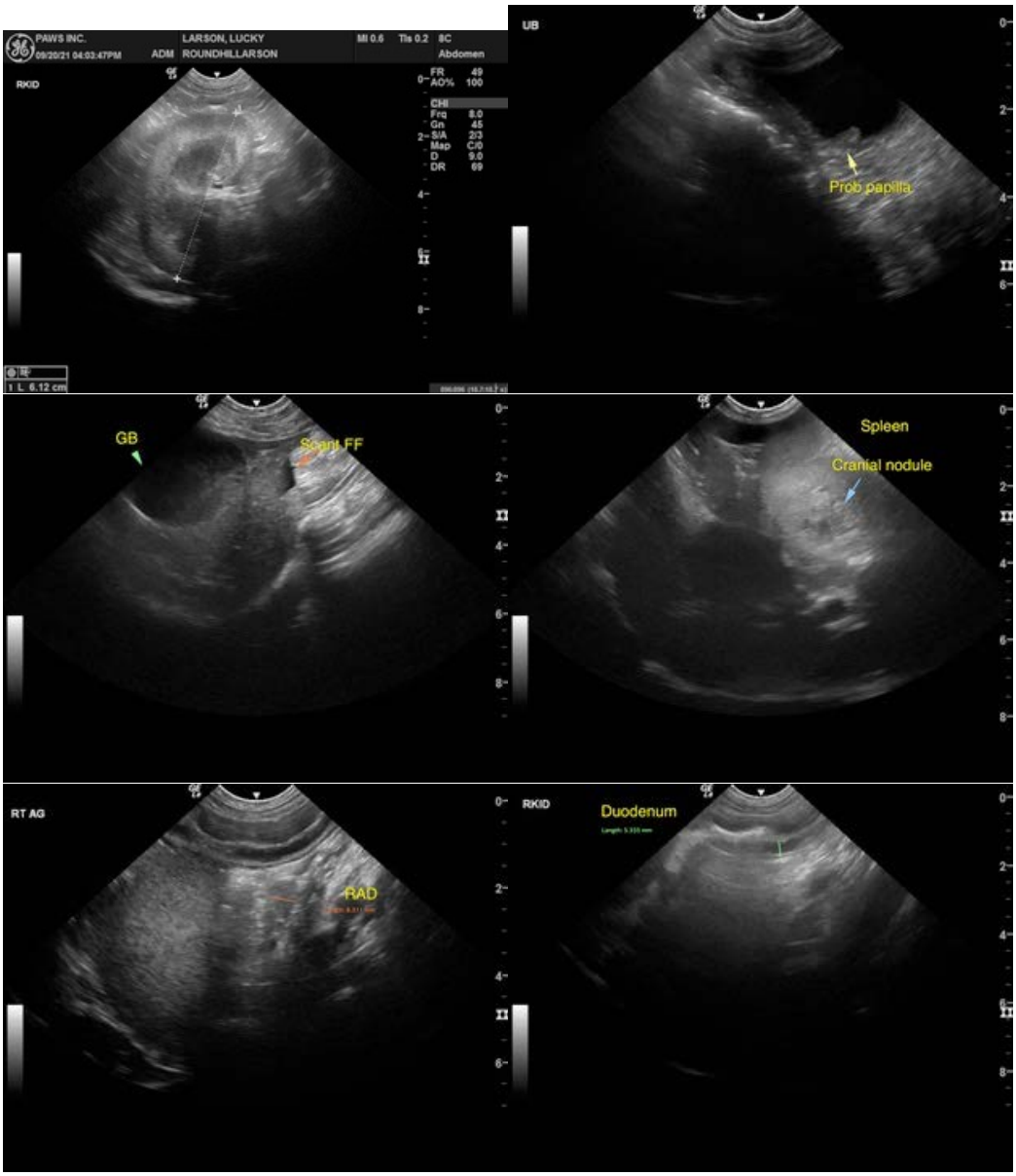
post-prandial bile acids were mildly elevated (not consistent with portosystemic shunt), overall hepatic functionality is likely adequate given the normal albumin, BUN and cholesterol levels while assuming serum glucose levels.



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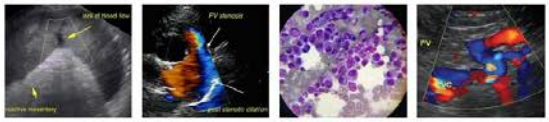

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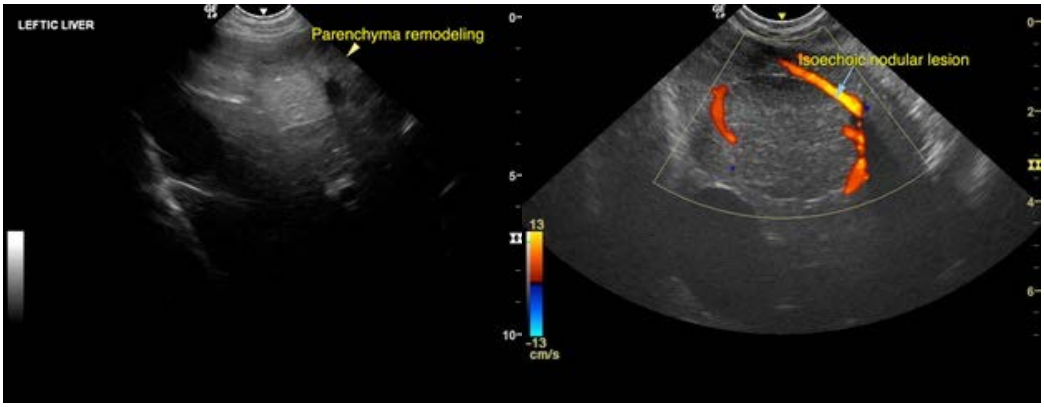

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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