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Clinical Sonography & Telecytology
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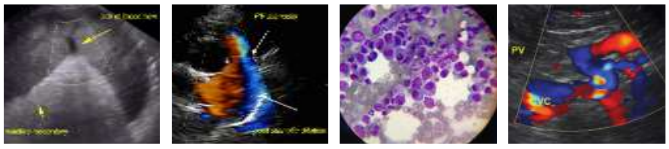

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lexi Dygert

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
14 years

WEIGHT
4.98 lbs.

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

IMAGING PERFORMED BY
Dr. Daniel Finch

HOSPITAL NAME
Neighborhood Pet Health Center

REFERRING VET
Dr. Daniel Finch

INVOICE
12275

DATE
9/21/21

PRESENTING CLINICAL SIGNS

P presented for increased appetite for the past 2 months. P wakes O up in the middle of the night, P is shaking and won't calm down until O feeds her. P eats every few hours during the day. Otherwise P is doing well.
Abnormal PE/Chem/CBC/UA Results: BAR. BCS 3/9. MM pink and moist. CRT < 2 sec. Most teeth are missing, G4 calculi. Heart and lungs auscultate clear. Pigmented keratitis OU. Nose and ears are clear; no discharge or inflammation. Distended abdomen, soft and nonpainful. Coat and underlying skin are clean and clear, no external parasites or inflammation seen. Peripheral ln are small and symmetrical. HCT 46.0%, WBC 11.1K, PLT 402K Glu 79, SDMA 18, Creat 1.0, BUN 37, K 5.9 (H), Na:K 24, Cl 106 (L), Alb 2.8, ALT 509, AST 71, ALP 111, GGT 15, tBil 0.1 USG 1.012, Pro trace, otherwise normal UA tT4 2.0

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint dystrophic medullary mineralization was present. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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.

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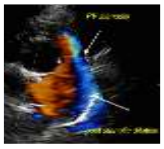
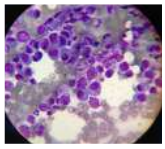
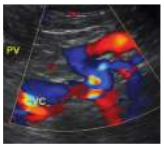

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Liver/ Gallbladder

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 exhibited minor subjective distention containing anechoic fluid and mild to moderate mineralized sediment to small cholеliths. The gallbladder walls were non-thickened yet generalized hyperechoic, suggestive of potential concurrent mural mineralization. The common bile duct was normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. The stomach was primarily empty with luminal gas and mild retained pyloric chyme. Ovoid, uniformly hypoechoic mural lesion noted in the area of the cranial gastric body wall was present. This mural lesion measured approximately 1.8 cm x 1.5 cm. Loss of discernable wall layer detail was noted associated with the mural lesion. By comparison, pylorus wall width measured 0.36 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent small bowel mucosa and submucosa. The duodenum wall width measured 0.37 cm. The jejunum wall width measured 0.34 cm.

Normal visible colon wall layers were present with apparent formed feces 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 was present. Generalized primarily peri intestinal reactive mesentery was present. No evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic renal changes with pinpoint medullary mineralization
- Gastritis with solitary ovoid, uniformly hypoechoic mural lesion
- Chronic enteropathy pattern - possible chronic IBD
- Hepatopathy - subjectively benign
- Mineralized gallbladder debris / cholеliths - nonobstructive
- Heterogeneous pancreas
- Mild generalized reactive omentum

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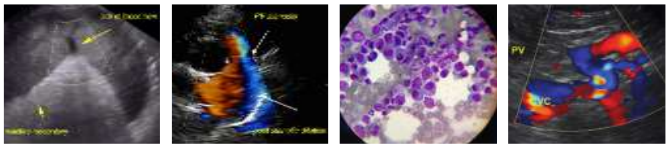

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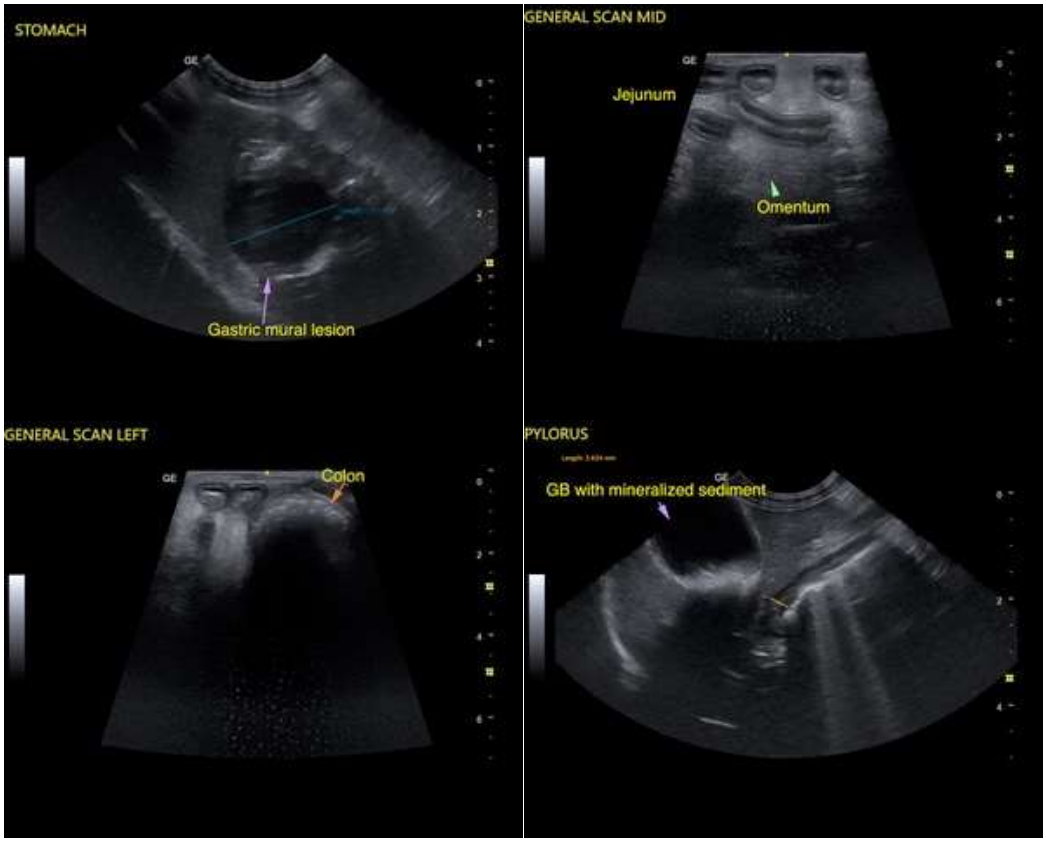
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The heterogeneous pancreas was nonspecific, suggestive of age-related pancreatic changes and minor benign parenchymal remodeling. The potential for low-grade chronic inflammation, which may present as sonographically similar, may be possible.

Although not definitive, the appearance of the liver is suggestive of potential chronic cholangiohepatitis, given the ALT / AST elevation and presence of mineralized gallbladder debris with some degree of concurrent vacuolar hepatic changes and cholestasis, given the ALP /GGT combination. The potential for hepatic neoplasia is considered an unlikely differential diagnosis.

Inflammatory granulomatous or neoplastic etiologies are possible for the gastric mural lesion. Endoscopic biopsies of the gastric mural lesion, as well as the upper small intestine, would be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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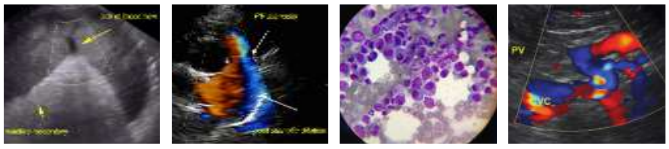

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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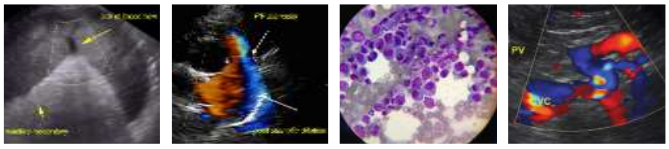

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