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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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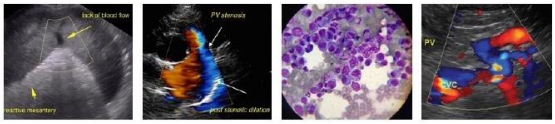


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Hugo Henderson

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

12yr

WEIGHT

8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Westoak Animal Hospital

REFERRING VET

Dr. Kohlmaier

INVOICE

11695ag

DATE

09/26/2022

PRESENTING CLINICAL SIGNS

No current medications. ALP has been steadily increasing since 2019. Now it is 1200.

Abnormal PE/Chem/CBC/UA Results: ALP 1272, ALT wnl, CBC wnl, USG 1.031, neg protein/glucose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. The left kidney measured – cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland exhibited mild prominent size based on caudal pole width with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.72 cm width at the caudal pole and 1.8 cm length. The right adrenal gland exhibited mild prominent size based on caudal pole width with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 1.8 cm length.

Spleen

The spleen exhibited 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. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

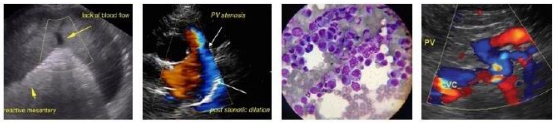
Liver

The liver presented mild to moderately 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 echogenic luminal 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 mild ingesta with areas of distal acoustic shadowing 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.



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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 or peritoneal effusion was present.

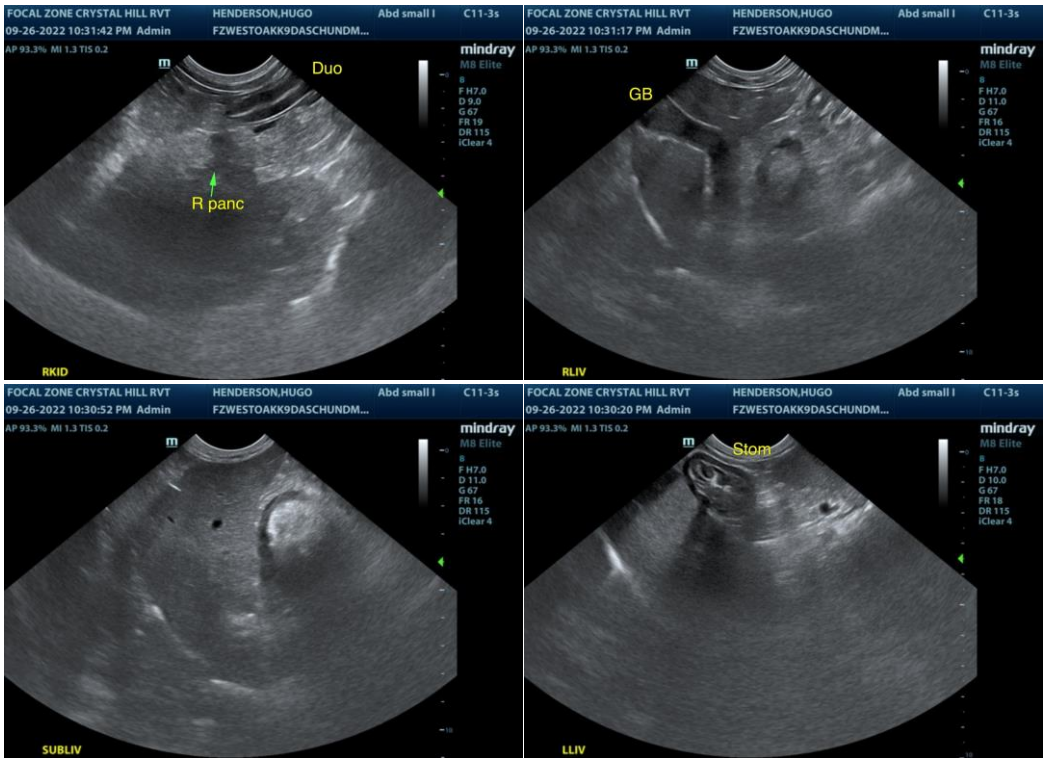
ULTRASONOGRAPHIC FINDINGS

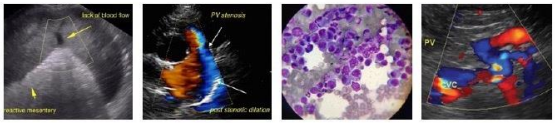
- Vacuolar hepatopathy pattern-benign
- Mild gallbladder debris (non-mucocele)
- Bilateral mild prominent adrenal glands
- Mild age-related renal changes
- Heterogeneous pancreas-minor benign remodeling, age/patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, a hepatic FNA for screening cytology could be considered for further assessment. Bland novel protein or hydrolyzed diet trial along with hepatosupportive medications may prove beneficial.

The bilateral prominent adrenal glands are of unclear clinical significance given lack of reported clinical signs. A full adrenal workup could be considered if clinical signs suggestive of adrenal hyperfunction arise. No evidence of hepatic or adrenal neoplastic criteria was observed.





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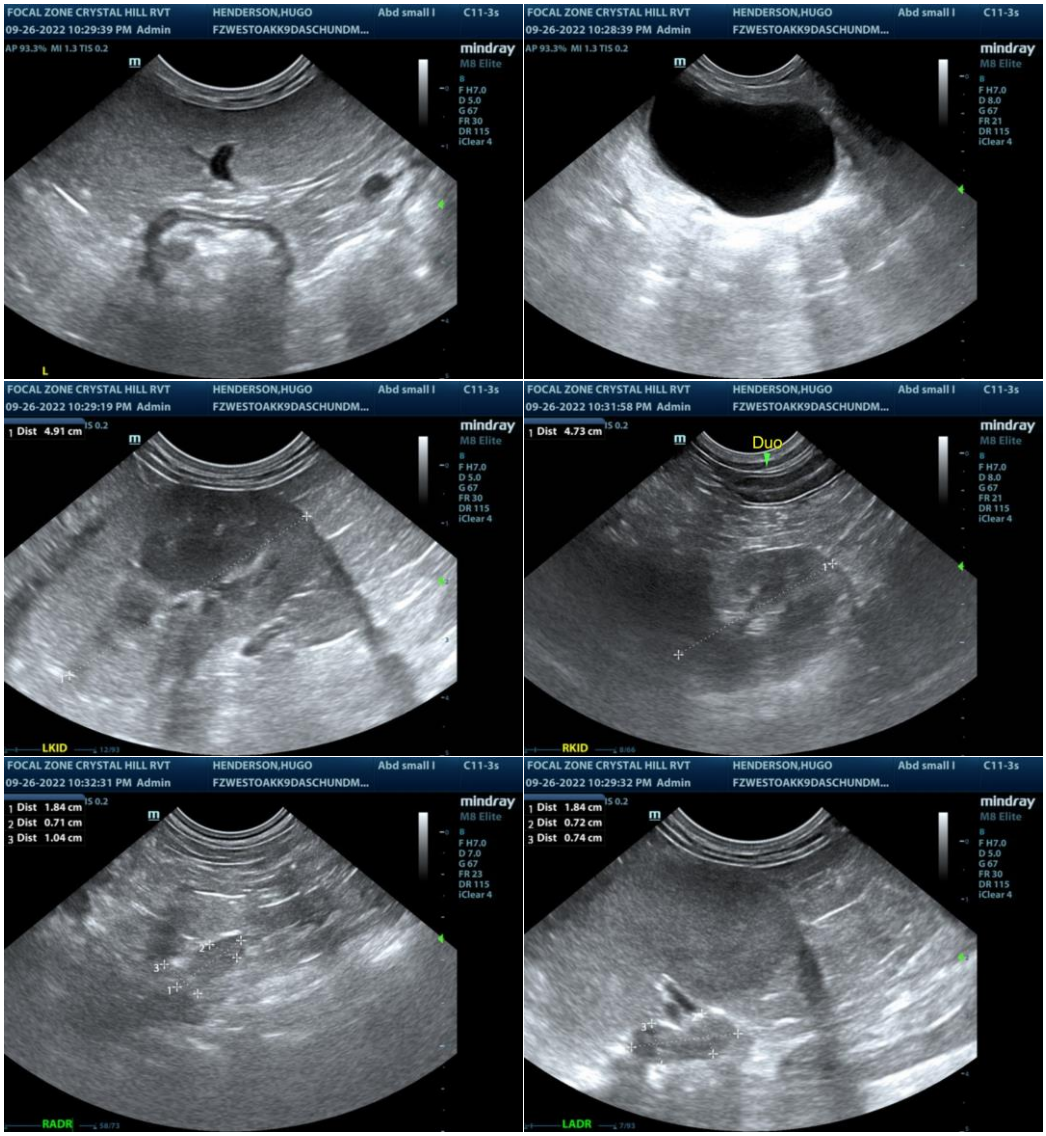

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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