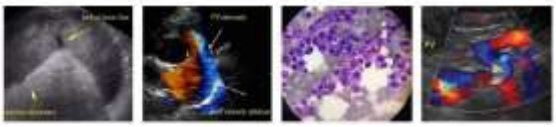


PATIENT

Ivory Bishop

SPECIES

Canine

BREED

Shep X

SEX

Spayed Female

AGE

8 years

WEIGHT

33.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Oxford County Vet Clinic

REFERRING VET

Dr. Halfon

INVOICE

12332

DATE

9/28/21

PRESENTING CLINICAL SIGNS

–anorexia for 4 days duration, no known cause, hx of significant elevations in hepatic and biliary bloodwork at prior vet. Denosyl, Cerenia

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. Minor dependent mineral to potential focal calculus was present. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

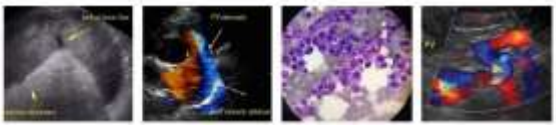
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.83 cm width at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, yet without overt pathology, subjectively measuring 2.6 cm length x 0.70 cm width in the caudal pole.

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/ Gallbladder

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. Focal areas of lobar biliary tree mineralization were present. The gallbladder was non-distended in size. Moderate, echogenic to mineralized luminal debris with suspect moderately sized cholelith to accumulated choleliths were present. A potential cholelith measured 2.5 cm - 3.0 cm in diameter. The cystic biliary duct was mildly dilated yet without evidence of concurrent overt common bile duct dilation. No overt evidence of post hepatic obstruction.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic ingesta exhibiting progressive distal acoustic shadowing.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental jejunal ileus pattern along with segmental concurrent digesta and gas were present. No overt evidence of mechanical small intestinal obstruction was noted.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild dependent urinary bladder mineral vs. potential solitary calculus
- Hepatic parenchymal remodeling with Intermittent lobar biliary tree mineralization
- Nondistended gallbladder with mineralized debris / cholelithiasis
- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta to mild segmental intestinal ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, mineralized gallbladder debris / cholelithiasis, as well as lobar biliary tree mineralization may at times be secondary to chronic inflammatory hepatic parenchymal or hepatobiliary process i.e., nonspecific hepatitis or cholangiohepatitis.

Potential for concurrent structurally insignificant Inflammatory gastroenteropathy with gastric stasis, given the presence of gastric ingesta, may be possible. However, if persistent hepatic enzyme elevations, the gastrointestinal signs in this patient may potentially be owing to primary hepatic disease. Technically, a minor potential for gastric foreign material cannot be definitively excluded, yet considered less likely. Monitoring for normal gastric emptying is suggested. Correlation with recheck hepatic parameters is recommended. If persistent hepatic enzyme elevations, hepatic core biopsy +/- bile C/S are likely needed for a definitive diagnosis. Continued as-needed GI support is indicated.

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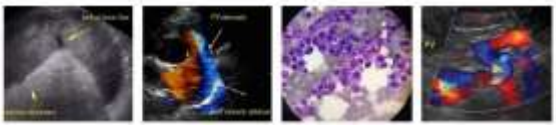

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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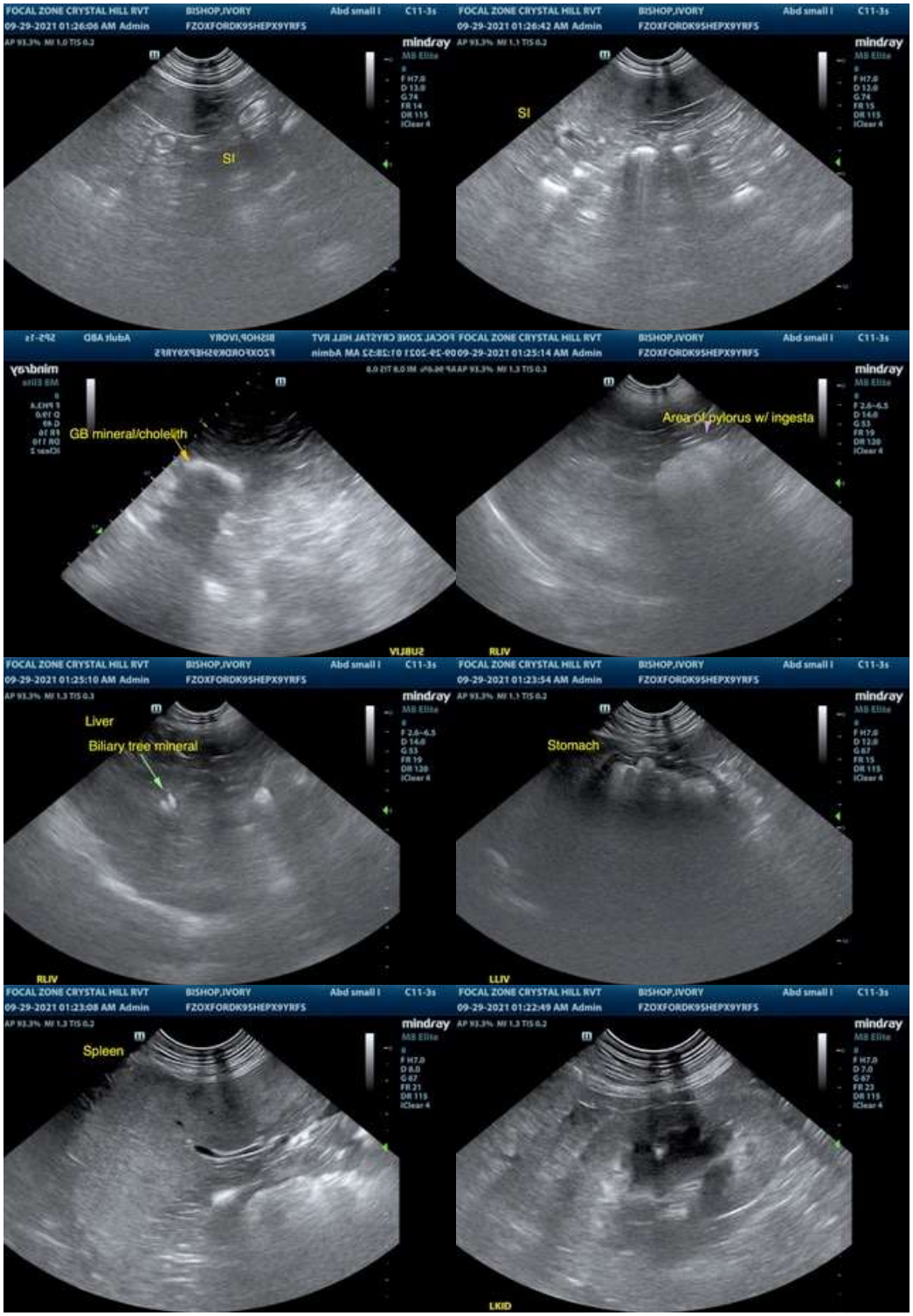

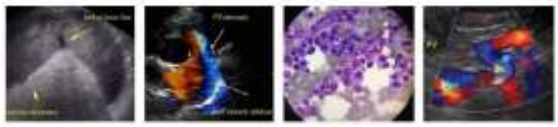

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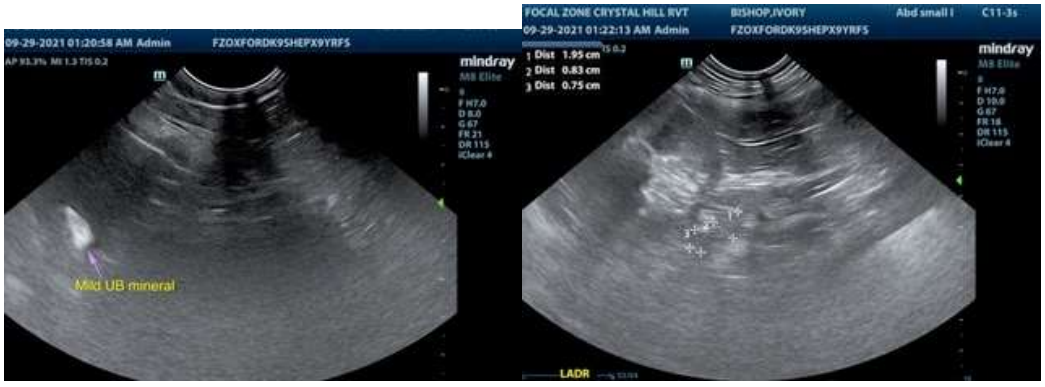

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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