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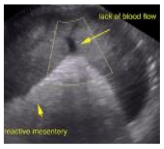

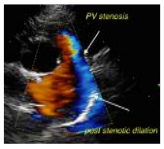

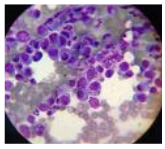
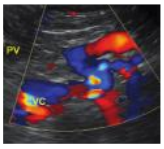

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rondo Marte

SPECIES

Canine

BREED

SIberian Husky

SEX

MN

AGE

10y

WEIGHT

66.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Chun

INVOICE

14818

DATE

9/6/22

PRESENTING CLINICAL SIGNS

Patient presented for a regular check up and a consultation for possible mass removal. BW was performed and abdominal ultrasound was recommended due to results. Patient is eating well and shows normal behavior for his age.
Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 1443 IU/L RBC: 4.5 10^6/mL HCT: 32% Hemoglobin 10.7 g/dL

The submitted study contained 29 still images and 7 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. A moderately sized, thinly-walled cyst containing anechoic fluid was noted in the caudal left kidney measuring approximately 3.7 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 6.1 cm in length. The right kidney measured 5.8 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 0.66 cm width at the caudal pole and 0.65 cm width at the cranial pole. The area of the right adrenal gland was indistinctly visualized.

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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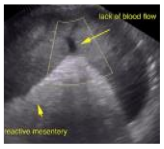

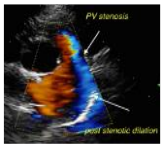

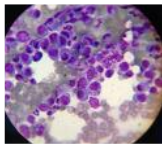
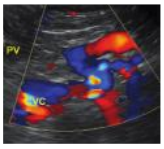

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, primarily nonshadowing ingesta, chyme, and fluids. No overt evidence of mechanical pyloric outflow obstruction was noted.

Visualized segments of small intestine were sonographically normal exhibiting intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio.

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

Primary Findings

- Mild chronic renal changes with left kidney cyst
- Benign hepatopathy - subjective vacuolar hepatopathy pattern

Secondary Findings

- Gastric ingesta / chyme
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific yet sonographically consistent with benign hepatopathy. Considerations may include suspected vacuolar hepatopathy and/or nonobstructive cholestasis, given the ALP elevation. Potential for inflammatory / immune-mediated disease is possible yet is considered a less likely differential diagnosis. No overt evidence of hepatic neoplastic criteria was noted.

Given the lack of clinical signs i.e., PU/PD, polyphagia, etc., underlying adrenal disease may be considered unlikely. Adrenal workup may be indicated if clinical signs suggestive of Cushing's Syndrome arise. Hepatic sampling is required for further assessment. No overt anesthetic contraindications, assuming normal BUN, glucose, cholesterol, and albumin levels, which indicated normal hepatic function. Hepatosupportive medications may prove beneficial.

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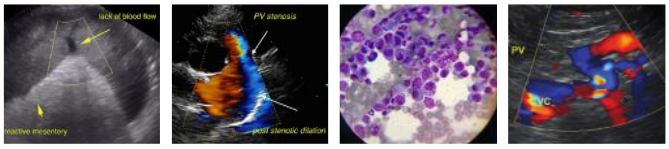

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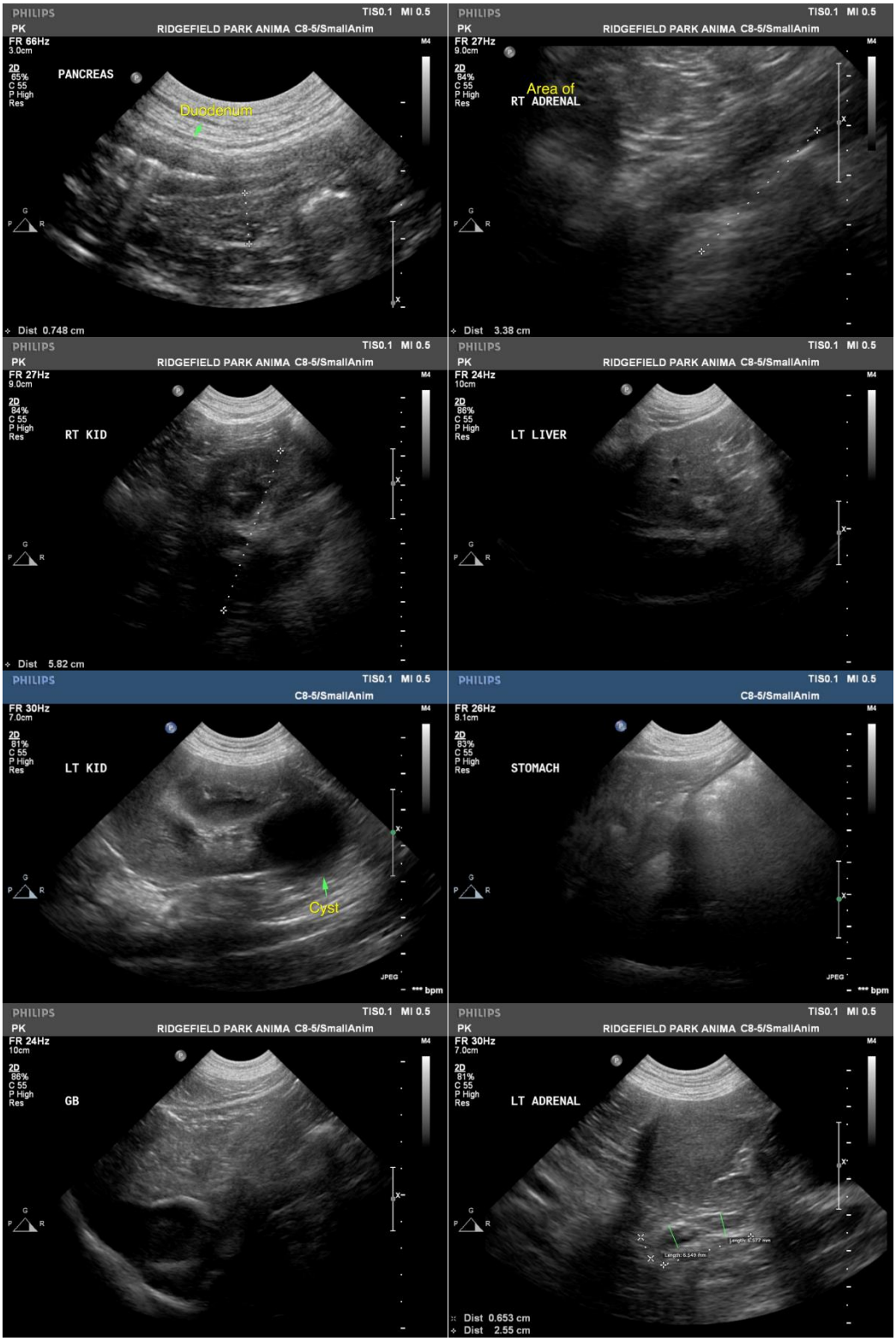

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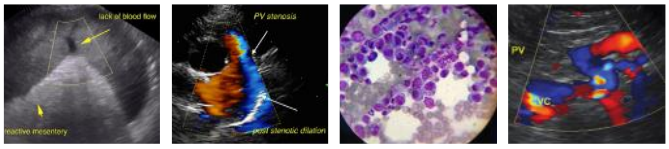

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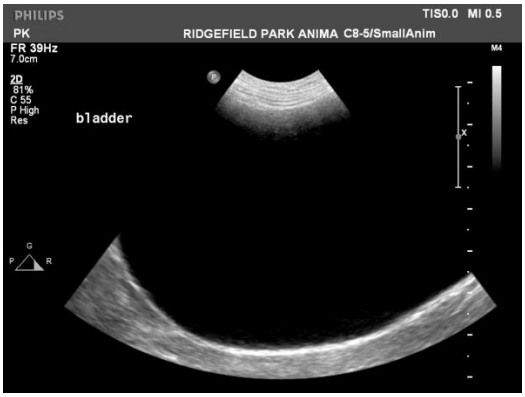

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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