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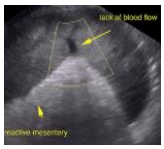
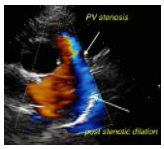
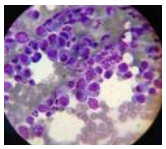
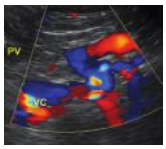

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1-800-838-4268 info@sonopath.com

PATIENT

Zoey Dimenchi

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

9yr

WEIGHT

80

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Stanglein

INVOICE

11544ag

DATE

09/06/2022

PRESENTING CLINICAL SIGNS

long history of hypothyroidism, allergic dermatitis, and significant OA. More recently has had a mild elevation in ALT for which rimadyl was instructed to be used PRN and denamarin started. On 8/31/22 glaucoma OD diagnosed, at ophthalmologist conjunctival petechiation noted along with retinal hemorrhage. BW values repeated and not further elevation in LE as well as reduced PLT. Current meds: soloxine, cytopoint, otc antihistamines, gabapentin, tramadol, vetprofen(recently stopped), denamarin, eye drops for glaucoma.

Abnormal PE/Chem/CBC/UA Results: elevated Tbili/ALT, reduced PLT... hx hypothyroid but recent T4 elevated (presumed iatrogenic)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia.

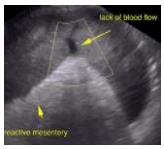
The left adrenal gland measured 0.60 cm width at the caudal pole and 2.2 cm length. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.1 cm length.

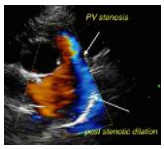
Spleen

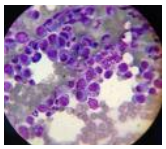
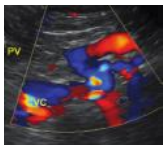
The spleen exhibited potential for cranial folding (which is not indicative of underlying pathology) with a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.

Liver

The liver presented normal in size. The hepatic parenchyma revealed mild generalized reduced echogenicity compared to the spleen and renal cortical parenchyma with a moderate coarse echotexture. Mid increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.





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The gallbladder was non-distended in size with primarily anechoic luminal content and mild hyperechoic 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 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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral chronic renal changes
- Hepatopathy exhibiting mild hypoechoic parenchyma
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The decreased hepatic parenchyma echogenicity is compatible with non-specific inflammatory hepatic disease such as non-specific hepatitis given the ALT elevation, reactive hepatopathy, toxic (copper) with potential for occult round cell hepatic neoplasia. Some degree of cholestasis given the gallbladder debris and elevated TBIL is likely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for cytology, primarily to assess for evidence of inflammatory cells or neoplasia, as well as Leptospirosis titer / PCR if clinically indicated.

Continued as needed hepatosupportive medications with serial monitoring of TBIL and ALT would be a mores conservative approach.

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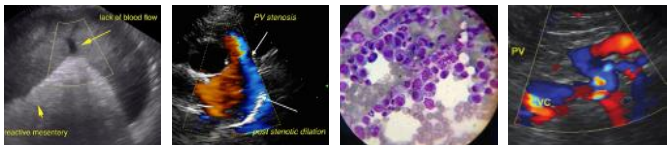

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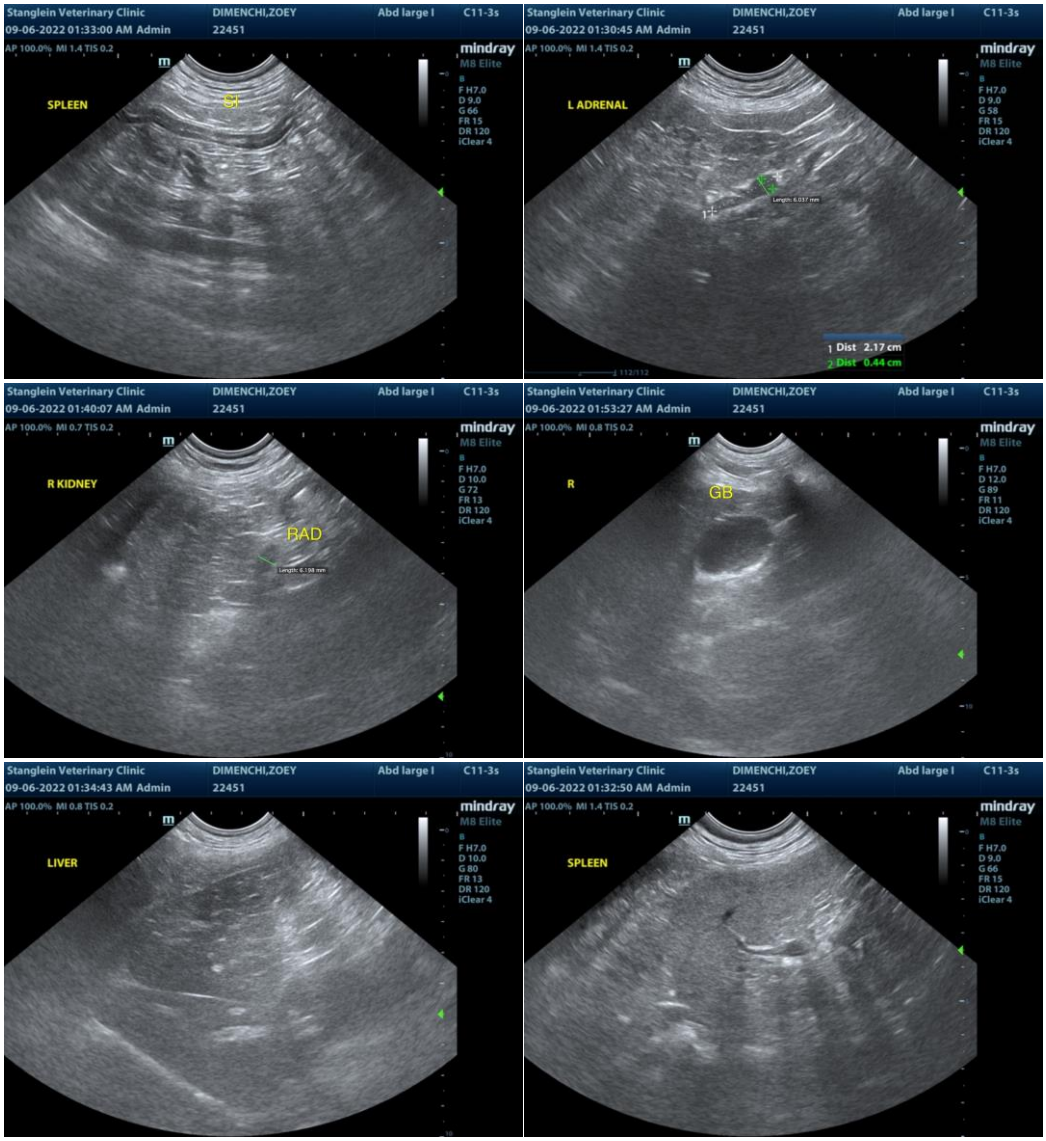

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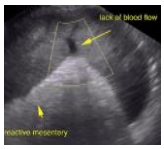
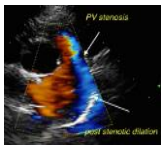
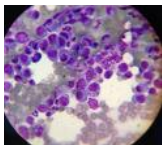
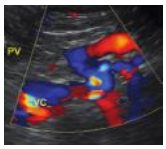

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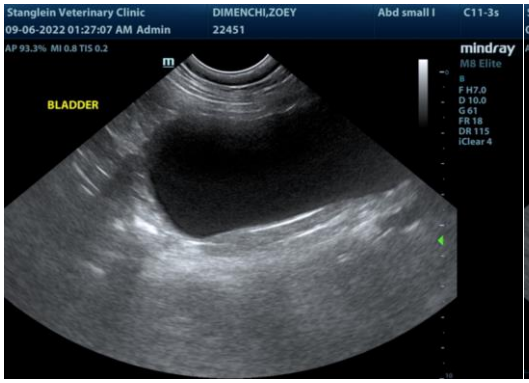

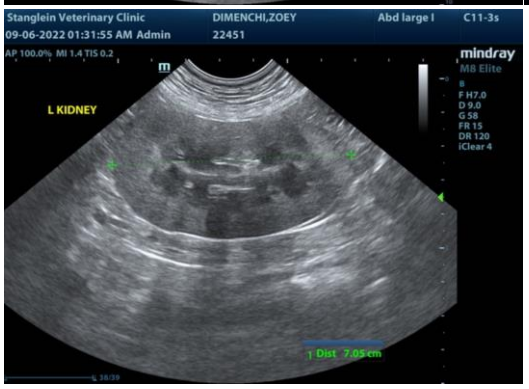

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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