

PATIENT

Pinky Bresenhan

SPECIES

Canine

BREED

Mix Breed

SEX

Female Spayed

AGE

9y

WEIGHT

44.2 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Denise Bruno, RDMS,
LVT

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

13270

DATE

PRESENTING CLINICAL SIGNS

History:

- Seizure. ^ALT 127 (12-118). Evaluate for neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys. The left kidney measured 5.3 cm. The right kidney measured 5.7 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.52 cm length x 0.75 cm and 0.57 cm width. The right adrenal gland measured 2.72 cm length x 0.68 cm and 0.5 cm width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm width.

Liver

The liver was enlarged in size with rounded edges and a diffuse increased echogenic and coarse appearance. Normal portal markings and regular curvilinear capsule. No nodules or masses evident.

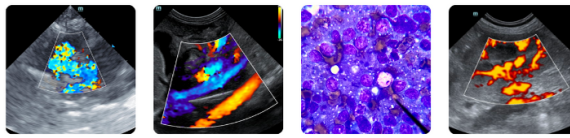
Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing large amount of both adhered and non-adhered hyperechogenic sediment with the adhered sediment arranged in a stellate pattern. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no



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distension of the lumen. Moderate amount of ingesta present within the stomach compatible with a recent meal. Small intestine measured up to 0.41 cm.

Pancreas

The visible sections of the pancreas exhibited normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

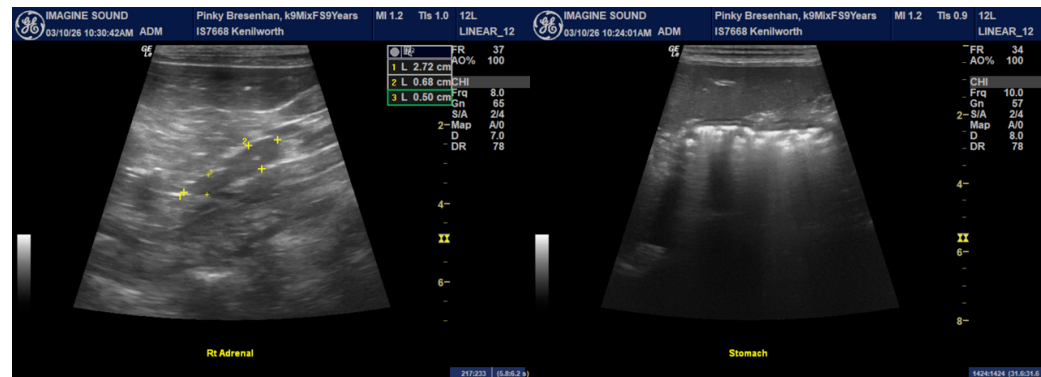
ULTRASONOGRAPHIC FINDINGS

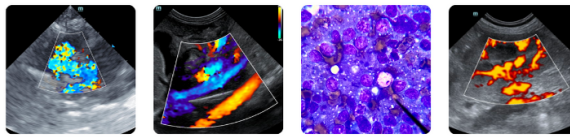
- Hepatopathy
- Mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic, with hepatitis and infiltrative neoplasia unlikely differential diagnoses. Although hepatopathy may result in seizure activity, and with the patient's age, primary intracranial disease needs to be considered.

Further assessment would be full neurological examination, pre and post prandial bile acids and FNA cytology of the liver. A tru-cut or wedge biopsy of the liver may however be required for a final etiological diagnosis. Specific therapy would be dependent on an etiological diagnosis. Management of the mucocele would either be cholecystectomy or the use of Ursodiol with regular ultrasound monitoring.





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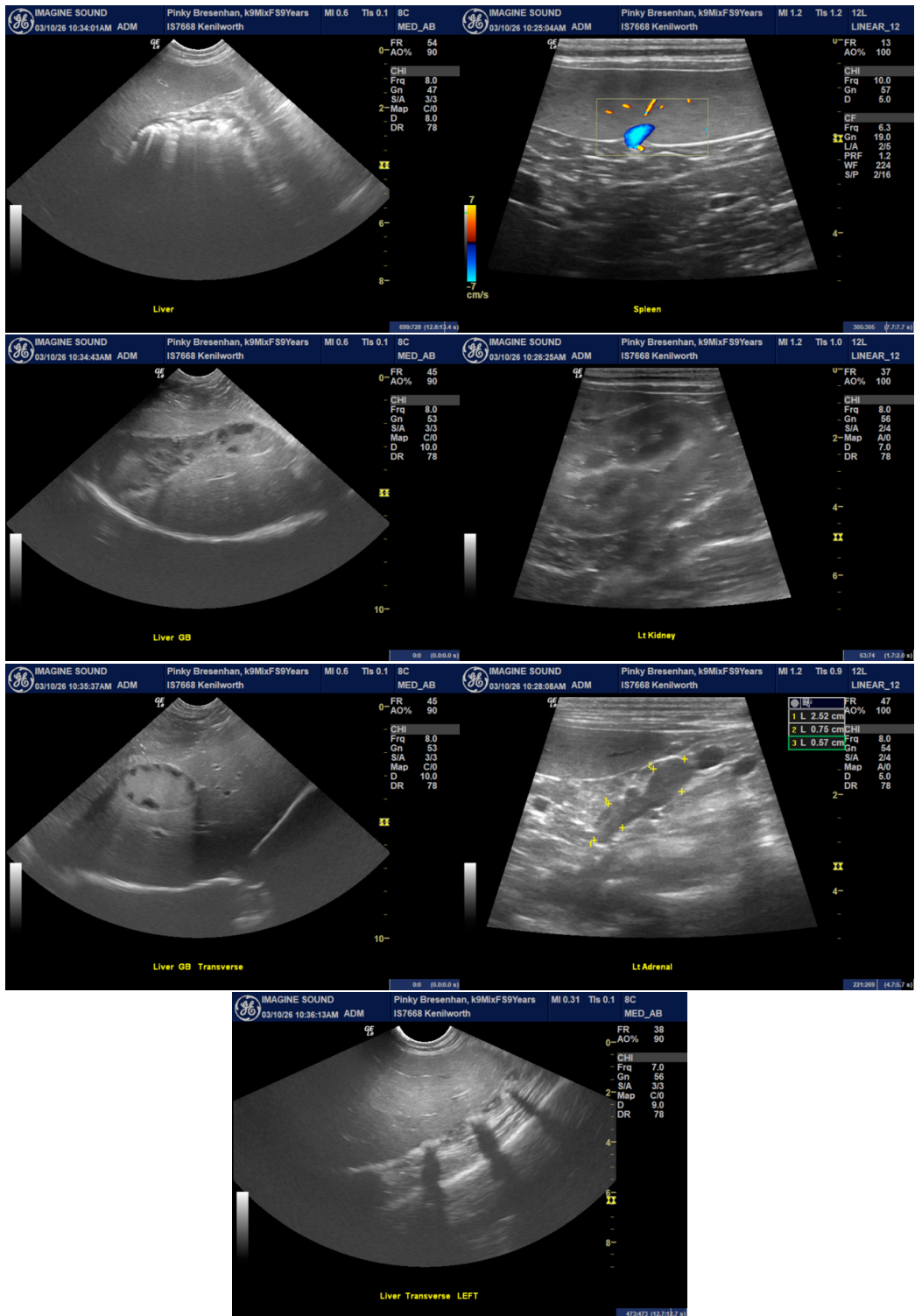
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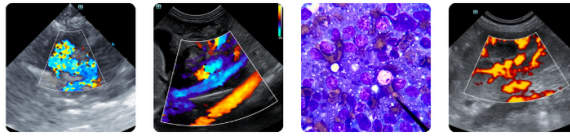
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com