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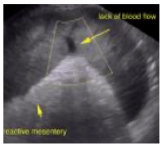
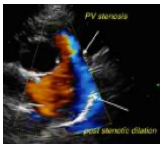
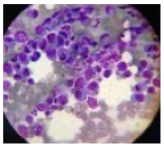
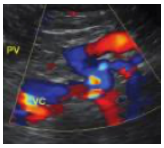
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Odin Labbie

SPECIES
Canine

BREED
Terrier

SEX
Neutered Male

AGE
13 years

WEIGHT
NP

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

IMAGING PERFORMED BY
Sonya Myers DVM

HOSPITAL NAME
Banfield Colonial Town Park

REFERRING VET
Kaufman

INVOICE
13707

DATE
7.15.23

PRESENTING CLINICAL SIGNS

History: elevated liver enzymes; normal LDDST

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder is full, 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 (0.60 cm), and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (2.10 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.40 cm) (right kidney 4.60 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident. Bilateral cortical cysts present.

Reproductive System
Small hypoechogenic prostate 0.90 cm.

Adrenal Glands
Normal shape, echogenic appearance, position, and appearance of the visible vasculature. Normal size of the right gland (0.65 x 0.45 cm). “Plump” appearance of the left gland (0.82 x 0.50 cm). Small hyperechogenic nodule in the caudal pole of the left gland (0.40 x 0.50 cm).

Spleen
Normal size (1.10 cm) 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.

Liver
Enlarged with rounded edges, hyperechogenic and nodular appearance, some loss of portal markings, and regular curvilinear capsule. Nodules are hypoechogenic and parenchymal (up to 1.30 x 1.40 cm in size). No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder
The gallbladder is full, containing a small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct (0.30 cm).

Gastrointestinal
Normal appearance of the small intestine, ileo-cecal junction, and colon (0.16 cm), with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Segmental thickening of the stomach (up to 0.68 cm) and thickening of the duodenum (0.58 cm), with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio with no distention of the lumen. Small amount of ingesta within the stomach. The jejunum measured 0.43 cm.

Pancreas
Normal size (left 0.70 cm / right 1.40 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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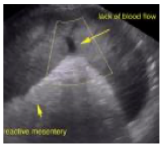
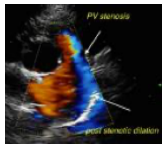
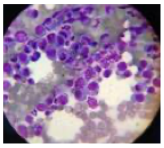
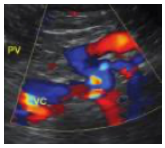

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Free Abdomen

Normal mesenteric lymph nodes (2.60 cm).

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodular hepatopathy
- Left adrenomegaly
- Left adrenal nodule
- Gastroduodenopathy

Secondary Findings

- Age-related renal changes
- Gall bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the liver would be nodular hyperplasia, reactive, granulomatous disease, chronic hepatitis, and infiltrative neoplasia.

As the LDDS test is normal, the most likely etiology for the left adrenomegaly would be age-related or disease stress. Although the left adrenal nodule is most likely an incidental adenoma, monitoring for the development of neoplasia would be indicated.

Etiologies for the gastroduodenopathy would be nonspecific gastroenteritis (dietary indiscretion, toxins, viral), helicobacter gastritis, inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, ulcerative disease and granulomatous disease.

Further assessment would be fecal analysis and possibly FNA cytology of the liver. However, a Tru-cut or wedge biopsy of the liver may be required for a final etiological diagnosis. Endoscopy of the upper GI tract with biopsies should also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be Ursodiol.

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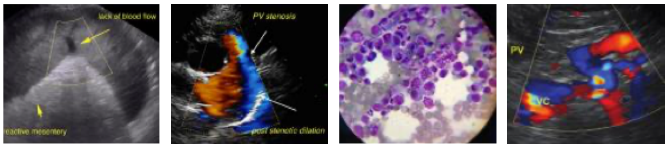

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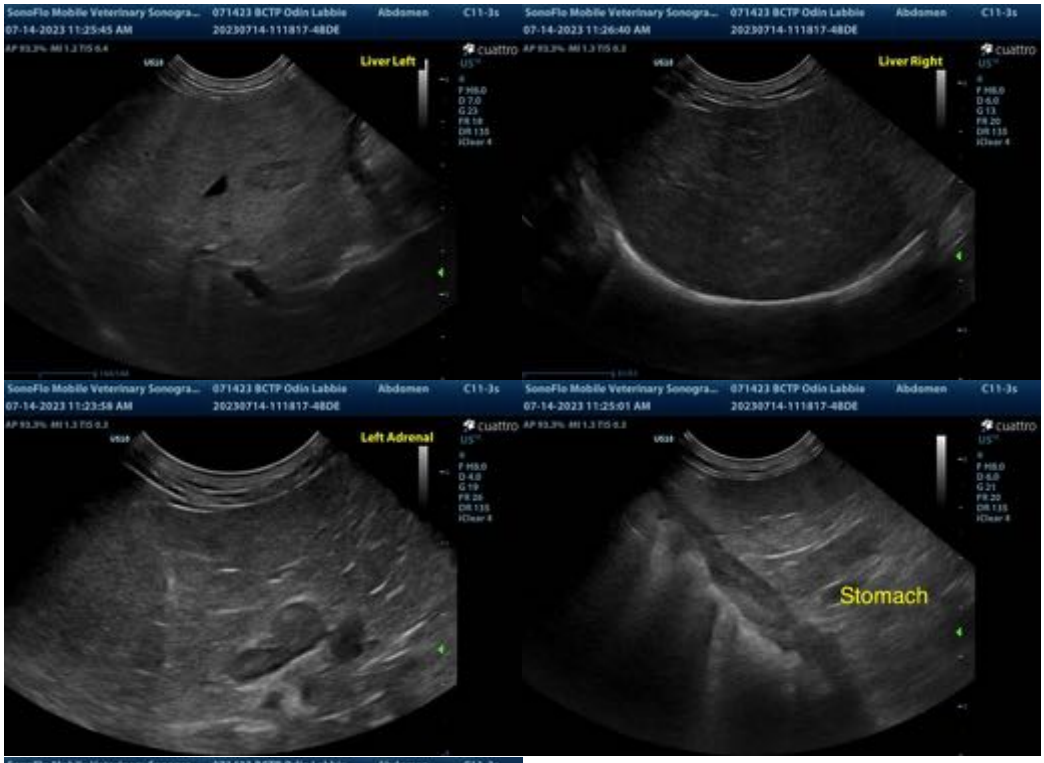

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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