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Clinical Sonography & Telecytology
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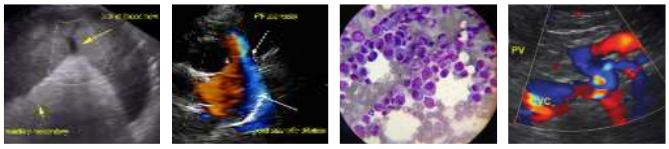

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tess Beil

SPECIES
Canine

BREED
Terrier Mix

SEX
FS

AGE
11 Years, 3 Months

WEIGHT
10.85 kg

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Dr. Brian Barnes

HOSPITAL NAME
Westview Veterinary Hospital

REFERRING VET
Dr. Brian Barnes

INVOICE
48427

DATE
11-17-21

PRESENTING CLINICAL SIGNS

Drinking more about 3-4 cups of water per day. Noted about 1 month ago. Urinating normally, No incontinence. Appetite is up , energy is up. Owner worried is a diabetic.
Abnormal PE/Chem/CBC/UA Results: CBC: Low MCV, Low MCH, Low Retic-HGB Chem:Urea 2.2 (N 2.5-9.5), ALT 156 (N 10-125), ALKP 318 (N 23-212) SDMA 12 (N 0-14), TT4 <6 (N 13-51), Snap cPl Normal Fructosamine 209 (N 177-314) U/A: Cysto , pale yellow, Sl cloudy, USG 1.011, pH 7.0, Leu/ Glu/ Ket/ Bil Negative, Pro 30, Ubg Normal, Bld 250 Sedi: WBC < 1/HPF, RBC 28/HPF, BAc 0, Epi 0, Cast 0, Crystals 0 Overweight,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show aa age-appropriate fuzzy corticomedullary transition but are inconspicuous in terms of size, perfusion and surface. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

The left adrenal gland measures 2.11 x 0.39 x 0.46 cm, the right adrenal gland 1.77 x 0.44 x 0.53 cm. Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

The liver presents rounded margins and impresses with severe changes of the echogenic texture. The latter is highly inhomogeneous with a mixed pattern of multiple small hypoechoic areas and partially perivascular, ill-defined hyperechoic lesions, both without vascular deviation of protrusions of the capsule. In addition to that large, well-defined, hypoechoic, round to oval nodules are recognized with maximum diameters of 2.4 cm. These indicate mild mass-effect and appear encapsulated.

The gallbladder shows a small amount of sludge. The gallbladder and -wall are unremarkable without signs of a florid process or cholestasis.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

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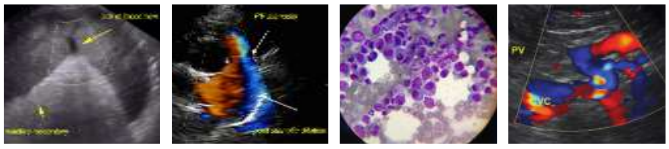

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Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Severe hepatopathy with an irregular/coarse echotexture and multiple hyper- and hypoechoic lesions

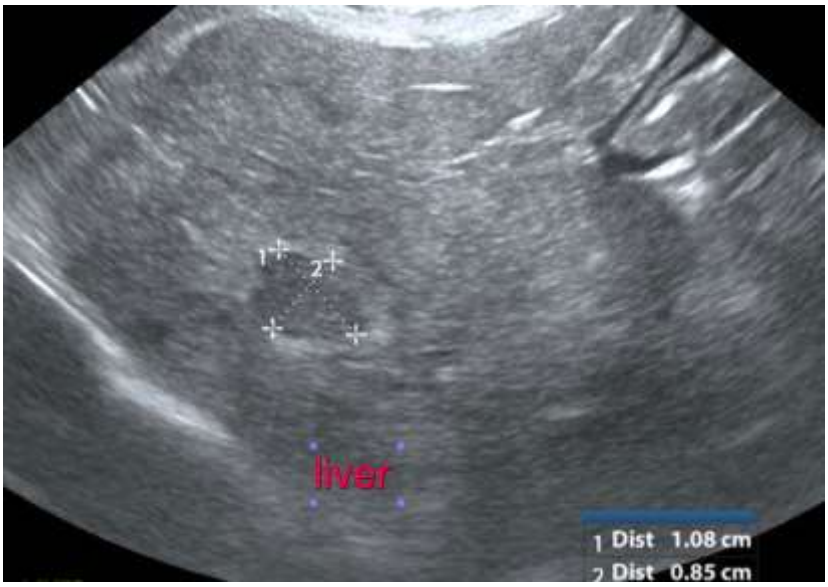
Secondary

- Signs of a mild and chronic nephropathy
- Small amount of gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver speak for a chronic liver disease such as chronic and active hepatitis, vacuolar liver disease and/or fatty infiltration and are somewhat age expected, although morphologic changes are very obvious. The hyperechoic, more ill-defined lesions likely represent degenerative/regenerative tissue as seen with regenerates and fibrosis. The larger, well-defined, hypoechoic nodules are commonly seen with nodular hyperplasia and intra-hepatic lipoma. There are no overt signs of an aggressive behavior as far as can be assessed from a sonographic point of view. However, malignant/infiltrative neoplasia cannot be ruled out completely. Assessment of the temporal course and/or biopsy/FNA are needed for further evaluation.

Changes of the kidneys are bilateral. I suggest they are normal age-related changes. Gallbladder sludge is a common and non-relevant finding.



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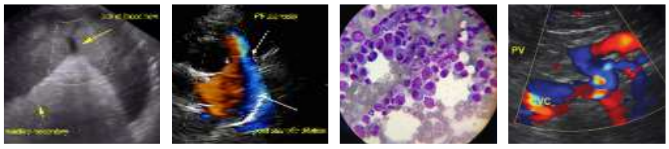

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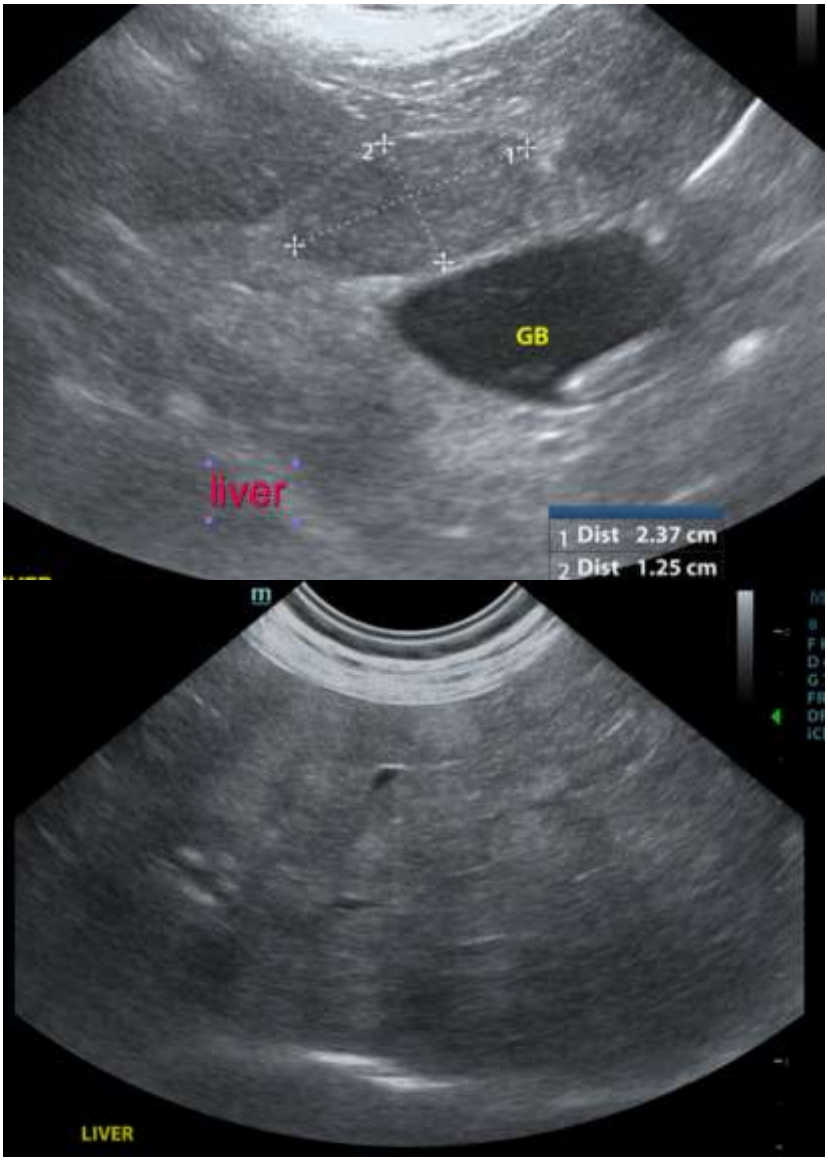

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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