


PATIENT

Maxx Deckard

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

12 Years, 7 Months

WEIGHT

40.2 lbs

INTERPRETED BY

 Sebastian Jawinski,
 German Board Certified
 Vet Specialist in
 Diagnostic Imaging

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

48739

DATE

12-3-21

PRESENTING CLINICAL SIGNS

Severe halitosis. AUS, chest rads, and blood work recommended prior to dental. Chronic history of mild elevation ALKP and ALT. Low T4 panel being sent to MSU for further work up. Soft stools when owner adds protein such as chicken to kibble.

Abnormal PE/Chem/CBC/UA Results: T4 0.61. (1.20-4.30ug/dL) ALT 152 (0-120U/I) ALKP 143 (0-140U/I)

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 are inconspicuous with a clear corticomedullary definition. Left kidney measures 6.37 cm length, right kidney 5.61 cm. There is a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, hypoechoic, homogeneous and appears smoothly margined.

Adrenal glands

The left adrenal gland measures 0.65 cm in cranial pole, cm in 0.73 caudal pole. The right adrenal gland measures 0.85 cm in cranial pole, 0.71 cm in caudal pole. Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.78 cm. 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 shows a subtle rounding and undulating outline of the liver surface. Liver echogenic texture appears generally and mildly hyperechoic and is inhomogeneous and coarse with multiple small hypoechoic areas. At least one hyperechoic nodule of 0.59 cm is recognized. The gallbladder shows a moderate amount of hyperechoic sludge. The gallbladder and -wall are unremarkable without signs of a flurid 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 flurid-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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Free Abdomen

There is a very subtle amount of peritoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly with an inhomogeneous echogenic texture and a hyperechoic nodule
- Moderate amount of gallbladder sludge
- Subtle peritoneal effusion
- Normal sonographic findings of the abdomen apart from that

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration. The hyperechoic nodule-like lesion is an unspecific finding from a sonographic point of view. Possible and likely differentials include regenerative/degenerative changes - which I would favor - as seen with regenerates, hemangioma or nodular hyperplasia. Malignant neoplasia cannot be ruled out completely. Final assessment is a matter of temporal evolution (follow up ultrasound in 8 weeks recommended) or FNA/biopsy.

Changes of the gallbladder can represent mild and chronic cholecystitis without signs of a cholestasis. This finding is often incidental and must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal.

The detected free abdominal fluid I assume still is in normal limits.





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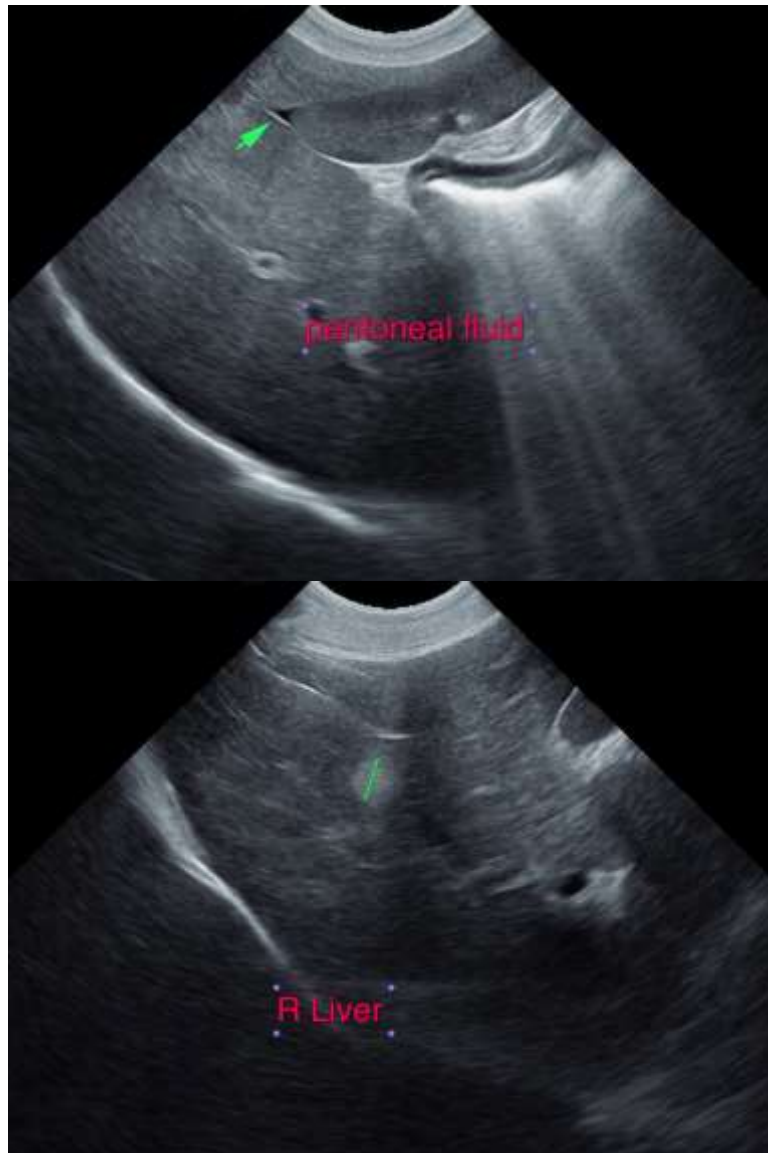
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com