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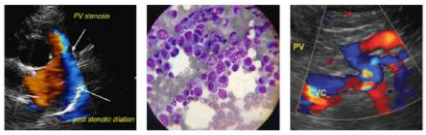
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Jagger Shea 48583A

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

11 Years

WEIGHT

37.6kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists-Dr. Maller

INVOICE

50173

DATE

2-8-22

PRESENTING CLINICAL SIGNS

6month history of weight loss. 3 days history decreased appetite, vomiting, diarrhea, and lethargy. Went to pcDVM today and noted jaundice and elevated blood markers. They refered here for care. Previous history of arthritis.
Abnormal PE/Chem/CBC/UA Results: CHEM: out of range ALKP, elevated ALT/ALB/AMY/TBIL/BUN/PHOS/CRE, decreased K/TP. CBC: elevated WBC/Neut. UA: Cocci noted.

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 clear corticomedullary definition. Left kidney measures 8.25 cm length, right kidney 7.83 cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small and inconspicuous.

Adrenal glands

The left adrenal gland is moderately enlarged, still symmetric and measures 3.47 x 1.32 x 1.30 cm. The cranial pole reveals a hyperechoic, nodule-like lesion of 1.09 x 0.78 cm. Cranial and caudal pole show a coarse echotexture with hyperechoic spots.

The right adrenal gland measures 4.22 x 1.40 x 0.75 cm and presents similar findings as seen on the left side.

Spleen

Splenic margins are moderately rounded. The splenic echogenic texture is patchy and highly inhomogeneous without protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no overt signs of nodular/focal changes noted.

Liver/Gallbladder

The liver shows a mild rounding of the liver edges. Liver echogenic texture appears diffusely inhomogeneous with at least two hypoechoic, well-marginated areas with diameters of up to 3.89 cm. The gallbladder shows a significant amount of hyperechoic sludge with distal acoustic shadowing. Relevant cholestasis is not recognized.

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

Pancreas

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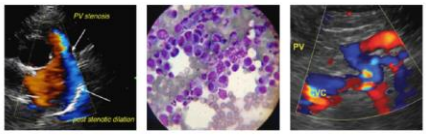

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All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with an inhomogeneous echogenic texture and hypoechoic, well-marginated lesions
- Significant amount of hyperechoic sludge gallbladder aligning with the inner outline of the gallbladder wall
- Moderate splenomegaly with a highly inhomogeneous echogenic texture
- Bilateral adrenal hyperplasia with mineralized spots and hyperechoic lesion of the cranial poles

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver could speak for a chronic and active liver disease such as chronic hepatitis, vacuolar liver disease and/or additional fatty infiltration. I currently favor degenerative/regenerative liver lesions due to chronic/activated hepatitis. Sonographic changes however are unspecific and need to be confirmed with FNA/biopsy.

Changes of the gallbladder likely represent chronic cholecystitis without signs of a relevant cholestasis. It remains questionable if there is mineralization including the bladder wall or just hyperechoic sediment perfectly aligning with the inner wall. Findings must be correlated with the clinical presentation (murphy sign?). and with the time of the last meal. Active cholecystitis is possible. Changes do currently not justify centesis. This could be performed to collect bile for culture if hepatitis/cholangitis treatment is not successful.

Splenomegaly is an unspecific finding and commonly is secondary to systemic inflammatory/infectious disease. The patchy appearance is seen with extramedullary hematopoiesis and/or benign lymphoid hyperplasia. Neoplastic infiltration and splenitis are further differentials as well as chronic changes like fibrosis. Final assessment is a matter of the temporary course (follow-up in 8 weeks) and/or ultrasound guided FNA.

Findings of the adrenal glands are bilateral. Mild mineralization can be incidental. The hyperechoic, nodule-like lesions of the cranial poles appear encapsulated, and the adjacent structures are inconspicuous, I therefore assume benign lesions, for example myelolipoma. Final assessment (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. Sonographic monitoring of the adrenal glands is recommended (in 8 weeks).

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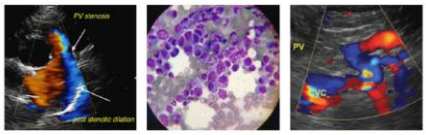

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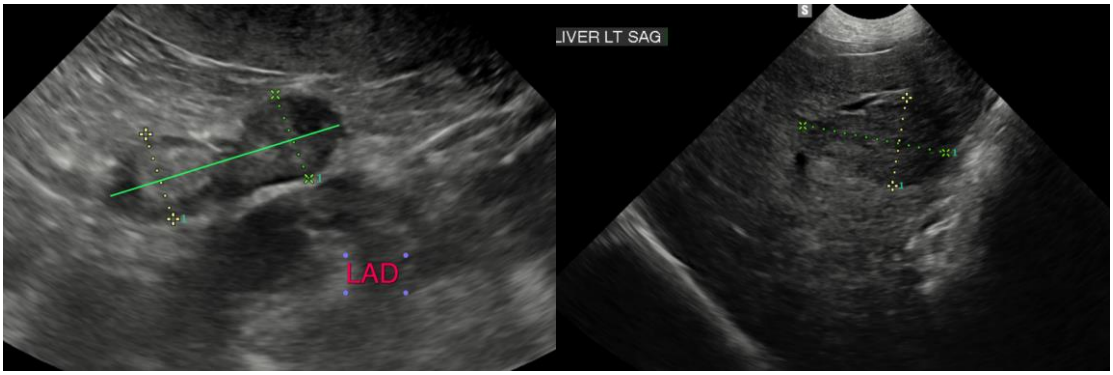

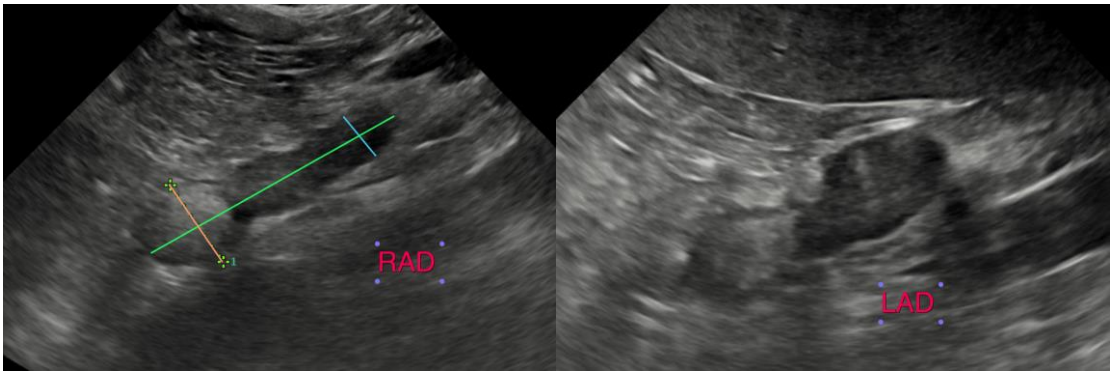

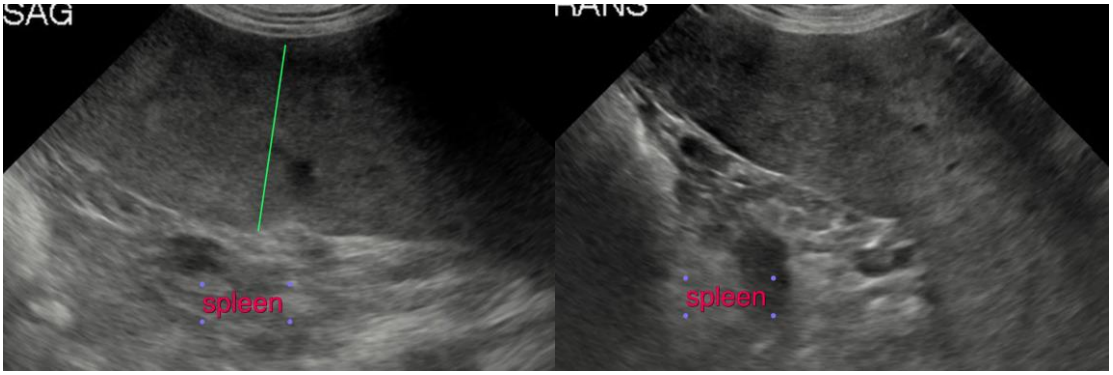

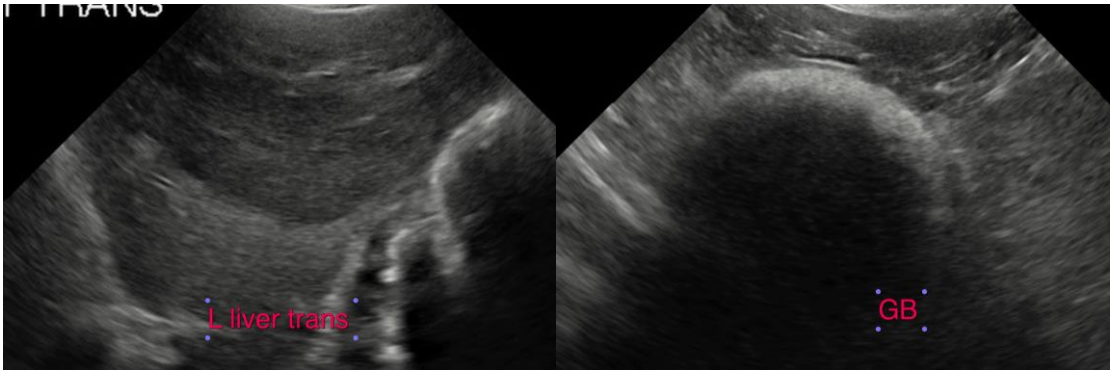

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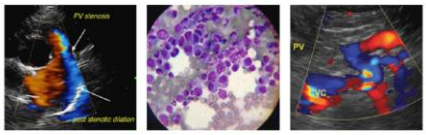

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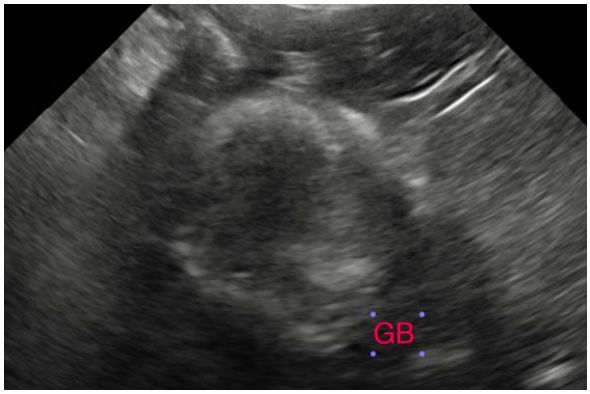

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

Sebastian.Jawinski@sonopath.com