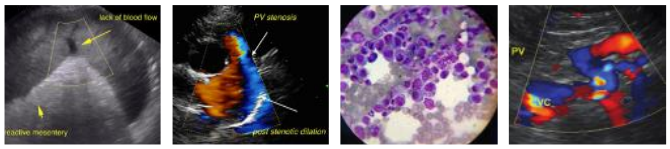
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Chewie Clouse

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

14 Years

WEIGHT

16.7

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Velasco

INVOICE

20554

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Patient was in one week ago for inappetence. PSL was elevated, and he was treated with Cerenia and hydration. ALT and ALP were mildly elevated at that time. Responded well to treatment. Patient became inappetent 24 hours ago and began watery diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 3.9 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. The visualized portions are of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The cranial pole of the left adrenal gland is visible and measures 4.9 mm. The entirety of the right adrenal gland is visualized and measures 3.8 mm at the cranial pole and 3.0 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. There are hypoechoic nodules present throughout the parenchyma, measuring up to 7.0 mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

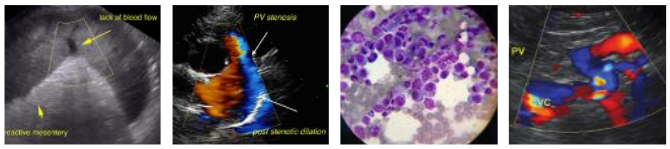
The gallbladder is moderately distended with anechoic contents. There are choleliths present within the gallbladder lumen measuring 4.0 mm in diameter. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 6.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 3.8 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A diffusely hyperechoic liver with hypoechoic nodules

Secondary Findings

- Small nonobstructive choleliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are nonspecific, and could represent regenerative nodules, infectious or inflammatory disease, or neoplastic disease. Ultrasound guided fine needle aspirates of the nodules is recommended for a definitive diagnosis.

The pancreas appears normal in today's scan; however, ultrasound can be insensitive for detecting chronic pancreatitis. Checking a canine pancreatic lipase level, or rechecking the PSL, may be of benefit to determining whether there is ongoing pancreatitis.

Additional diagnostics for the anorexia and diarrhea might include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

The presence of choleliths is typically incidental in the dog, however, if liver values become elevated, particularly the bilirubin, then intervention may be necessary.

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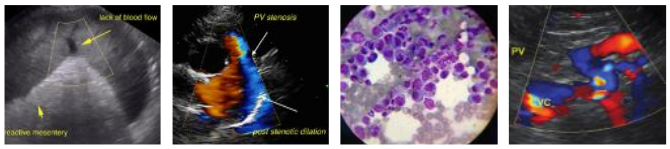

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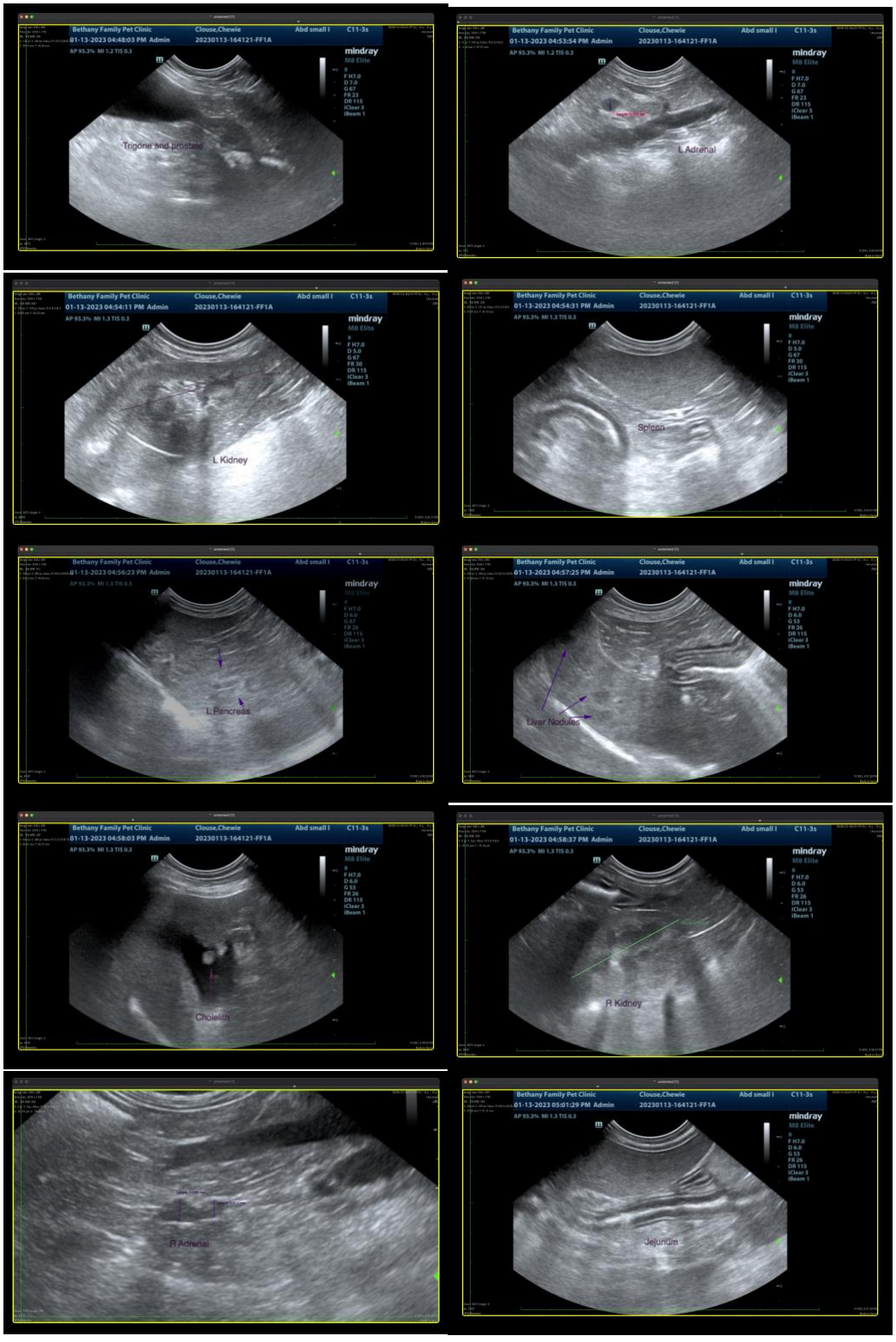

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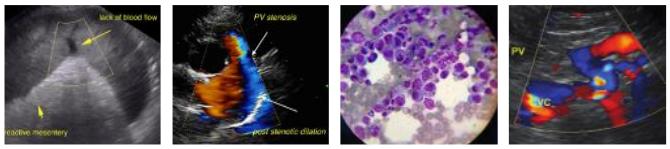

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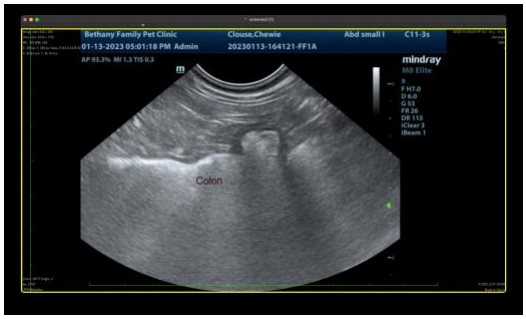

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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