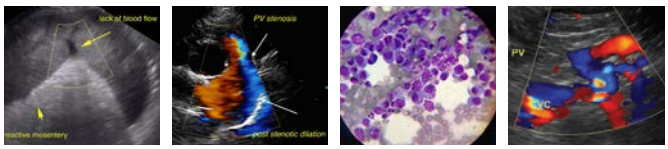
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Nigel Melendez

SPECIES
Canine

BREED
Lab/Hound

SEX
Neutered Male

AGE
9 Years

WEIGHT
55.4 Pounds

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

IMAGING PERFORMED BY
Dr. Susan Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Susan Lincoski

INVOICE
44034

DATE
1/6/23

PRESENTING CLINICAL SIGNS

Patient has been painful back/lumbar area, here for radiographs and incidentally noted enlarged liver. Patient has a history of FB ingestion, has had 3 enterotomies in the past, most recent was March, 2022 at ER! Also had a cystotomy Jan, 2022.

Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen, radiographs reveal several lumbar disc spaces narrowed, along with prominent rounded liver. Painful on exam over caudal lumbar vertebrae. but no neurologic defects noted. All bloodwork unremarkable.

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 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 right kidney measures 6.2 cm in length. The left kidney measures 6.9 cm in length with a 5.2 mm cortical cyst.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left adrenal gland measures 4.3 mm at the cranial pole and 6.3 mm at the caudal pole. The right adrenal gland measures 5.3 mm at the cranial pole and 7.3 mm at the caudal pole.

Spleen

The visualized portions of the spleen are of appropriate size, with a normal homogeneous parenchyma and smooth continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis. Blood flow through the splenic hilus appears normal.

Liver

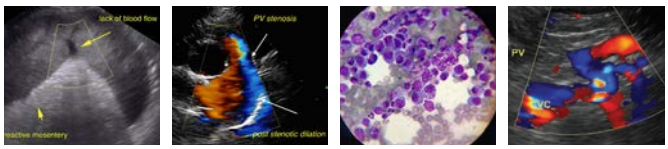
The visualized portions of the liver are diffusely hyperechoic, with rounded margins, and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. 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 normal in thickness (3.2 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. Jejunum wall measures 3.7 mm. Duodenum wall meaures 4.8 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

Pancreas

The visualized portions of the pancreas are isoechoic to the surrounding mesentery 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 visualized portions of 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

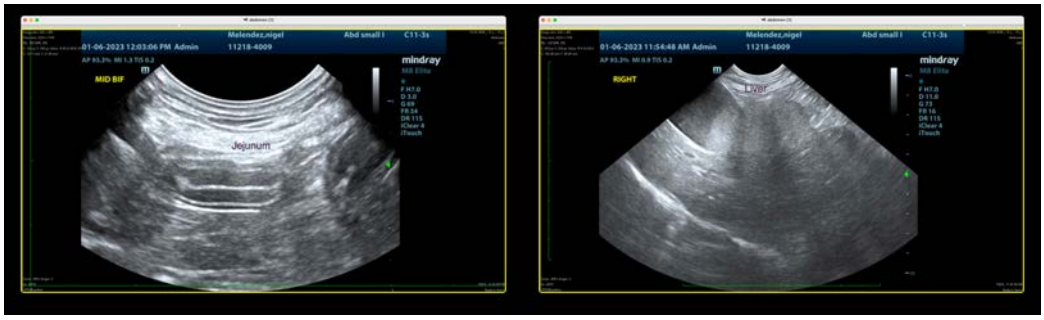
- Chronic renal changes
- Reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious cause on today's scan to explain the noted pain. It may be that this is consistent with spinal or orthopedic disease. If not already performed, a urinalysis is recommended to further assess kidney function. There are many possible causes for the changes noted in the liver.

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- screening for diabetes mellitus and hyperlipidemia if not already performed
- testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated



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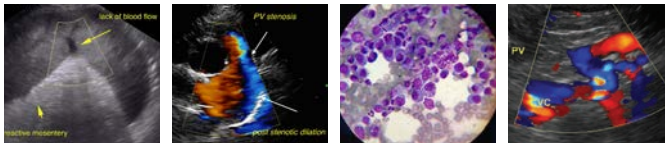

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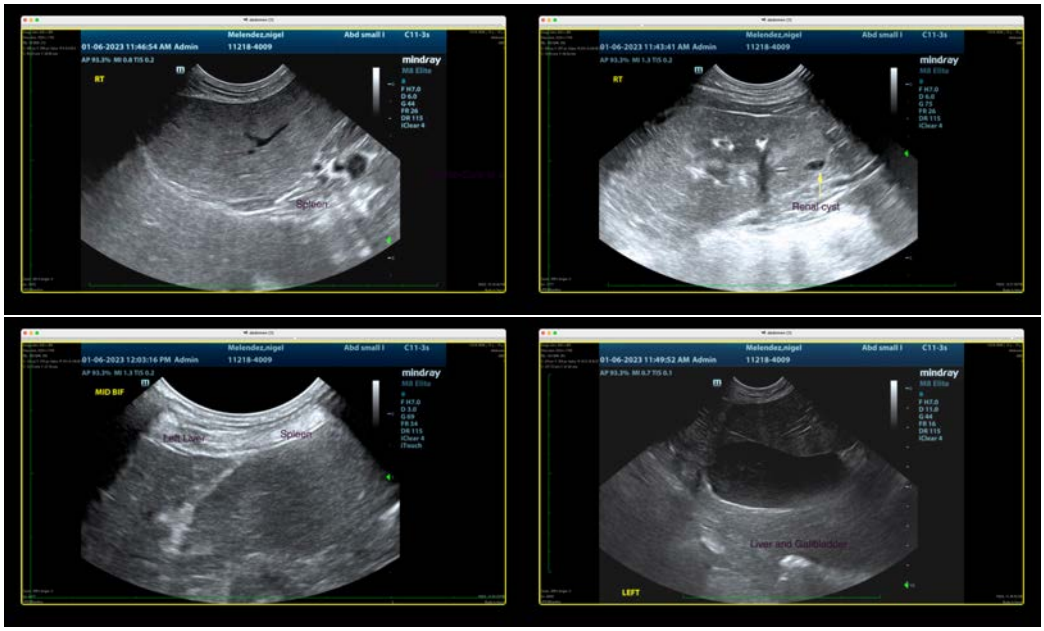

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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