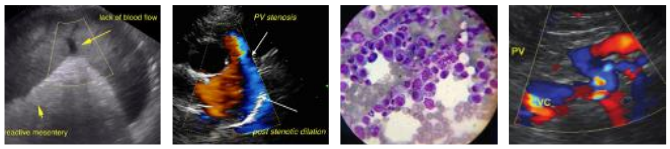
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Hope Stanzilis

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

41.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Lake Hopatocong AH

REFERRING VET

Dr. Batta

INVOICE

18158

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: elevated liver values, abdomen seems "swollen"; gas; possible mass in abdomen. On proin.

Abnormal PE/Chem/CBC/UA Results: ALT 540, ALKP 423; urine protein 2+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Both kidneys are hyperechoic and exhibit mildly 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 5.4 cm in length. The right kidney is 5.3 cm in length.

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. The left adrenal gland height is 3.9 mm at the cranial pole and 5.2 mm at the caudal pole. The right adrenal gland height is 1.0 cm at the cranial pole and 8.5 mm at the caudal pole.

Spleen

There is a hyperechoic nodule within the splenic parenchyma measuring 3.6 mm in size, with no visible deviation of the splenic capsule. 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. 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.

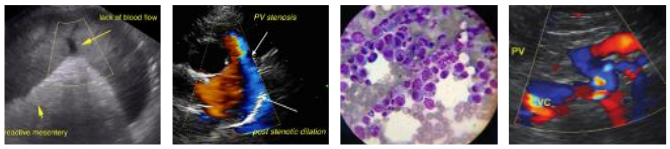
Gastrointestinal

The stomach is empty. The gastric wall is 4.1 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 4.4 mm. The jejunal wall measures up to 3.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1 .5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas



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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 mildly enlarged liver consistent with a reactive hepatopathy

Secondary Findings

- A mildly thickened and irregular bladder wall, suggestive of cystitis
- Mild chronic renal changes
- A small splenic nodule consistent with a benign myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxiclav, in combination with a fluoroquinolone, could also be considered as empiric therapy to rule out cholangiohepatitis. If recheck lab values in one week show significant improvement, then a 4-6 week total coarse of antibiotics is recommended.

The changes in the bladder wall are consistent with chronic inflammatory changes, or less likely neoplasia. Recommendations include:

- a urinalysis and urine culture, if not already performed
- BRAF testing could be considered if culture is negative or if there are persistent lower urinary tract symptoms. Information on performing this urine test is available from Antech Diagnostics: https://www.antechdiagnostics.com/cadet-braf-plus/

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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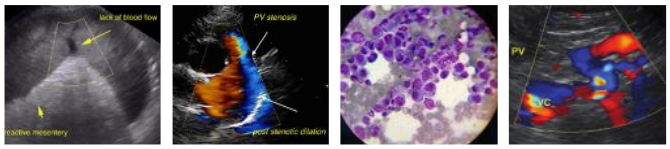

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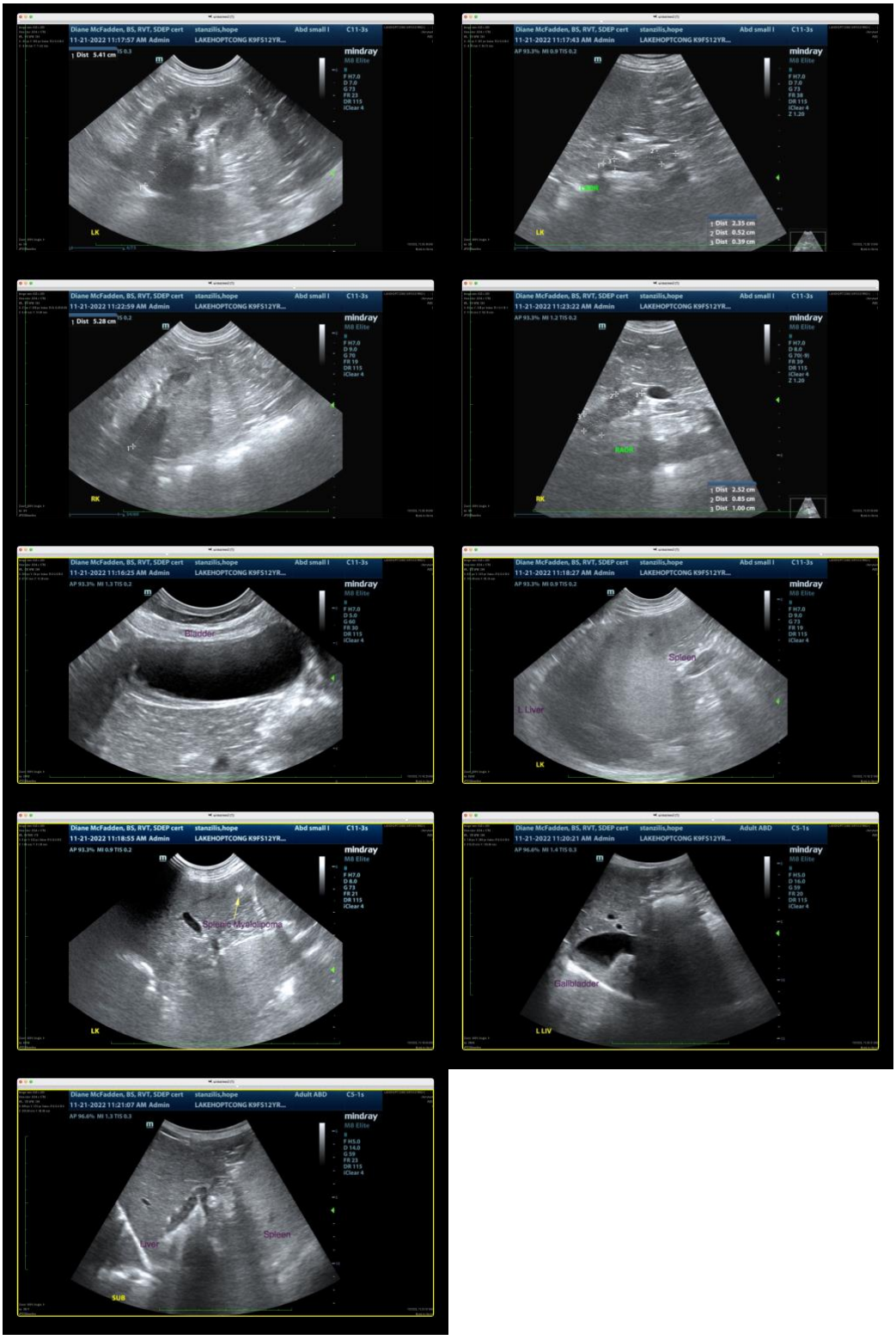

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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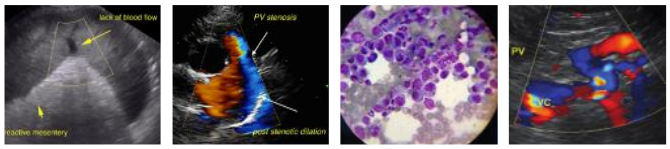

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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