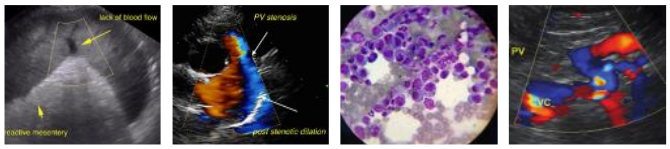
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Jessie Halatin

SPECIES

Canine

BREED

Mixed Breed Canine

SEX

Spayed Female

AGE

9 Years

WEIGHT

51 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Companion AH (Parsippany)

REFERRING VET

Dr. Tsai

INVOICE

18850

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated liver enzymes. Current meds: SAMe LQ 425 mgs 1 tab SID.

Abnormal PE/Chem/CBC/UA Results: Low dose Dex test - neg. Alk. Phos. 854, glucose 44, sodium 157.

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 focally 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.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 6.5 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 4.8 mm at the cranial pole and 6.7 mm at the caudal pole. The right adrenal gland height is 5.8 mm at the cranial pole and 4.4 mm at the caudal pole.

Spleen

The splenic parenchyma is diffusely mottled with small hypoechoic nodules up to (3.0 mm) in size. 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 8.0 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

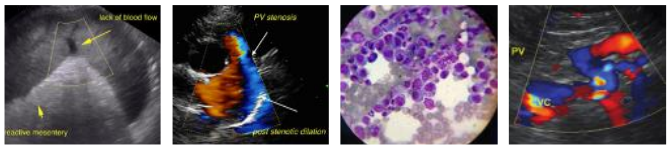
Gastrointestinal

The stomach is empty. The gastric wall is 4.8 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 4.3 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 1.3 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

- Diffusely nodular liver and spleen

Secondary Findings

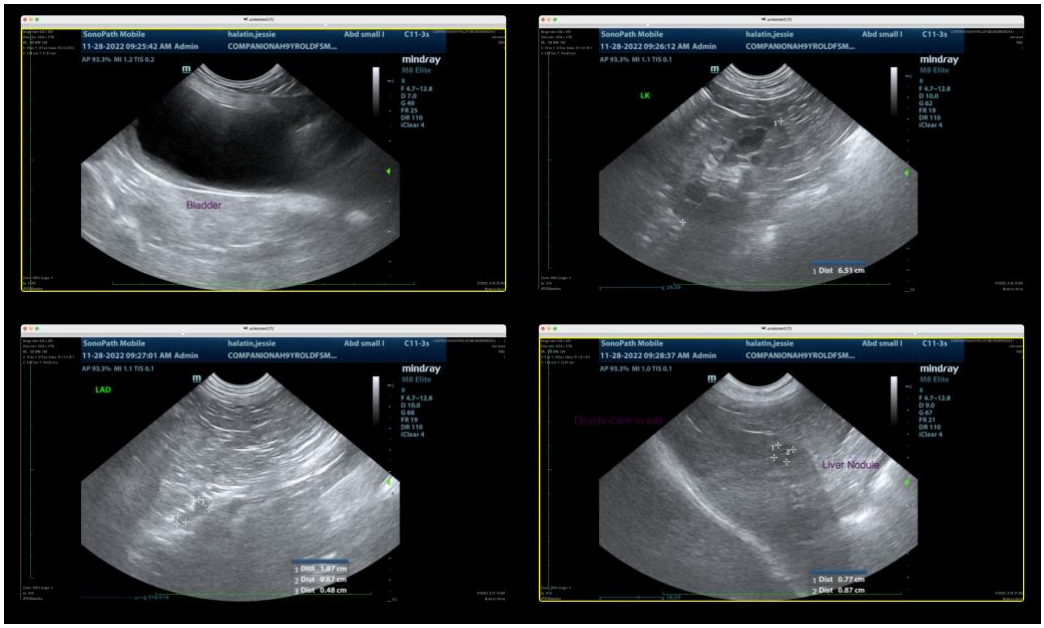
- Minor bladder wall changes that may indicate cystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes noted in both the liver and the spleen may be due to benign etiologies such as nodular regeneration and extramedullary hematopoiesis, but may also be associated with infiltrative neoplastic disease. Fine needle aspiration with a 25-gauge needle is recommended for definitive diagnosis.

There is no explanation for the noted low blood glucose. If this value can be repeated, then paired glucose and insulin levels are recommended to screen for an insulinoma, as this pathology is often difficult or impossible to detect on ultrasound.

Finally, the bladder wall changes are mild, so should be correlated with urinalysis results and clinical signs.



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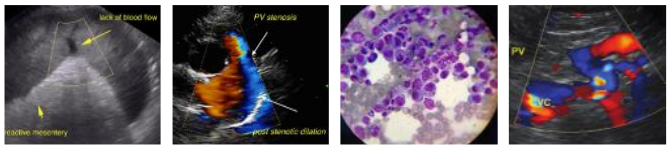

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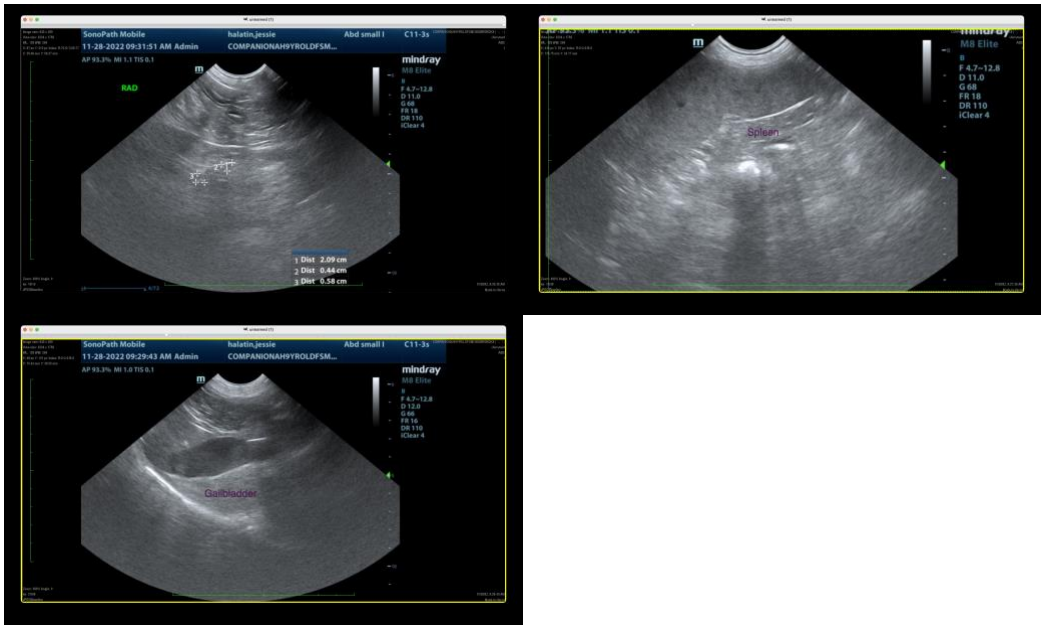

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com