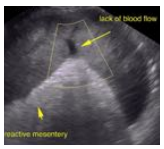
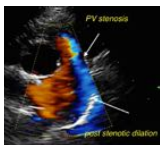
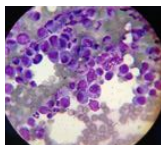
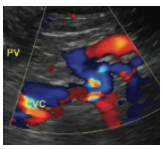
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Molly Whelan

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

42916

DATE

2/21/23

PRESENTING CLINICAL SIGNS

History: History of slowly increasing ALP, most recently 950. Labwork otherwise unremarkable, no signs of Cushing's or other illness

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 kidneys are hyperechoic, and exhibit(s) (mildly decreased, moderately decreased, poor) cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (5.86) cm in length. The right kidney is (6.42) 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 (4.1) mm at the cranial pole and (5.4) mm at the caudal pole. The right adrenal gland height is (6.6) mm at the cranial pole and (5.4) 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.

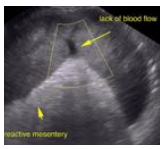
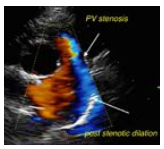
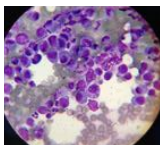
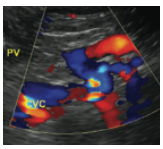
Liver

The liver is diffusely hyperechoic and subjectively enlarged. 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 echogenic sludge. There is diffuse, polypoid hyperplasia in the gallbladder wall with no evidence of active inflammation. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is (0.28) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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

PATIENT

Molly Whelan

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

42916

DATE

2/21/23

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. Intestinal motility appears normal.

The visible portions of the colon vary in thickness, ranging from 1.8 mm to as much as 6.0 mm in thickness. The wall layering is intact, but the thickened areas have marked, mucosal hyperplasia. The ileocecal junction is visualized and appears normal.

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:

- Focal colonic mucosal hyperplasia.

SECONDARY FINDINGS:

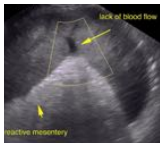
- Reactive hepatopathy.
- Chronic renal changes.

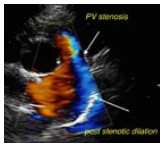
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

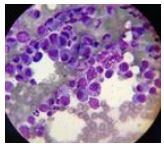
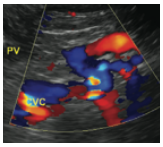
The colonic mucosal hyperplasia was an unexpected finding. Given the absence of large bowel symptoms, monitoring via serial ultrasound would be an option, but if a definitive diagnosis is desired then biopsy would be recommended.

- 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





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

PATIENT

Molly Whelan

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

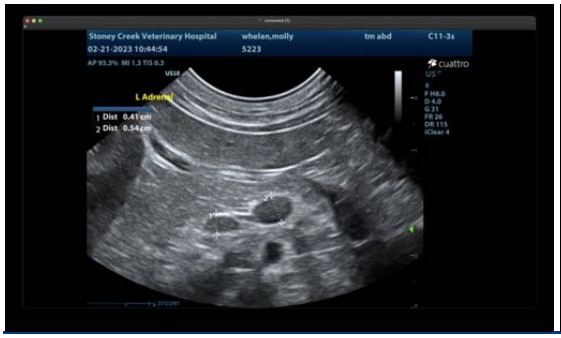
42916

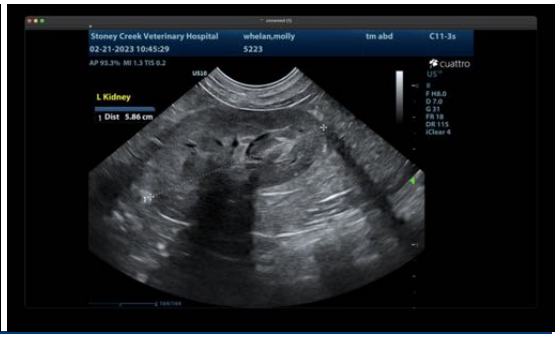
DATE

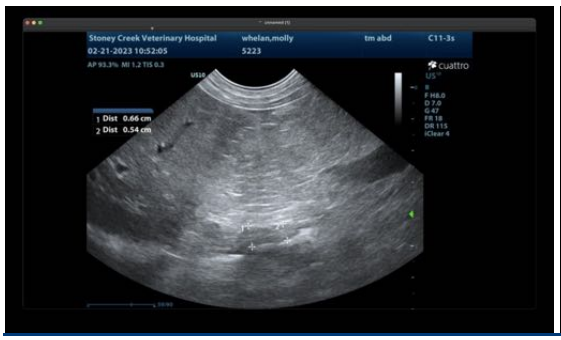
2/21/23

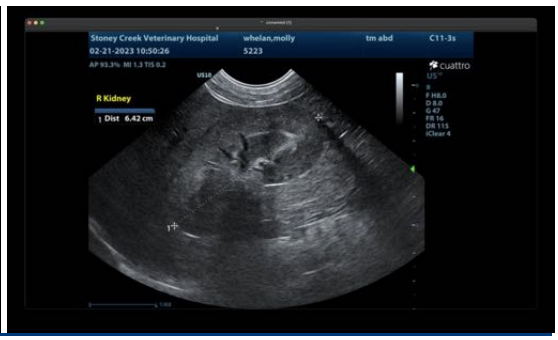
- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

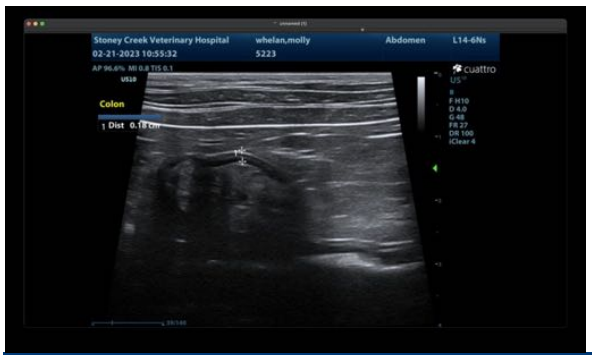
The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

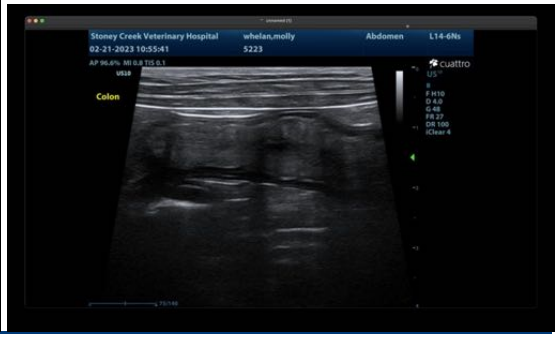


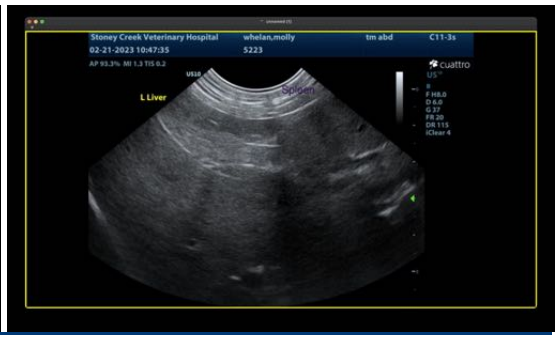




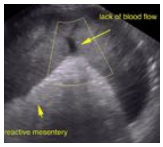
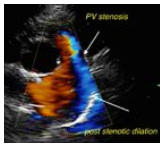
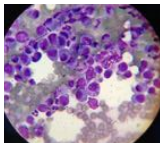
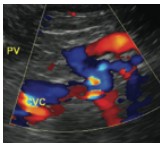








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Molly Whelan

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

10 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

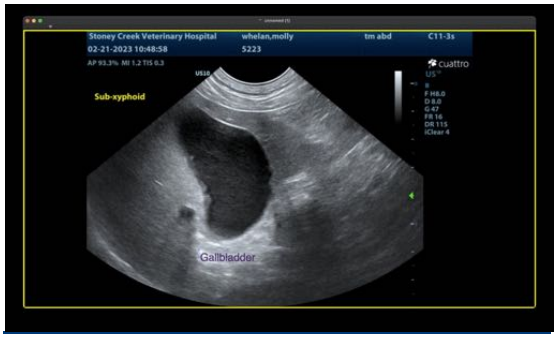
Dr. Mengine

INVOICE

42916

DATE

2/21/23



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)

info@SonoPath.com