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Clinical Sonography & Telecytology
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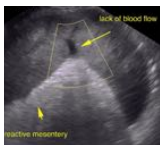
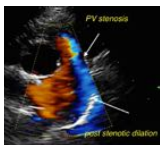
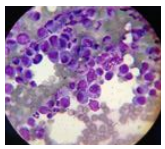
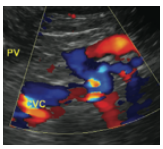





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Comet Browne

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

13 years

WEIGHT

40.6 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

42948

DATE

2/23/23

PRESENTING CLINICAL SIGNS

History: Recently increased ALT / ALP. Had a cholecystectomy in 3/21 with liver biopsy at that time (results unavailable) - has been on ursodiol since. No clinical signs except recent panting at night.

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 (6.0) cm in length. The right kidney is (6.1) 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 (5.9) mm at the cranial pole and (6.5) mm at the caudal pole. The right adrenal gland height is (5.8) mm at the cranial pole and (6.5) mm at the caudal pole.

Spleen

There is a hyperechoic mass within the splenic parenchyma measuring 2.0 cm in size with no visible deviation of the splenic capsule. The spleen is folded, which is a variation of normal. The splenic vasculature is normal with no evidence of congestion or thrombosis and blood flow through the splenic hilus appears normal.

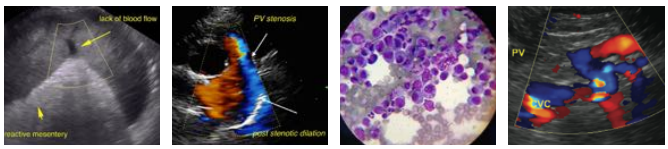
Liver

The liver is diffusely hyperechoic and subjectively enlarged. There are hypoechoic nodules present throughout the parenchyma, measuring up to (9.0) mm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is not seen, consistent with the prior history of cholecystectomy.

Gastrointestinal

The stomach is moderately distended with normal ingesta and a 1.7 cm curved foreign object. The gastric wall is (3.0) mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance. There is no evidence of obstruction.



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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 (5.2) mm. The jejunal wall measures up to (3.9) mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.1) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The right limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. 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:

1. Enlarged, hyperechoic liver with hypoechoic nodules.

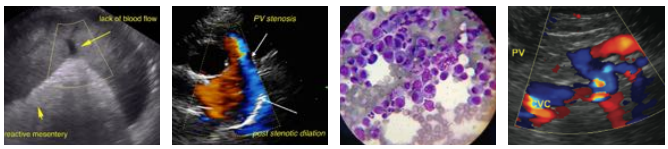
SECONDARY FINDINGS:

1. Bilateral chronic renal changes.
2. Foreign material in the stomach.
3. Chronic remodeling change to the right limb of the pancreas.

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. It is my understanding that a prior liver biopsy has been obtained, but the results were not available. The current appearance should be compared to these results when they can be obtained. 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



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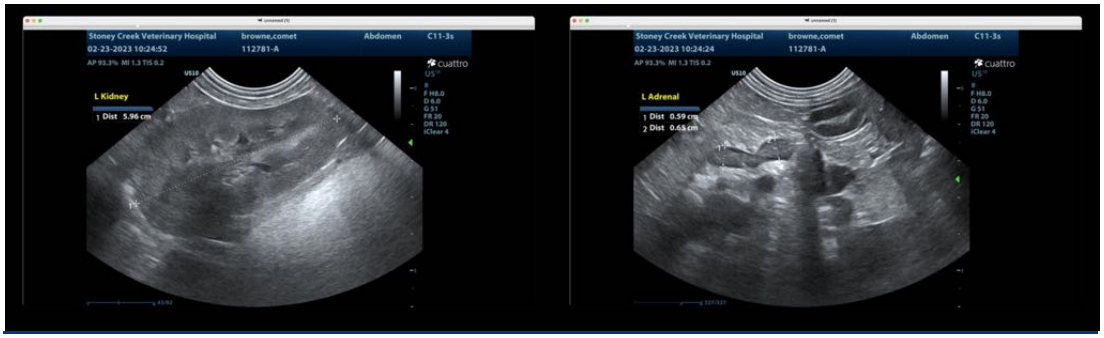
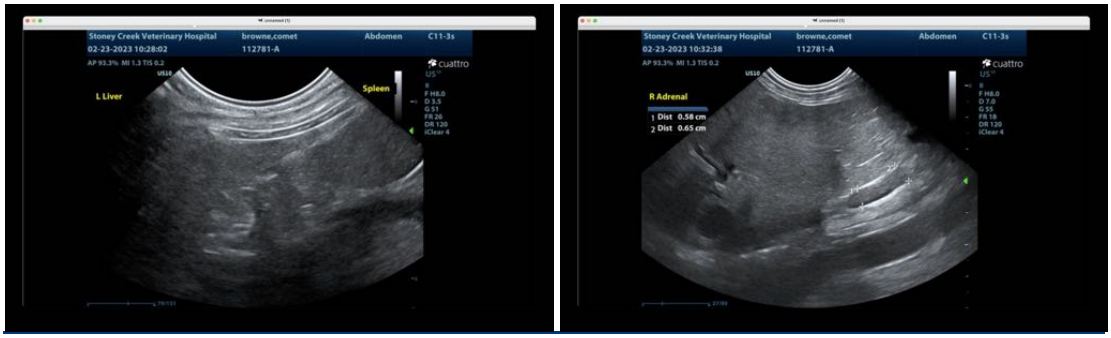
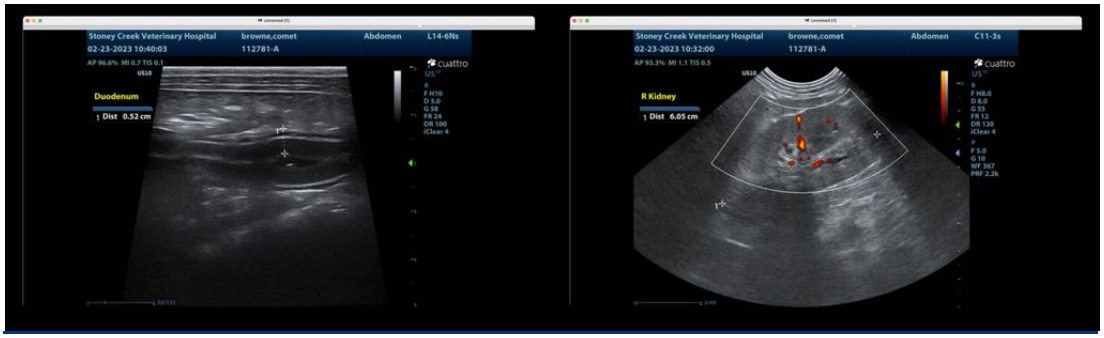
- if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAMe, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

The foreign material in the stomach appears incidental, although given the patient's history of fasting there may be some delayed gastric emptying. The changes to the pancreas may also be incidental, but if there is a history of vomiting or inappetence, then both of these findings should be further assessed.

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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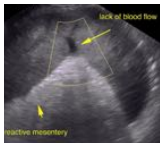
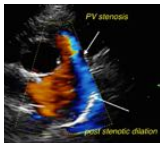
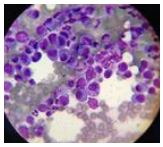
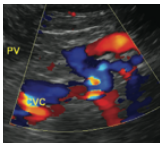

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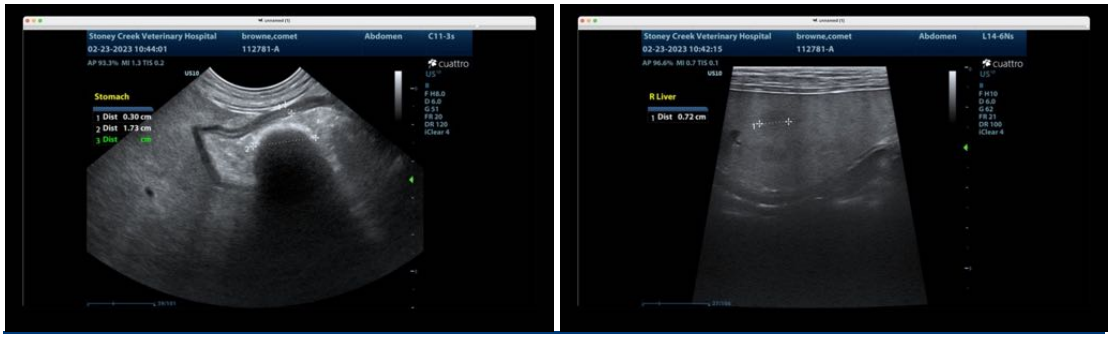

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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