

PATIENT

Winston Filice

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

10 years

WEIGHT

85.8 lbs

PRESENTING CLINICAL SIGNS

History: Presented for Lump check up. Lumpectomy procedure to remove growths located on chest and leg. Has previously had lumpectomy procedures- no histopathology done. Had large lipoma removed in January 2021- recovered well. Presented for pre-surgical consult for removal, pre-op bloodwork run. Lumpectomy has been postponed due to results from bloodwork. Rule out any liver changes prior to any further lump removals.

Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC wnl, Chem: high liver values (AST: 243, ALP: 657, ALP: 158).

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 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 mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney exhibits several, tiny cortical cysts. The left kidney measured 7.1 cm. The right kidney measured 7.4 cm.

INTERPRETED BY

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

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 (5.4) mm at the cranial pole and (6.6) mm at the caudal pole. The right adrenal gland height is (1.0) mm at the cranial pole and (7.0) mm at the caudal pole.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

HOSPITAL NAME

Village Centre AH

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.

REFERRING VET

Dr. Kunnath

Liver

The liver is diffusely hyperechoic, of subjectively appropriate size with sharp borders and a mildly coarse parenchymal echotexture that is isoechoic to the spleen. There are several small, hyperechoic lesions that are consistent with benign myelolipomas. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

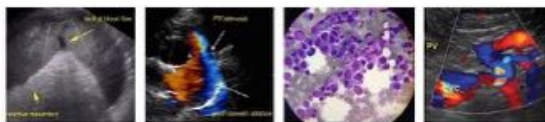
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The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

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The stomach is empty. The gastric wall is (5.3) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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 (4.2) mm. The jejunal wall measures up to (2.9) mm. . Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.7) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hyperechoic liver.

SECONDARY FINDINGS:

- Chronic renal changes.

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Village Centre AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Kunnath

The changes in the liver are non-specific and may be attributed to endocrine disease, other vascular hepatopathies, storage hepatopathy, infectious or inflammatory disease, or less likely neoplasia. Ultrasound or laparoscopic biopsies would be needed for a definitive diagnosis. Further recommendations include:

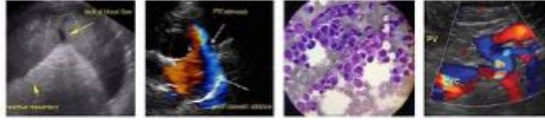
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- ❖ bile acid testing is recommended to further assess severity of hepatic disease
- ❖ Initiation of liver support therapies such as SAME, Vitamin E and ursodiol

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- ❖ Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluorquinolone, can be considered as empirical treatment for possible bacterial cholangiohepatitis. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.

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The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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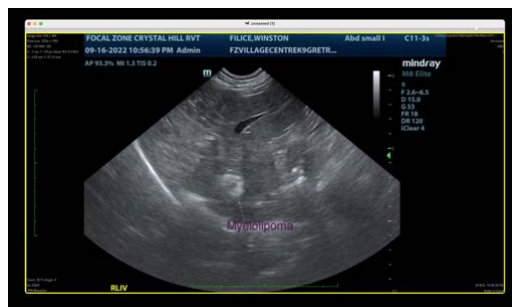
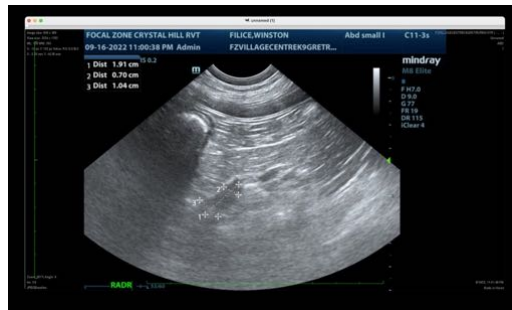
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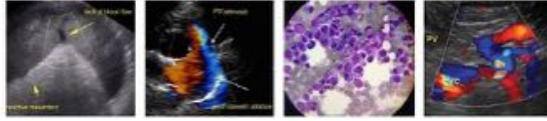
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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