



PATIENT PRESENTING CLINICAL SIGNS

Dozer Chapman

History: severe OA bilateral stifles- Carprofen 74mg PO BID started 12/20/2021- 1/14/22 LABs done and increase in ALT 452 and ALKP 530. discontinued carprofen and started gabapnetin 600mg BID - TID for pain 1/28/22 LABs again and further increase in ALT 763 and ALKP 705
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is not definitively visualized due to its pelvic location.

AGE

8 years

The left kidney presented normal size (8.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. A 0.81 cm cyst is observed at the lateral cortical medullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

WEIGHT

96 lbs

The right kidney presented normal size (8.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small Animal Internal Medicine*)

Adrenal Glands

The left adrenal gland is normal size (0.86 cm at cranial pole) (0.76 cm at caudal pole) (3.49 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal size (1.03 cm at cranial pole) (0.64 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

North Fork VH

Spleen

The spleen is normal in size (2.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Kristi Whitten

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogenous in appearance with a few ill-defined hypoechoic nodules. There is apparent swelling/rounding of what appears to be the right medial lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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2/2/21

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are



PATIENT mostly anechoic. The cystic and common bile ducts are normal.

Dozer Chapman

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SEX

Neutered Male

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 1.36 cm in length.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis, leptospirosis), hepatotoxicosis (i.e., copper), infiltrative neoplasia (less likely), +/- concurrent age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy).

WEIGHT

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Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood in urine PCR, serology) is recommended.
- Pre-and postprandial serum bile acids and hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) should be considered. Surgical biopsies are more likely to yield a definitive diagnosis. If surgery is pursued, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.
- If a more conservative approach is to be pursued, empirical treatment for bacterial cholangiohepatitis (i.e., broad-spectrum antibiotics, hepatic antioxidants), is recommended. If liver values do not improve within 5-7 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.
- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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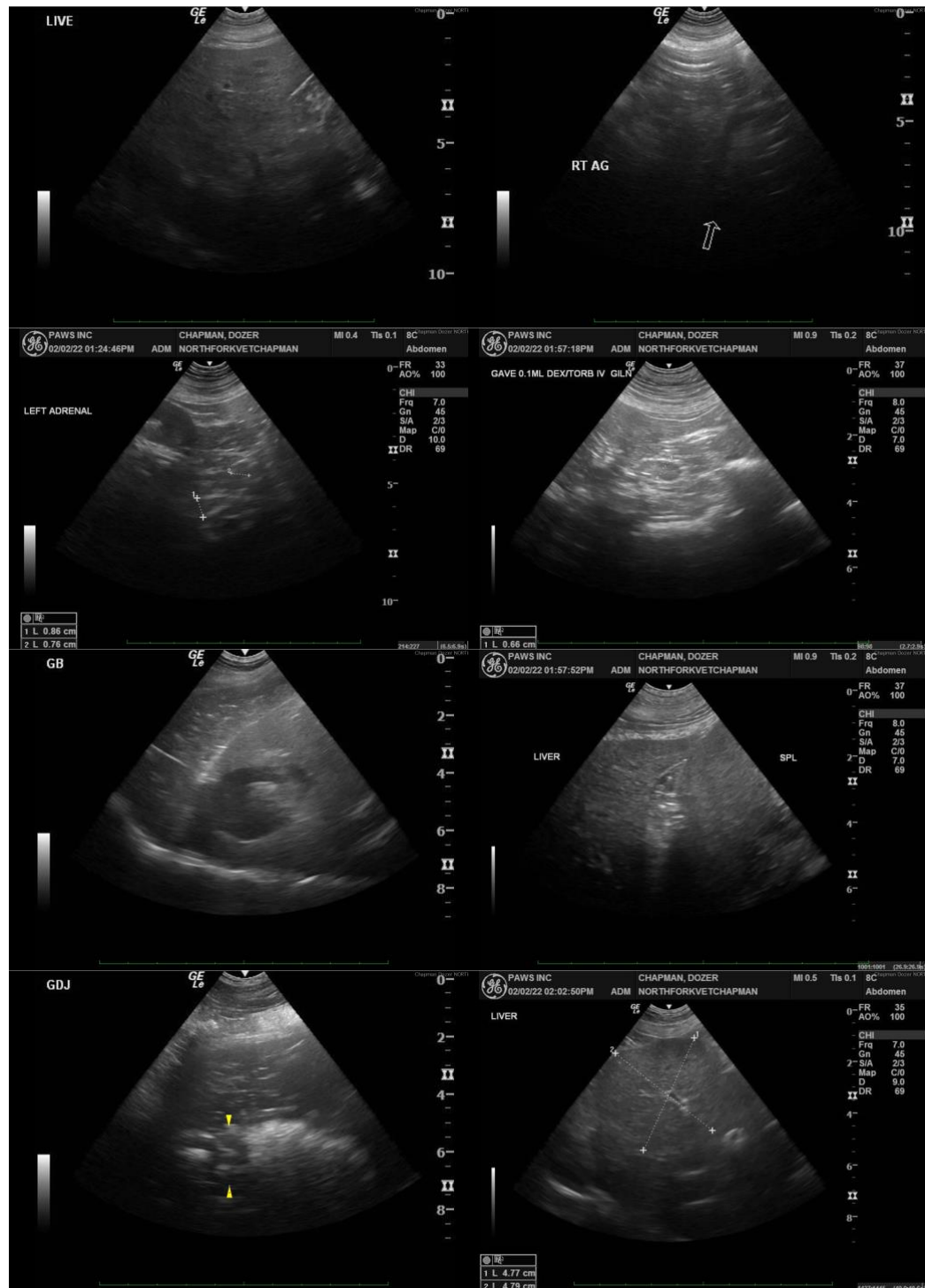
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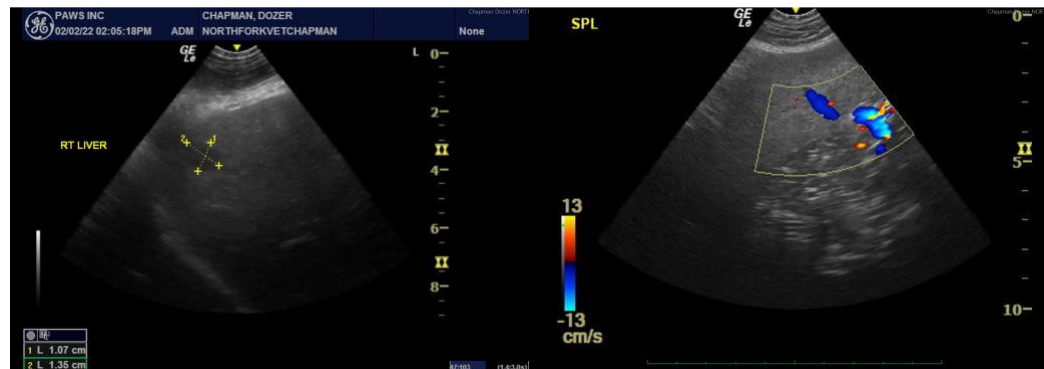
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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