

**DATE PRESENTING CLINICAL SIGNS**

1/10/2022

History: Pt presented for CCL tear. Pre op labs showed ALP increase to 713. O does report pet is PU/PD. Pt also has had intermittent diarrhea over the past year.

PATIENT

Blizzard Wietstruk

Current Medications: Meloxicam, Gabapentin.
Lab Results: ALP 713.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Patient sedated with Dexdomitor.
Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Samoyed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

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.

AGE

6/20/2013

The prostate is normal in size (0.79 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

68.2 lbs.

The left kidney is normal size (6.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal size (6.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Everhart VC

Adrenal Glands

The left adrenal gland is normal length with a slightly flattened contour (0.55 cm at cranial pole) (0.61 cm at caudal pole) (2.88 cm in length). The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

The right adrenal gland is normal length with a slightly flattened contour (0.46 cm at cranial pole) (0.44 cm at caudal pole) (2.39 cm in length). The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

12809

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative

pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. 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 disease is noted.

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.

Free Abdomen

An area of reactive mesentery is observed in the mid-abdominal cavity. There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's elevated ALP is not identified in this study. However, a benign hepatopathy (i.e., age-related remodeling, regenerative nodular hyperplasia or low-grade vacuolar hepatopathy) is likely present, particularly in light of the normal ALT.
- The significance of the reactive mesentery is unclear. It may represent resolving peritonitis (i.e., secondary to gastroenteritis), if the history supports this possibility.

Secondary Findings:

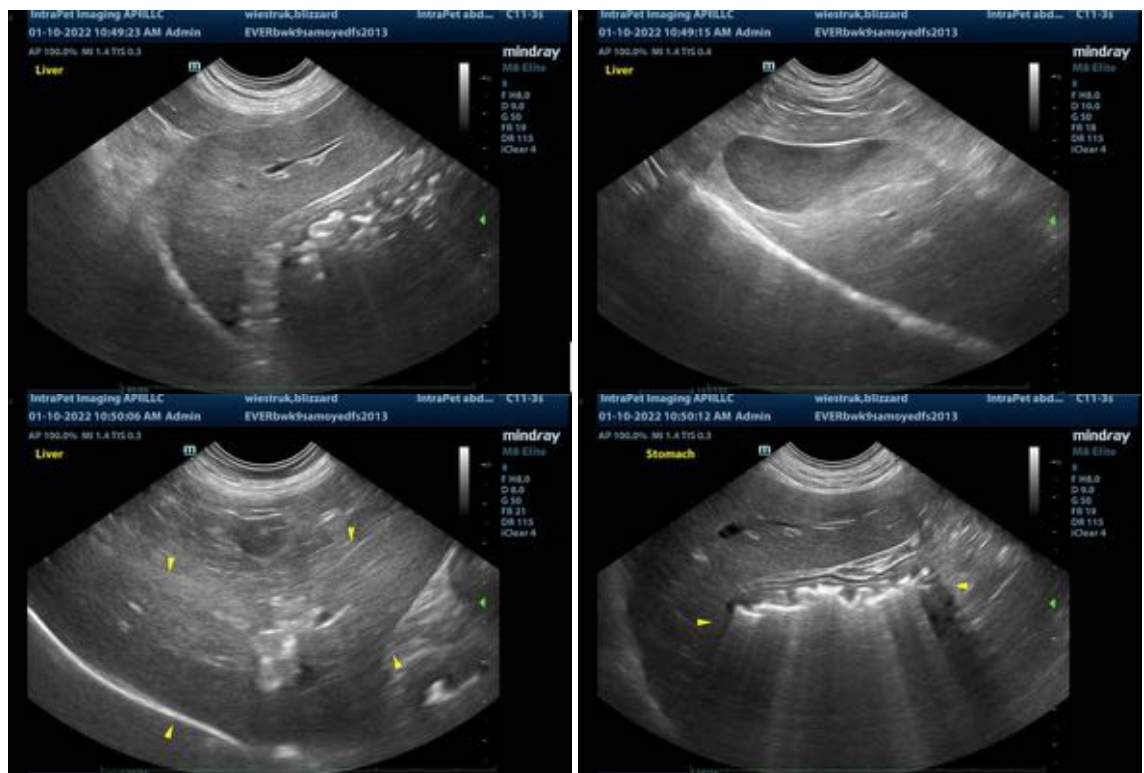
- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism).

*An obvious cause for the patient's chronic intermittent diarrhea is not identified in this study. Considerations include underlying gastrointestinal, pancreatic or metabolic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALP, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If the values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
- Regarding the GI signs, consider the following:

1. A fecal evaluation for ova/Giardia.
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. A 6-week limited antigen diet trial to assess for food allergies.
5. GI panel (send to Texas A&M).
6. If the above tests do not provide a definitive diagnosis, endoscopic or surgical gastrointestinal biopsies may be warranted.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com