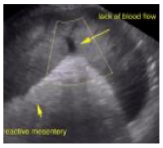
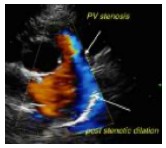
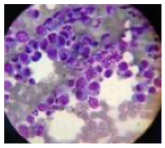
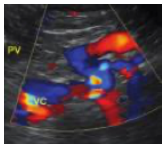
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Zelda Parker

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Intact Female

AGE

7 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Gr&Sm VC, Corvallis, OR

REFERRING VET

Dr. Justin Vaughn

INVOICE

12043

DATE

1.12.23

PRESENTING CLINICAL SIGNS

History: Hx of progressive increase in liver values; first noted prior to starting NSAIDs; progressive increase noted. NSAIDs discontinued; increased liver values noted despite discontinuing NSAIDs. No other concerns.

Abnormal PE/Chem/CBC/UA Results: NSF on PE BW done 10/22: CBC: no results Chem: ALT (135) T4: (3.1) BW rechecked 11/11/22: ALT 214. AST 61. All other UR. BW rechecked 12/30/22: ALT 268, AST 53. All other wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal in size (6.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.65 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.69 cm at cranial pole) (0.56 cm at caudal pole) (2.56 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.61 cm at cranial pole) (0.65 cm at caudal pole) (2.88 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

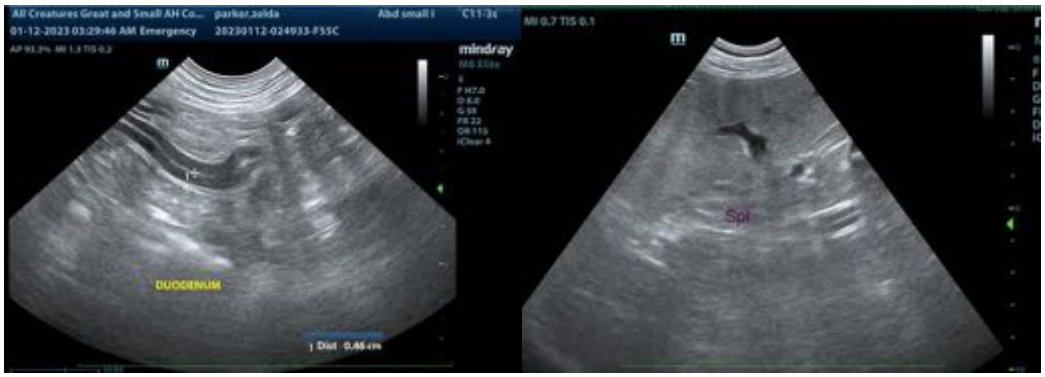
ULTRASONOGRAPHIC FINDINGS

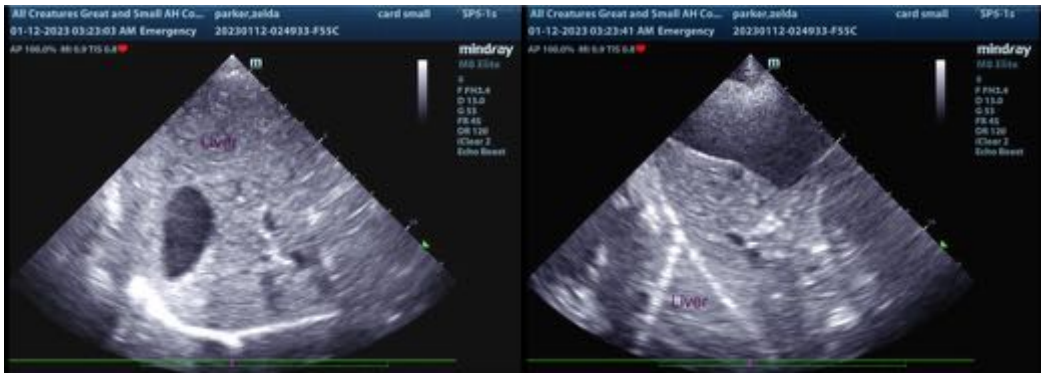
Primary Findings

- Nonspecific diffuse hepatopathy. Given the patient's breed and clinical history, the top differentials include chronic hepatitis and copper hepatotoxicosis, although other hepatopathies (i.e., bacterial cholangiohepatitis, Leptospirosis, etc.) cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids are recommended to assess hepatic function. Laparoscopic or surgical liver biopsies from multiple lobes should be considered, along with aerobic and anaerobic bile cultures and hepatic copper quantitation. In the meantime, consider initiation of hepatic antioxidants (i.e., Denamarin +/- Ursodiol and vitamin E).





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com