

**DATE PRESENTING CLINICAL SIGNS**

1/17/23

BAR, eating less than usual per o. Presented for LF limb lameness. O req ultrasound d/t ALT of 143.

**PATIENT**

Atom Stucky

Current Medications: 1/11/23 started Buprenex 0.3mg/mL 0.6mL BID. Chronically on: Methocarbamol 500mg BID, Amantadine 100mg BID, Gabapentin 300mg BID, Adequan inj 1.1mL monthly, Provable capsules, Dasuquin, 50lb canine Metacam SID.  
 Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Domitor 0.4ml IV Torb 0.3ml IV.

Stat Report: Not requested.  
 Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Husky

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Male, neutered

**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.

**AGE**

1/5/2011

The prostate is normal in size (0.90 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

52 lbs.

The left kidney is normal size (6.44 cm in length); normal shape and architecture with 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 size (6.12 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. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.72 cm at caudal pole) (3.30 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.

**HOSPITAL NAME**

Timonium AH

The right adrenal gland is normal size (0.75 cm at cranial pole) (0.66 cm at caudal pole) (3.95 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.

**REFERRING VET**

Dr. Montessi

**Spleen**

The spleen is normal in size (1.84 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.

**INVOICE**

14458

**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. A 1.08 cm cystic lesion is observed on the left side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is gas 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.

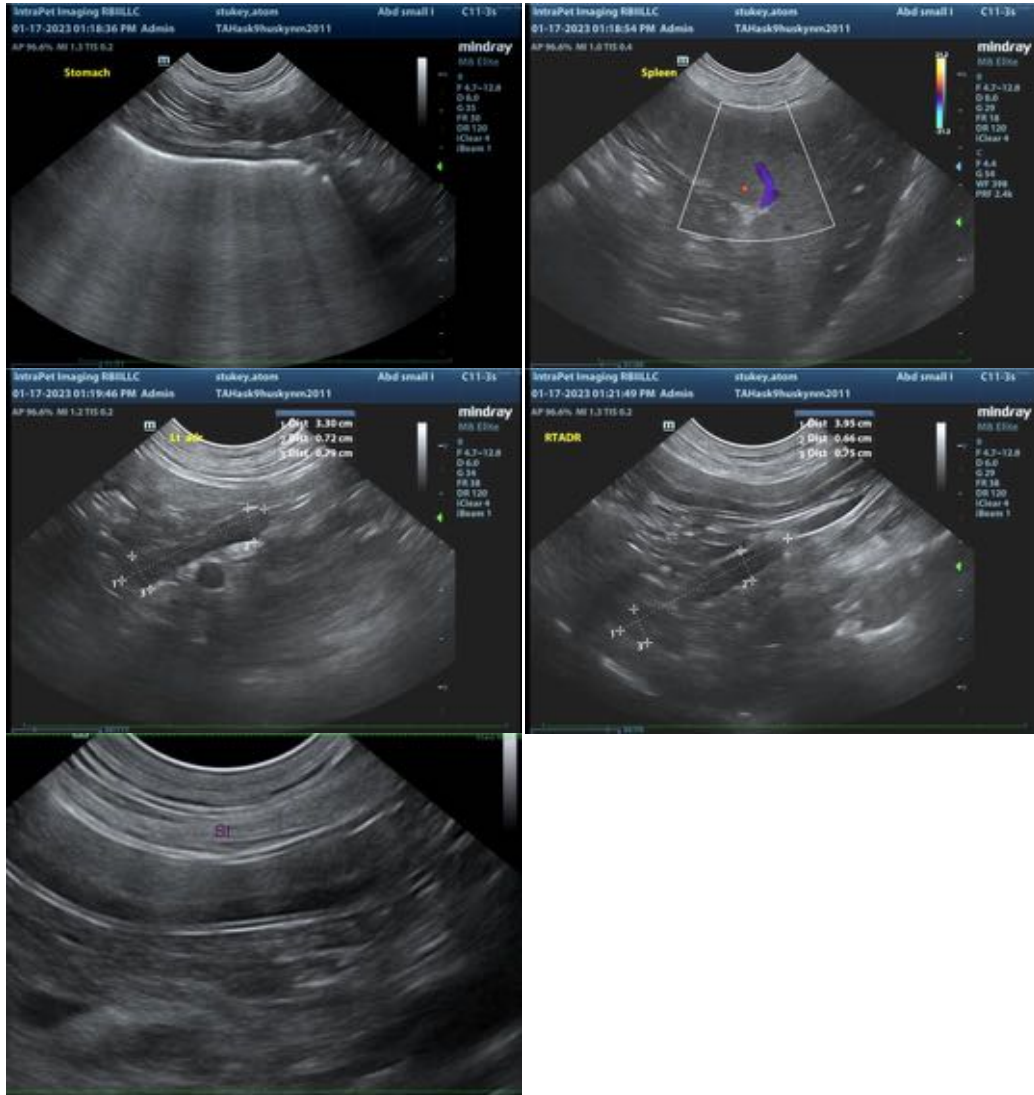
## **ULTRASONOGRAPHIC FINDINGS**

- The diffuse hepatic parenchymal changes are non-specific and could be consistent with benign age-related remodeling. However, an emerging hepatopathy (i.e., chronic hepatitis, hepatotoxicosis, Leptospirosis, reactive hepatopathy, infiltrative neoplasia, other) cannot be completely excluded. The left hepatic cyst likely represents a benign lesion with a lower possibility of an emerging vascular tumor.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- With regard to the elevated ALT, if an aggressive approach is desired, consider pre- and post-prandial serum bile acids +/- hepatic tissue sampling (i.e., fine needle aspirate or biopsies-laparoscopic or surgical). If biopsies are ultimately pursued, hepatic copper quantitation should be performed, and aerobic and anaerobic bile cultures obtained.
- Leptospirosis testing (i.e., blood and urine PCR, serology) is also recommended.
- If a more conservative approach is desired, consider rechecking liver values in 3-4 weeks. If the ALT continues to increase and/or if other liver enzymes are rising, hepatic tissue sampling can be reconsidered. In the meantime, consider initiation of hepatic antioxidants (i.e., Denamarin) +/- Vitamin E.





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.

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