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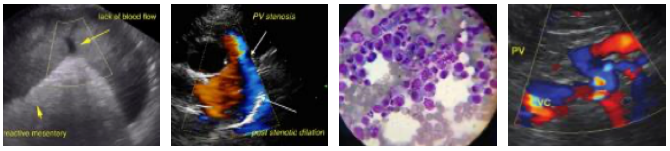

PATIENT

Hudson Bear

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

33 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Hlatky

INVOICE

12885

DATE

1/24/2022

PRESENTING CLINICAL SIGNS

History: Decreased appetite over the last 2-3 months; Vomiting on/off; Back pain; weakness; Lost 25% of body weight over last month. Had Cerenia and Convenia Friday. Unable to get PO medication into him without vomiting.

ALP 418, ALT 163, GGT 15, normal T-bili, CBC WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. A 0.50 cm cystic calculus is observed within the lumen.

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

The left kidney is normal size (4.51 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.

The right kidney is normal size (4.59 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. A few small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.67 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is seen.

Spleen

The spleen is normal in size (1.61 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 slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely and severely mottled with numerous, ill-defined hypoechoic nodules observed throughout the organ, the largest measuring 2.5 cm in diameter. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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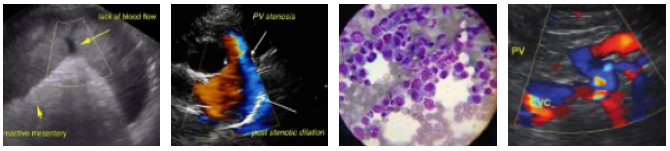

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive 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

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:

- The hepatic parenchymal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), a multifocal inflammatory disease, hepatotoxicosis (i.e., copper), other hepatopathy.
- Cystic calculus.

Secondary Findings:

- Bilateral, minor age-related renal changes with right non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids are recommended to assess hepatic function.
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin Advanced). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Consider Leptospirosis testing (i.e., blood and urine PCR, serology).

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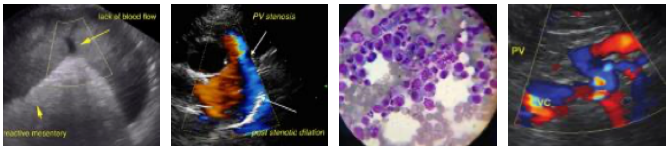

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- Given the concern for hepatic neoplasia, three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease.
- Regarding the bladder stone, if a surgical hepatic biopsy is pursued, a cystotomy with stone removal, analysis and culture can be considered. Otherwise, consider empirical medical management (i.e., prescription urinary diet and antibiotic therapy) with a recheck ultrasound of the urinary bladder in 4 weeks to assess for progression.
- Given the history of back pain, consider spinal radiographs, if not already performed.

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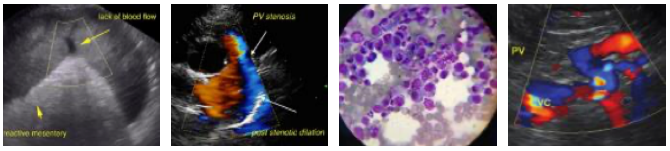

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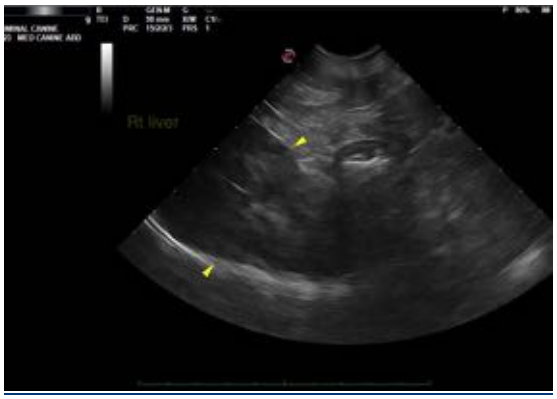

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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