



PATIENT

Misty Carson

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

3.95 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

12886

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Needs dental, bad teeth. liver abnormalities noted on Pre dental Bloods Pre dental AUS
Abnormal PE/Chem/CBC/UA Results: SDMA 23 (N 1-14), Urea and Creat normal ALT 183 (N 10-125), ALKP 803 (N 23-212) Previous was 647 Sept 2021 USG 1.029, pro 30

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 left kidney is normal size (3.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm at cranial pole) (0.37 cm at caudal pole) (1.33 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.

The right adrenal gland is normal size (0.56 cm at cranial pole) (0.43 cm at caudal pole) (1.27 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.

Spleen

The spleen is normal in size (0.94 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. 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 moderate to large amount of



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echogenic to hyperechoic debris/sludge is observed within the lumen, most of which is suspended and some of which is gravity-dependent. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is distended with gas and a minimal amount of fluid. 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.

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gallbladder sludge could be consistent with cholestasis, fasting or early mucocele formation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the gallbladder changes, consider initiation of Ursodiol therapy at this time. Alternatively, consider a repeat ultrasound in 3-4 weeks, preferably 2 hours post-small meal. If gallbladder changes are similar to the current scan, Ursodiol can be initiated at that time.
- Given the patient's age, three-view thoracic radiographs are also recommended prior to anesthesia.
- There was no obvious evidence of a contraindication for anesthesia for a dental procedure based on the abdominal ultrasound. However, it would be prudent to avoid Benzodiazepines and use opioids judiciously given the elevated liver values. Given the likelihood of renal insufficiency, fluid therapy is recommended prior to, during and post-anesthesia to allow for

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adequate renal perfusion. Blood pressure should be monitored closely while the patient is under anesthesia to avoid hypotensive events.

- Given the proteinuria, a UPC +/- urine culture and sensitivity are recommended.

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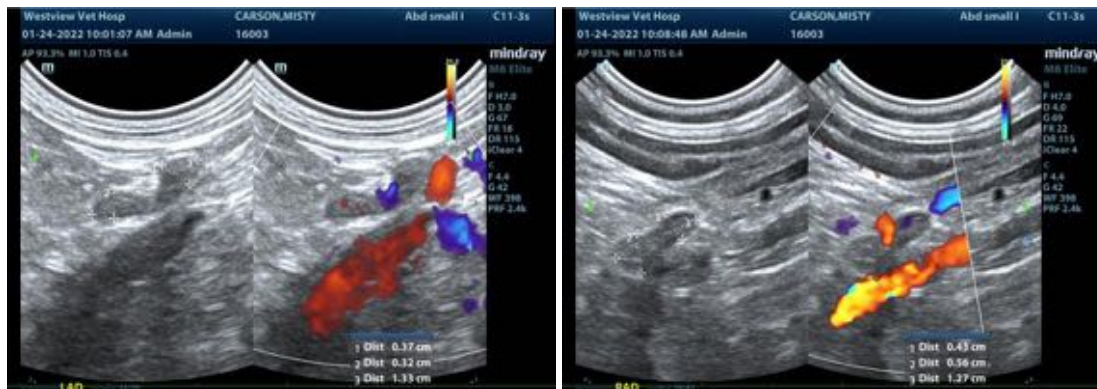
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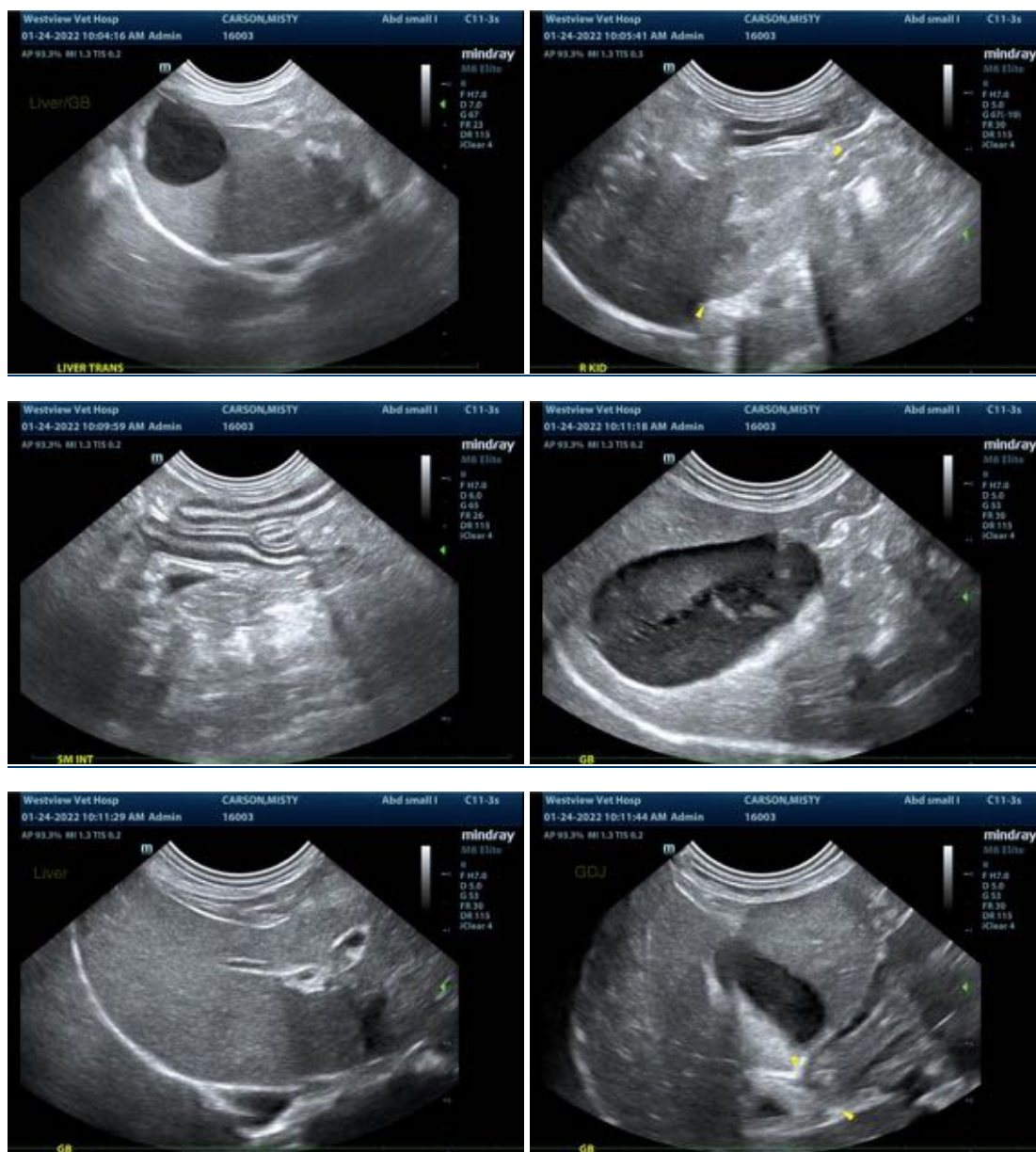
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Andrea.nicastro@sonopath.com