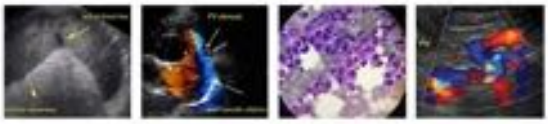
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sasha Zieba

SPECIES

Canine

BREED

Husky

SEX

Female, spayed

AGE

8 Years

WEIGHT

62.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Shane Sheets

INVOICE

12905

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Client declines injectable sedation- Trazadone given prior to scan- abdomen extremely tense and hinders obtaining optimal diagnostic images- Age: 8Y Weight in #: 62.5 lbs Breed: Husky History: Patient has history of onset of PU/PD. No other changes. Physical exam findings: Outwardly healthy patient for a senior husky. Abnormal CBC values: Hemoconcentration with a persistent HCT of 62% but lives at altitude. Mild lymphopenia consistent with suspecte stress leukogram. Platelets WNL. Abnormal Chemistry Values: Glucose WNL. SDMA WNL @ 12 but 3+ hemolysis can lower. CRE @ 0.8 on most recent BW but did have a CRE of 1.9 @ (05/2020) that decreased to 1.7 @ (02/2021) BUN remains stable and WNL. Electrolytes WNL including Na:K. Persistent mild elevation in ALT historically and now new elevated of ALP. ALT @ 219. ALP @ 553 where previously WNL.. Previously ALT @ 296, GGT elevated @ 43. Cholesterol now elevated @ 353. 3+ hemolysis on fresh sample. Abnormal UA Values: Isosthenuria @ 1.008. Otherwise NSF and unremarkable UA. Radiograph Findings(email radiographs if available): 3-view abdomen to per formed at time of US and to be sent with US for complete assessment. Reason for Ultrasound: Work up for PU/PD and laboratory changes. Abnormal PE/Chem/CBC/UA Results: RADs attached as supplemental use requested by DVM

Three-view abdominal radiographs are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***The patient's tense abdomen hindered obtaining optimal diagnostic images.

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.

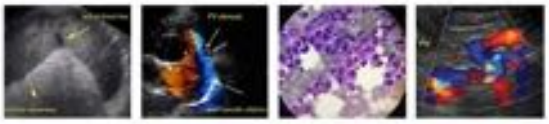
The left kidney is normal size (6.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.50 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.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.56 cm at caudal pole) (2.08 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 (0.55 cm at cranial pole) (0.49 cm at caudal pole) (2.73 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.



PATIENT

Sasha Zieba

SPECIES

Canine

BREED

Husky

SEX

Female, spayed

AGE

8 Years

WEIGHT

62.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Shane Sheets

INVOICE

12905

DATE

1/24/22

Spleen

The spleen is normal in size (2.18 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 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with 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

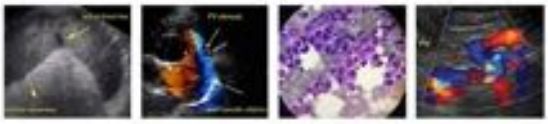
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. An obvious cause for the patient's elevated liver values is not identified in this study. Considerations include inflammatory/immune mediated disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis (unlikely given



PATIENT

Sasha Zieba

SPECIES

Canine

BREED

Husky

SEX

Female, spayed

AGE

8 Years

WEIGHT

62.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Shane Sheets

INVOICE

12905

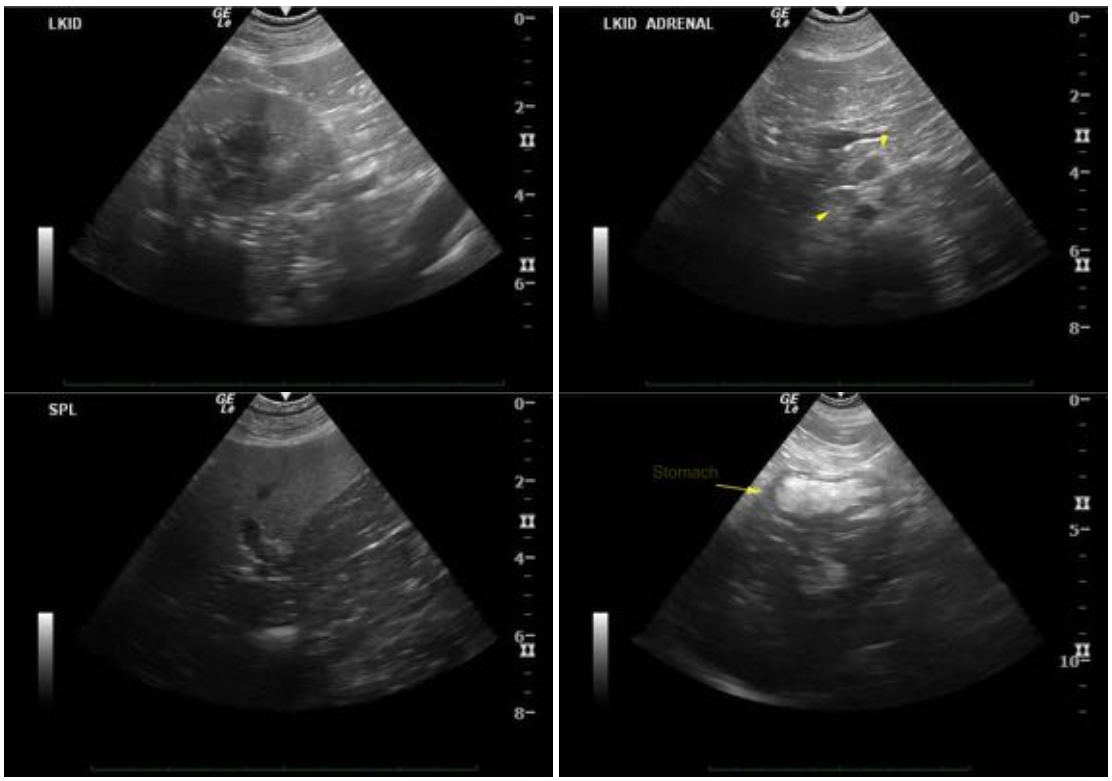
DATE

1/24/22

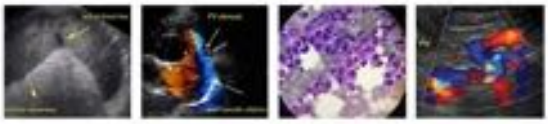
the chronicity of the liver enzyme elevations), other hepatopathy +/- concurrent mild vacuolar hepatopathy and/or regenerative nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids are recommended to assess hepatic function. Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) can also be considered, particularly if the bile acids are elevated.
- Other diagnostics to consider to further evaluate for causes of PU/PD include the following:
    1. Urine culture and sensitivity to assess for occult pyelonephritis.
    2. Leptospirosis testing (i.e., blood and urine PCR, serology).
    3. Cushing's testing (i.e., a low-dose dexamethasone suppression test or ACTH stimulation test).
    4. DDAVP trial.
    5. +/- modified water deprivation test.
    6. Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sasha Zieba

SPECIES

Canine

BREED

Husky

SEX

Female, spayed

AGE

8 Years

WEIGHT

62.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

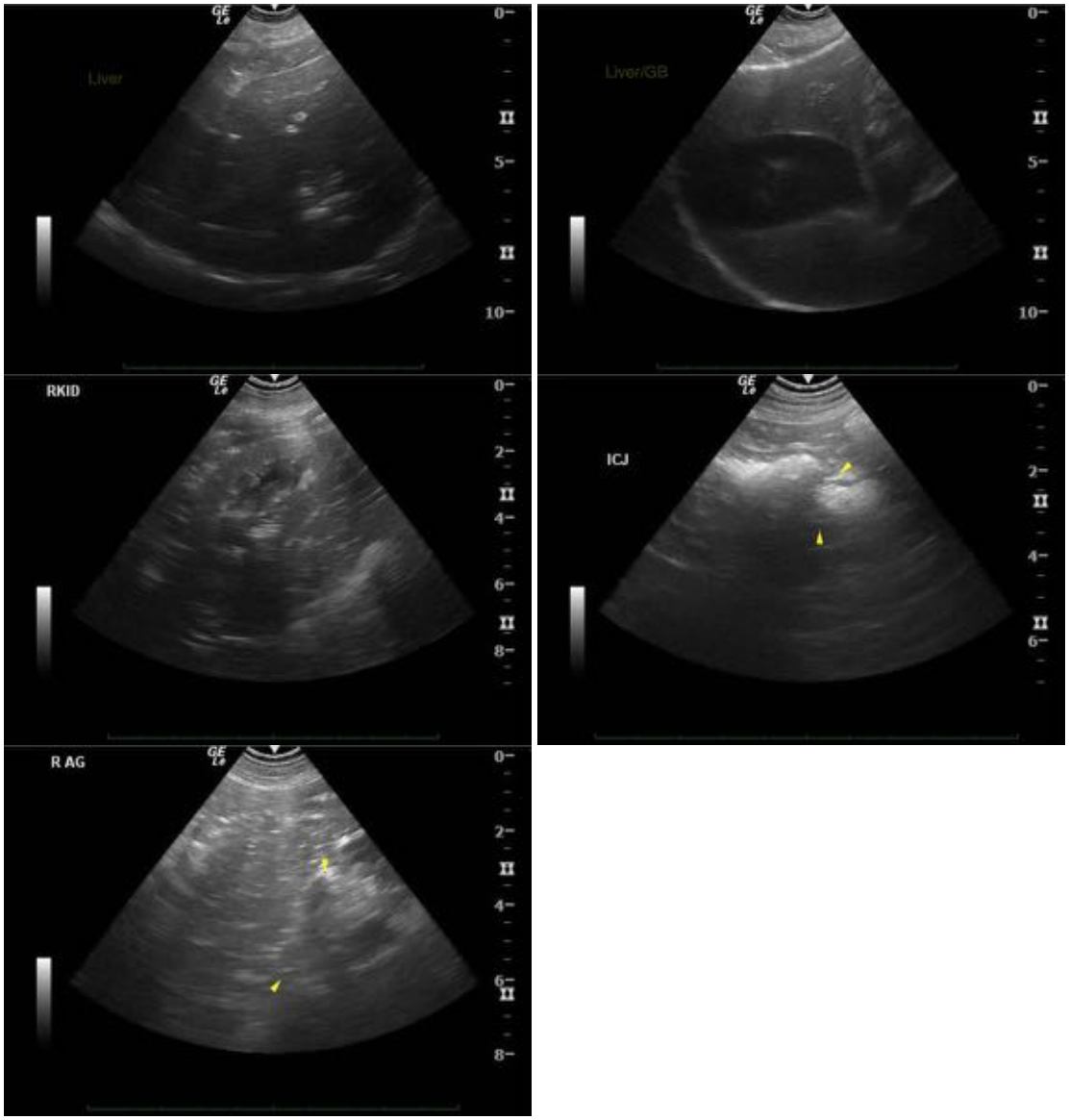
Dr. Shane Sheets

INVOICE

12905

DATE

1/24/22



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