



PATIENT

Nana Gendey

SPECIES

Canine

BREED

Collie X

SEX

Spayed Female

AGE

7 Years

WEIGHT

30.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

13658

DATE

1/28/22

PRESENTING CLINICAL SIGNS

History: Clinical sign started about 5 days ago. O thinks she may have ingested something in the snow bank. Next day she was shivering and not eating well. Was seen at the vet, sent home with cerenia and fortiflora. only getting worse over 5 days, vomiting, not able to keep anything down including water. BCS 5/9, very dull, jaundiced, 10% dehydrated, HR 132, RR 42, MM yellow tinged. Additional History: elevated white count with a neutrophilia and monocytosis. ALP 1104, ALT 574, extremely elevated T.bili, elevated lipase at 5905.

Abnormal PE/Chem/CBC/UA Results: Please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

One still image is available for interpretation. The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed.

The left kidney presented normal size (7.21 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 presented normal size (6.61 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.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm at cranial pole) (0.47 cm at caudal pole) (2.86 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 (xxx cm at cranial pole) (xxx cm at caudal pole) (xxx 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 (1.54 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



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1.

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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.

Gastrointestinal

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The gastric lumen is overdistended with fluid and ingesta and is hypomotile. The gastric wall is normal to moderately thickened (up to 0.79 cm) and slightly irregular with apparent retention of the normal layering pattern. The pyloric outflow tract is difficult to visualize due to the gastric distention. 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 or overt infiltrative disease is noted.

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Pancreas

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The portion of the pancreas is obscured by the gastric distention. In the visualized portion of the right limb, the pancreas appears prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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The mesentery effacing the serosal surface is hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. An acute hepatopathy, such as toxin or infection (i.e., Leptospirosis, bacterial cholangiohepatitis) is suspected with a lower possibility of a more chronic issue, such as chronic active hepatitis. Infiltrative neoplasia is considered unlikely based on the normal sonographic appearance of the liver.
- Cranial peritonitis is present, likely secondary to an underlying hepatopathy.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended along with hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If surgical biopsies are to be pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue



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samples for a potential copper quantitation should be obtained. While awaiting test results, empirical treatment for Leptospirosis and cholangiohepatitis is recommended with broad-spectrum antibiotics, fluid therapy, hepatic antioxidants and symptomatic treatment.

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- Consider three-view thoracic radiographs to assess cardiopulmonary status, given that the patient is severely ill.

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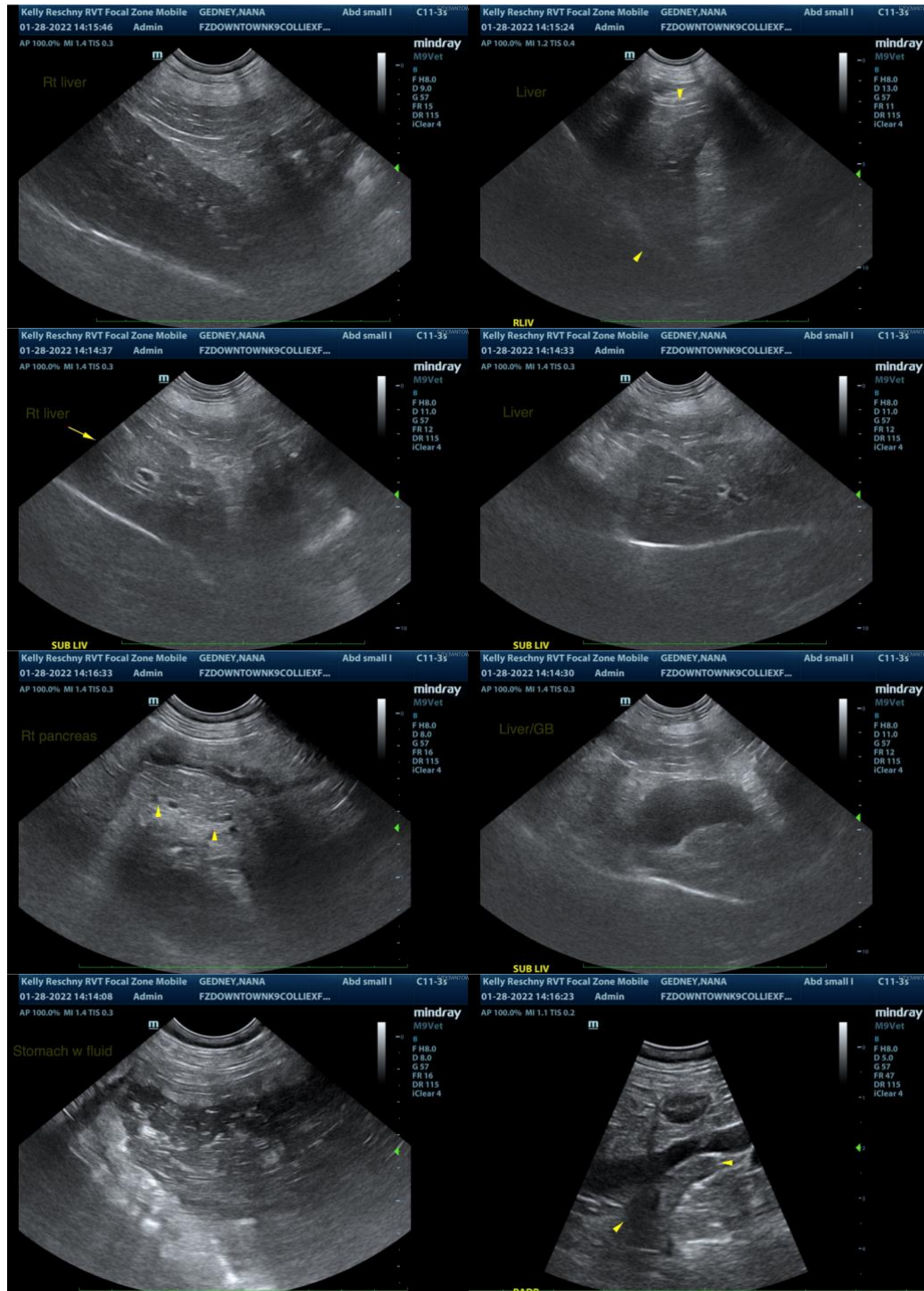
Dr. Ahn

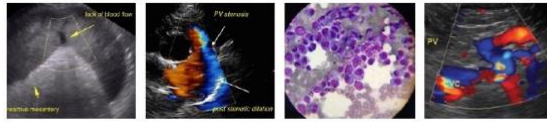
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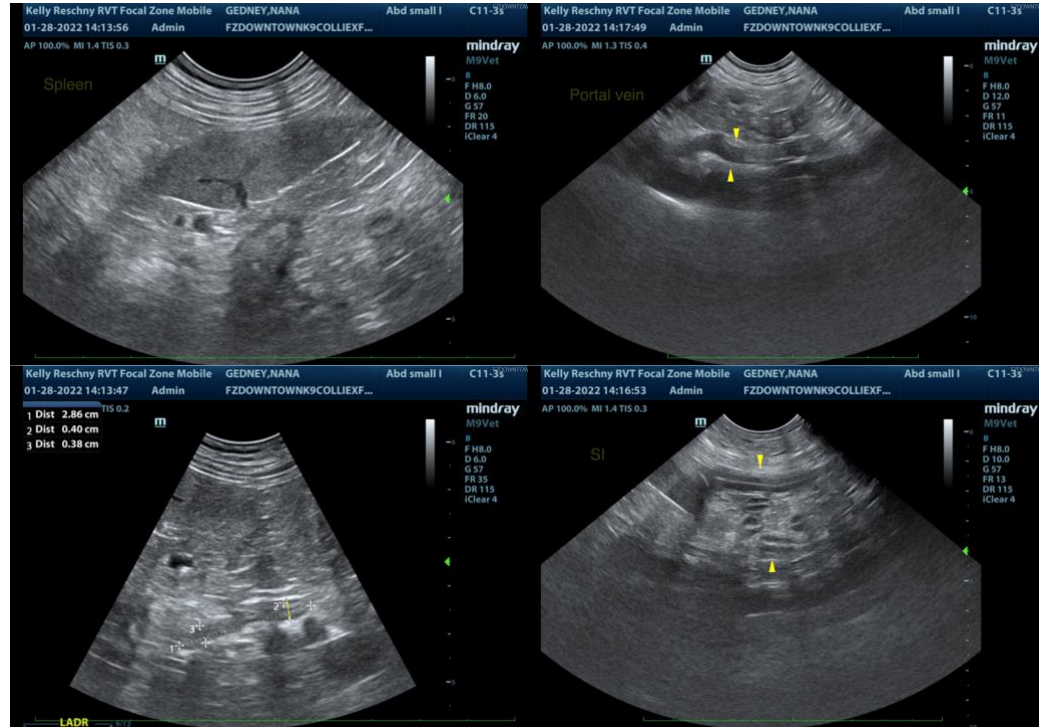
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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