

**DATE PRESENTING CLINICAL SIGNS**

10/5/2021

Owner fed sausage the night before first scheduled spay; elevated ALT 10-125 (413 on 9/20/21). Sent home Metronidazole and rescheduled spay for 10/4/21. ALT on 10/4/21 was 916 (10-125).

PATIENT

Maggie Everd

Current Medications: Metronidazole 250mg.

Lab Results: Elevated ALT 10-125 (413 on 9/20/21). ALT on 10/4/2021 was 916 (10-125).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not required.

Stat Report: Stat report not requested.

SPECIES

Canine

BREED

Pit Bull

SEX

Female, intact

AGE

3/17/2021

WEIGHT

15.88 kg.

INTERPRETED BY

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(Small Animal Internal
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HOSPITAL NAME

Banfield White Marsh

REFERRING VET

Dr. Racz

INVOICE

12282

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 (5.04 cm in length); normal shape and architecture with smooth peripheral margins. A 1.02 x 0.99 cm cortical cyst is observed at the cranial pole. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.54 cm at caudal pole) (2.41 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 (0.53 cm at cranial pole) (0.55 cm at caudal pole) (2.29 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 (1.51 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas distended. 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.

Pancreas

The left limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic 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 pancreatic changes are suggestive of mild to moderate pancreatitis.
- Left renal cortical cyst.
- An obvious cause for the patient's elevated ALT is not identified in this study. Based on the normal portal vein: caudal vena cava ratio a congenital extrahepatic portosystemic shunt is considered unlikely although an intrahepatic shunt is possible. Other differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, Leptospirosis), reactive hepatopathy, microvascular dysplasia, hepatotoxicity, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Supportive care for pancreatitis/cholangiohepatitis/Leptospirosis is recommended (i.e., amoxicillin clavulanic acid, Denamarin +/- Metronidazole).
- Repeat liver enzymes and serum bile acids are recommended in 7-10 days. If no improvement is seen, consider a contrast abdominal CT scan to more definitively rule out a congenital portosystemic shunt as well as a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation.





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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