**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Incidentally noted severely elevated liver values. Patient had brief episode of vomiting that has resolved (lasted 36-48 hours), otherwise asymptomatic.

PATIENT

Patient is not vaccinated for leptospira (lepto titers declined at this time). Liver values did not improve with two weeks empirical medications (Metronidazole, Amoxicillin, Denamarin).

Chip Steinour

SPECIES

Canine

Current Medications: Metronidazole 12 mg/kg bid, Amoxicillin 5 mg/lb bid, Denamarin. All started 10/26, patient should still be receiving

Lab Results: Recheck labwork 11/8/21 - ALT 925, ALP1926, GGT 14

Prev labwork 10/26/21 - ALT 927, ALP 1761, GGT 13.

bile acids pre very mildly elevated 21.1, post wnl 10.4.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for scan.

Stat Report: Not requested.

BREED

Pit Bull X

SEX

Neutered Male

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.

AGE

2012

The prostate is normal in size (0.91 cm width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

58.5 Pounds

The left kidney presented normal size (6.83 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.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney presented normal size (6.83 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.

HOSPITAL NAME

Churchville Vet Clinic

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.50 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.

REFERRING VET

Dr. Uhland

INVOICE

29802

The right adrenal gland is normal size (0.70 cm at cranial pole) (0.63 cm at caudal pole) (2.70 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 (1.60 cm) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal to slightly small in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and heterogeneous in appearance with mottling and a diffuse nodular pattern. Hepatic vasculature and intrahepatic 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.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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. A 2.73 cm x 0.58 cm medial iliac lymph node is visualized.

PRIMARY FINDINGS

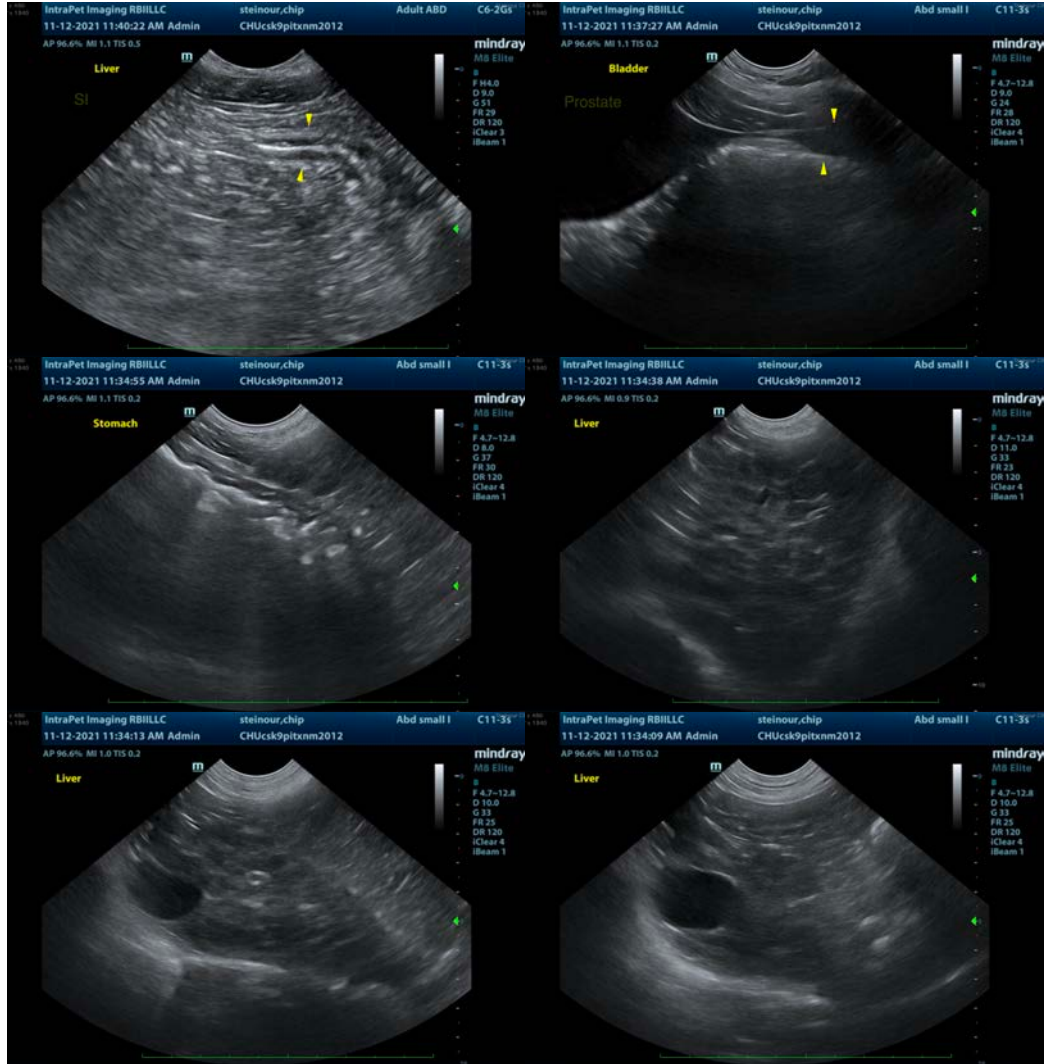
- The hepatic changes are most consistent with a chronic hepatopathy (i.e., inflammatory disease, fibrosis), hepatotoxicosis (i.e., copper). Infiltrative neoplasia is possible, but considered less likely due to the lack of hepatomegaly.

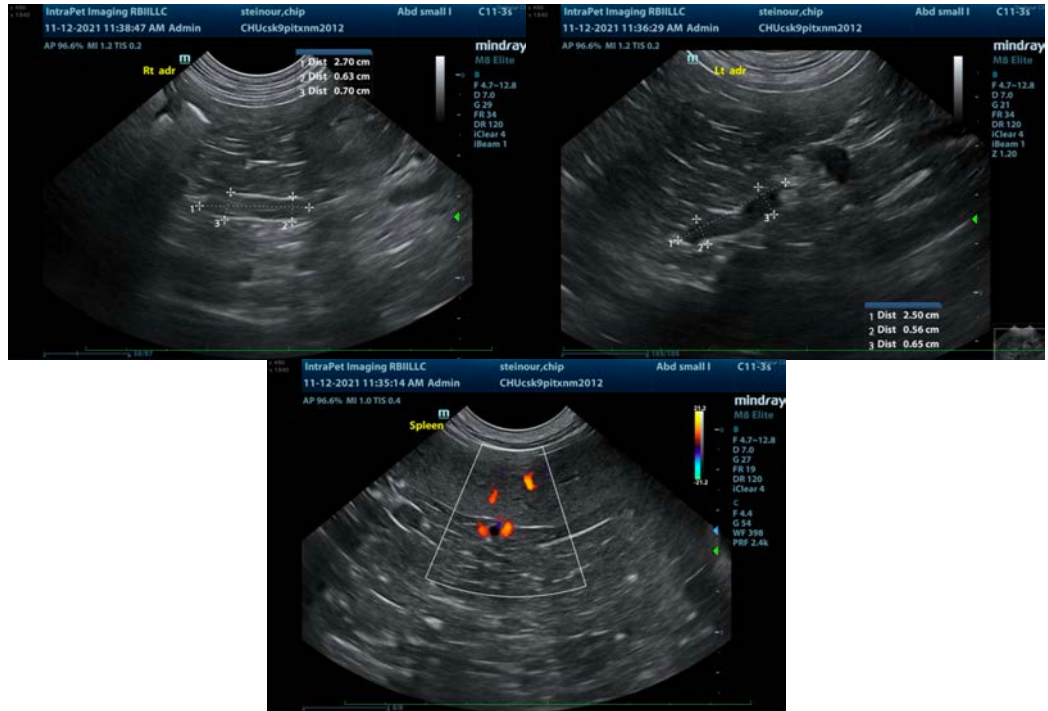
SECONDARY FINDINGS

- The prominent medial iliac lymph node is likely reactive.
- The small intestinal mucosal speckling has been associated with enteritis. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation should be considered. Leptospirosis testing is also recommended given that the patient has not received a Leptospirosis vaccination. However, given the hepatic parenchymal changes, this differential is considered less likely.





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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com