

**DATE**

11.18.2022

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, vomiting, lethargy, not eating

PATIENT

Bintu Tate

Current Medications: Metronidazole 500 mg, Denamarin 425 mg. ALT 1232. ALP 565. AST 241. GGT 73. Total bilirubin 2.6. BUN 7. RBC 4.2. Mild neutropenia and lymphopenia. T4 normal. 4dx negative.

Cobalequin chew tab

Lab Results: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic; would need deeper sedation for full adrenals.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Labrador Mix

*Full visualization of the adrenal glands would require deeper sedation.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is 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. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

11/8/2014

The left kidney is normal size (6.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

23.13kg

The right kidney is normal size (6.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.65 cm in width); normal shape and smooth peripheral contours. No obvious pathology is observed.

HOSPITAL NAME

Nexus Veterinary
Specialists

The right adrenal gland is normal size (0.65 cm at caudal pole) (2.09 cm in length); with a normal shape and smooth peripheral contours. No obvious pathology is observed.

REFERRING VET

Dr. Steele

Spleen

The spleen is normal in size (1.84 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.

INVOICE

11880

Liver

The liver is subjectively small in size with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous and mottled in appearance. There is an increase in portal markings. 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/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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. 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

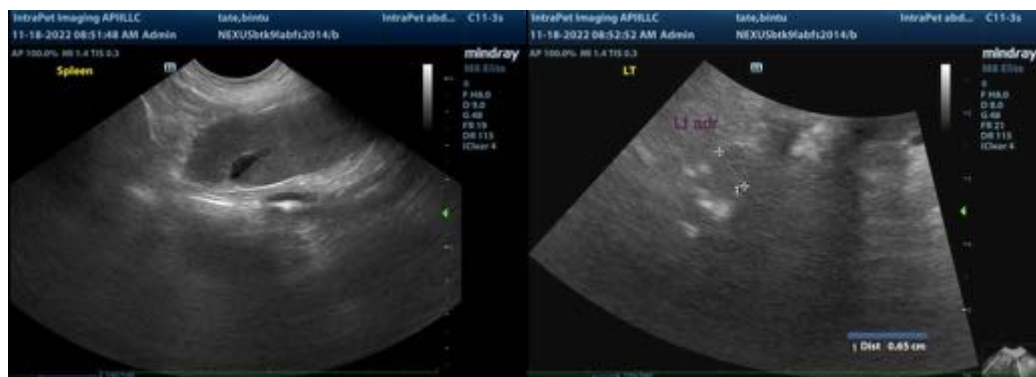
- The hepatic parenchymal changes are most consistent with a chronic hepatopathy (i.e., inflammatory disease, hepatotoxicosis (i.e., copper)) with possible fibrosis. End-stage liver disease is suspected.

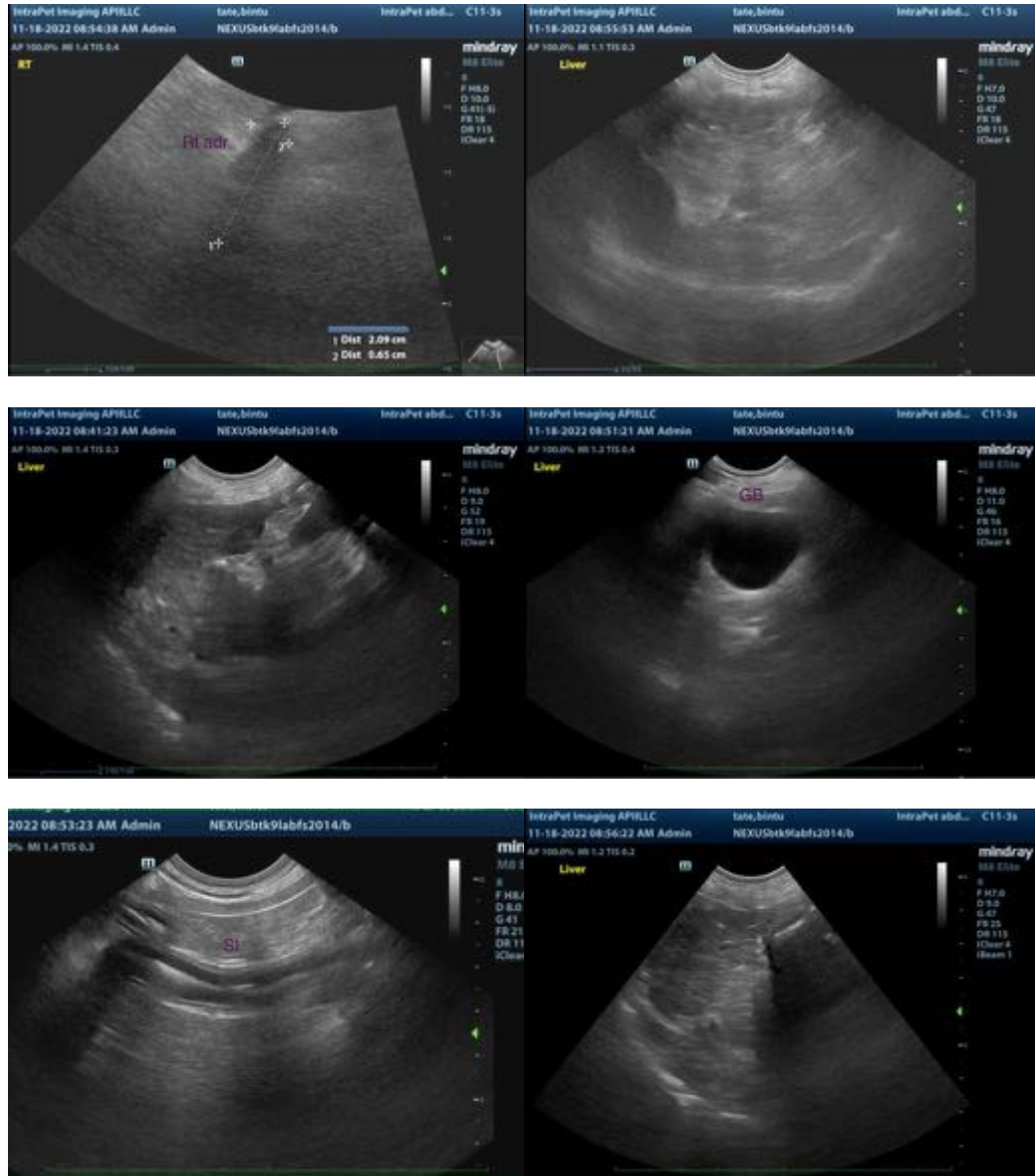
Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com