

**DATE PRESENTING CLINICAL SIGNS**

11/5/21

History: was with family member for Halloween, when came home on Monday seemed quiet and off; vomiting x 1 day; can't perform oral exam, very nervous- very tense t/o abd, normal formed stool.

**PATIENT**

Malibu Smith

Current Medications: Started Denamarin, gave injection of Cerenia and 1 L LRS SQ.

Lab Results: negative snap CPL, cbc – normal, chem - alk phos 1857, alt 458, chol 362, ggt 19, glob 4.7, tbil 3.9.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Trazadone, Midazolam and Torb administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Plott Hound

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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 2.0 cm, are normal.

**AGE**

7/3/2017

The left kidney presented normal size (6.60 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.

**WEIGHT****INTERPRETED BY**

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(Small Animal  
Internal Medicine)

The right kidney presented normal size (7.11 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.

**HOSPITAL NAME**

Banfield PH of Towson

**Adrenal Glands**

The left adrenal gland is normal size (0.45 cm at cranial pole) (0.55 cm at caudal pole) (2.07 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. Mike

The right adrenal gland is normal size (0.45 cm at cranial pole) (0.74 cm at caudal pole) (2.38 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.

**INVOICE**

14183

**Spleen**

The spleen is normal in size (2.13 cm 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. No distinct focal lesions are observed. Hepatic vascular 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. A moderate amount of aggregated echogenic mostly gravity dependent sludge is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness 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.

### ***Pancreas***

The right limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

### ***Free Abdomen***

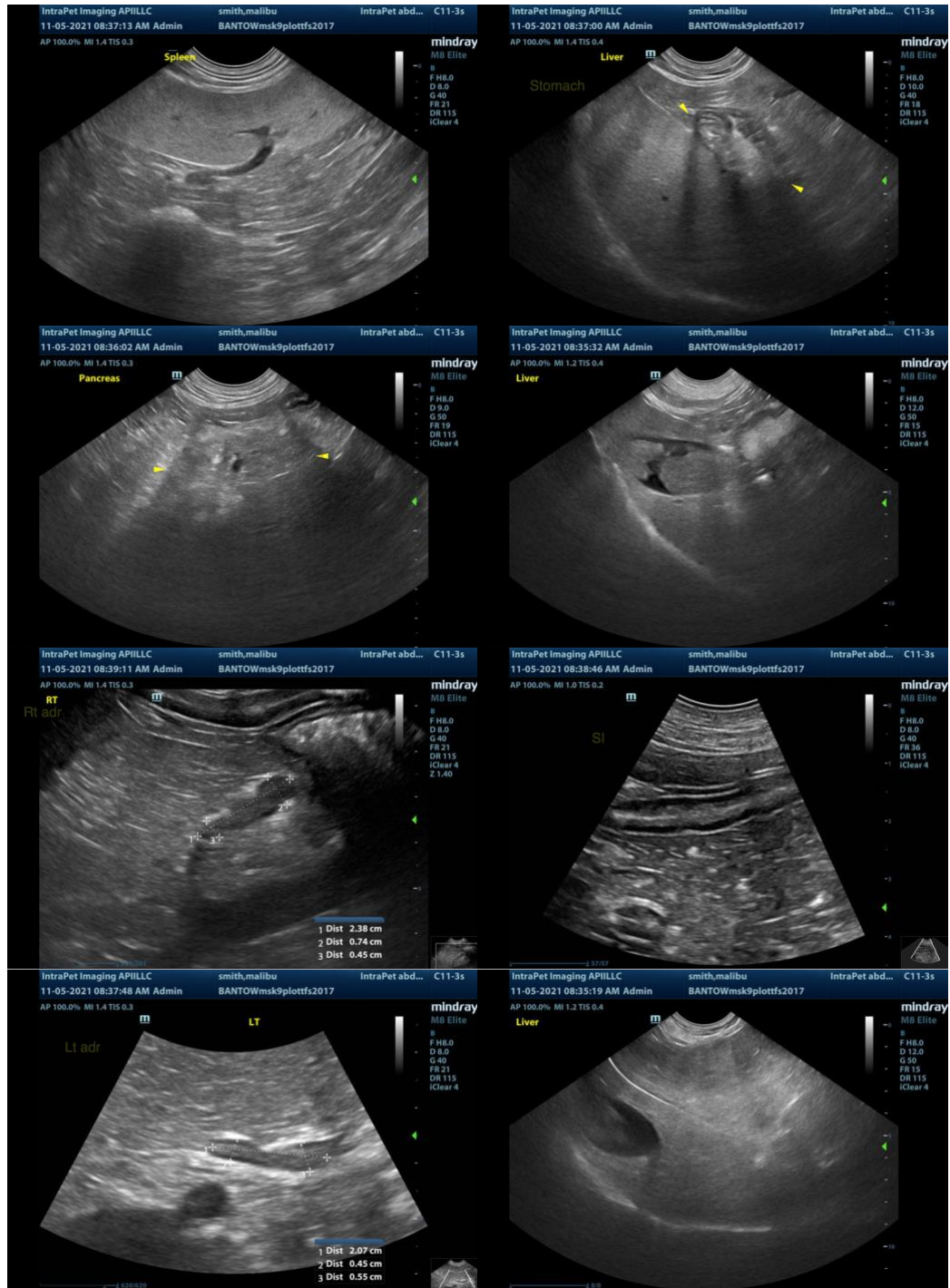
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

- Non-specific diffuse hepatopathy. Differentials include inflammatory/infectious disease, hepatotoxicity, immune mediated disease, reactive hepatopathy, other.
- The pancreatic changes are consistent with mild acute or chronic active pancreatitis
- Gallbladder sludge, non-mucocele

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/hepatotoxicosis/pancreatitis with fluid therapy, broad spectrum antibiotics, antioxidants and supportive care. If liver values show improvement within 5-7 days of initiating therapy, continue antibiotics for 4-6 weeks and 1 week beyond normalization of the liver values. If liver values do not improve, antibiotics should be discontinued, and hepatic tissue sampling reconsidered.
- Given the uncertain history, three-view thoracic radiographs are also recommended to assess cardiopulmonary status.



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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