



PATIENT

Tucker Gfrujic

SPECIES

Canine

BREED

Bichon

SEX

Neutered Male

AGE

2 Years

WEIGHT

4.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Bridge

INVOICE

13071

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: elevated ALT on routine BW
Abnormal PE/Chem/CBC/UA Results: please see attached bW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.14 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. Renal vasculature is normal.

The right kidney presented normal size (4.45 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.40 cm at cranial pole) (0.41 cm at caudal pole) (1.85 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 (1.72 cm at cranial pole) (0.54 cm at caudal pole) (1.85 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 (1.16 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.



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The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 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.

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Free Abdomen

There is questionable trace free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.40 cm in length.

ULTRASONOGRAPHIC FINDINGS

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- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Questionable trace ascites

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*An obvious cause for patient's elevated ALT is not identified in the study. Considerations include reactive hepatopathy, bacterial cholangiohepatitis, immune-mediated disease, hepatotoxicosis, infectious disease (i.e., Leptospirosis), congenital disease (i.e., portosystemic shunt, microvascular dysplasia), other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider pre- and postprandial serum bile acids to assess hepatic function. If the values are elevated, consider a repeat ultrasound after a 12-hour fast to better assess the portal hilus for a congenital portosystemic shunt or consider a contrast abdominal CT scan. A liver biopsy may ultimately be necessary to get a definitive diagnosis. If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid, denamarin) with recheck liver values in 7-10 days. If the ALT improves, continue antibiotics for at least 4 weeks and 1 week beyond normalization of the ALT. If the ALT does not improve, antibiotics should be discontinued and further diagnostics should be considered.

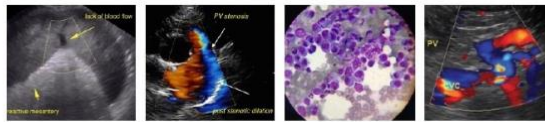
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- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the disease is endemic in the patient's geographic region.



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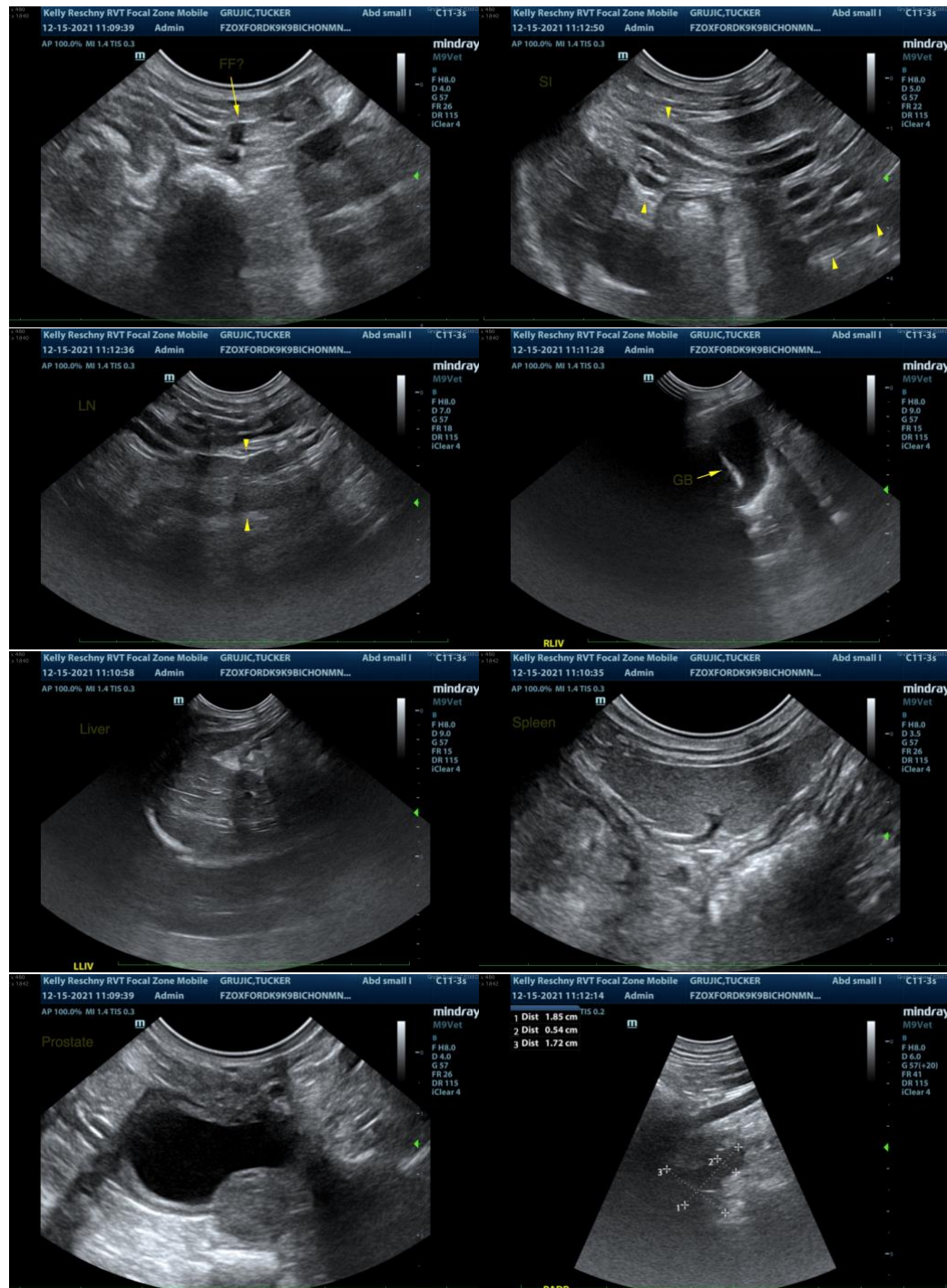
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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