

**DATE PRESENTING CLINICAL SIGNS**

12/2/21

History: complained of v+ and d+ on and off 11/13. o noted weight loss and bright colored urine with decreased appetite.

PATIENT

Nilla Christopher

Current Medications: Amoxicillin was given on 11/13 for 10 days (100 mg), Ursodiol was also prescribed. Lab Results: Increased ALT and ALP. Attached separately. ALT 1794, ALP 1835, GGT 260, Tbili 1.3, CBC unremarkable, T4 normal.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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 is normal.

AGE

11/8/2009

The left kidney presented normal size (3.46 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

5.6 Lbs.

The right kidney is small in size (2.95 cm in length); with an irregular shape. The cortex thickness is variable and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudal aspect. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.48 cm at caudal pole) (1.40 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.50 cm at caudal pole) (1.24 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.

HOSPITAL NAME

Padonia VH

Spleen

The spleen is normal in size (0.81 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.

REFERRING VET

Dr. Youssef

Liver

The liver is subjectively normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and is homogeneous in appearance with a coarse echotexture. No distinct focal lesions are

INVOICE

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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is mildly to moderately distended. The wall is thickened (up to 0.27 cm). A moderate amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

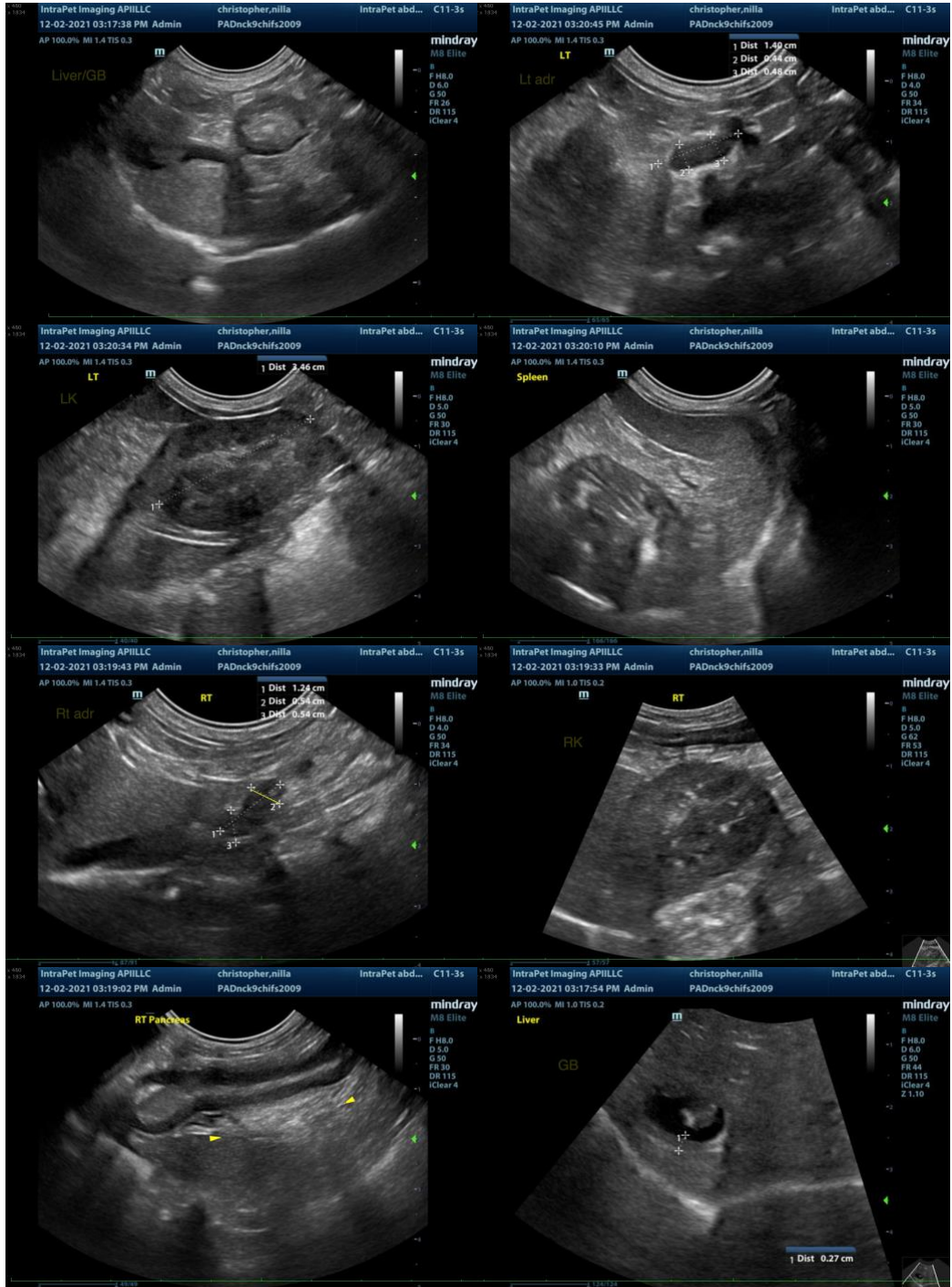
- Gallbladder wall changes could be consistent with cholecystitis and/or age-related benign hyperplasia.

Secondary Findings

- Age-related pancreatic remodeling/fibrosis
- Bilateral age-related renal changes with dystrophic mineralization, more severe on the right side

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If clotting status is appropriate, a fine needle aspirate of the liver is recommended, if accessible. Otherwise, a surgical liver biopsy may be necessary to get a definitive diagnosis. If surgery is pursued, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for possible copper quantitation should be obtained.
- Also consider a leptospirosis testing (i.e., blood and urine PCR, serology). While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/cholecystitis with broad spectrum antibiotic therapy, antioxidants +/- Ursodiol as well as IV fluids and gastric protectants (as needed).
- Given the patients' age, three-view thoracic radiographs are 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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