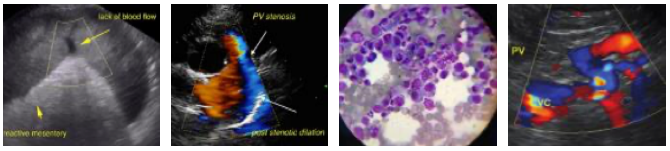
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lorraine Young

SPECIES

Canine

BREED

Corgi

SEX

Female, spayed

AGE

16 years 2 months

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Sterling Cascades

REFERRING VET

Dr. Jarrett

INVOICE

12721

DATE

PRESENTING CLINICAL SIGNS

History: Inappetence and elevated liver enzymes. Was on Denamarin. Getting Cerenia and famotidine, still not eating. Getting Incurin. Small drop of whitish purulent discharge seen on vulva. Afebrile. (100.7)
Abnormal PE/Chem/CBC/UA Results: ALT 279 and ALKP 252 (12/2021). CBC unremarkable. ALT 277 in Nov ALT 164 in Octr

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. A scant amount of echogenic debris is observed within the lumen. 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.

The left kidney is normal size (3.93 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.

The right kidney is normal size (3.72 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.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.75 cm at cranial pole) (0.70 cm at caudal pole) (2.33 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.

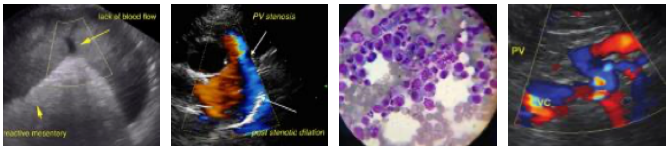
The right adrenal gland is normal size (0.53 cm at cranial pole) (0.51 cm at caudal pole) (1.86 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic



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partially-dependent sludge is observed within the lumen. 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. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

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

Other

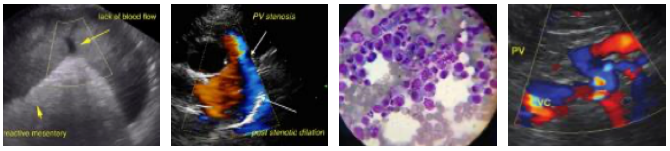
The uterine stump is thickened (up to 0.88 cm) with minimal anechoic luminal contents. There is no evidence of reactive mesentery or free fluid surrounding the stump.

ULTRASONOGRAPHIC FINDINGS

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis (less likely), chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) should be considered.
- Gallbladder sludge, non-mucocele.
- The pancreatic changes are suggestive of age-related remodeling +/- fibrosis. Concurrent low-grade inflammation may be present, particularly if the patient is painful on cranial abdominal palpation.
- The uterine stump changes could be consistent with a stump pyometra or may be secondary to chronic estrogen administration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the liver enzyme elevations, consider the following:
  1. Pre- and post-prandial serum bile acids.
  2. Consider a fine needle aspirate of the liver, if clotting status is appropriate.



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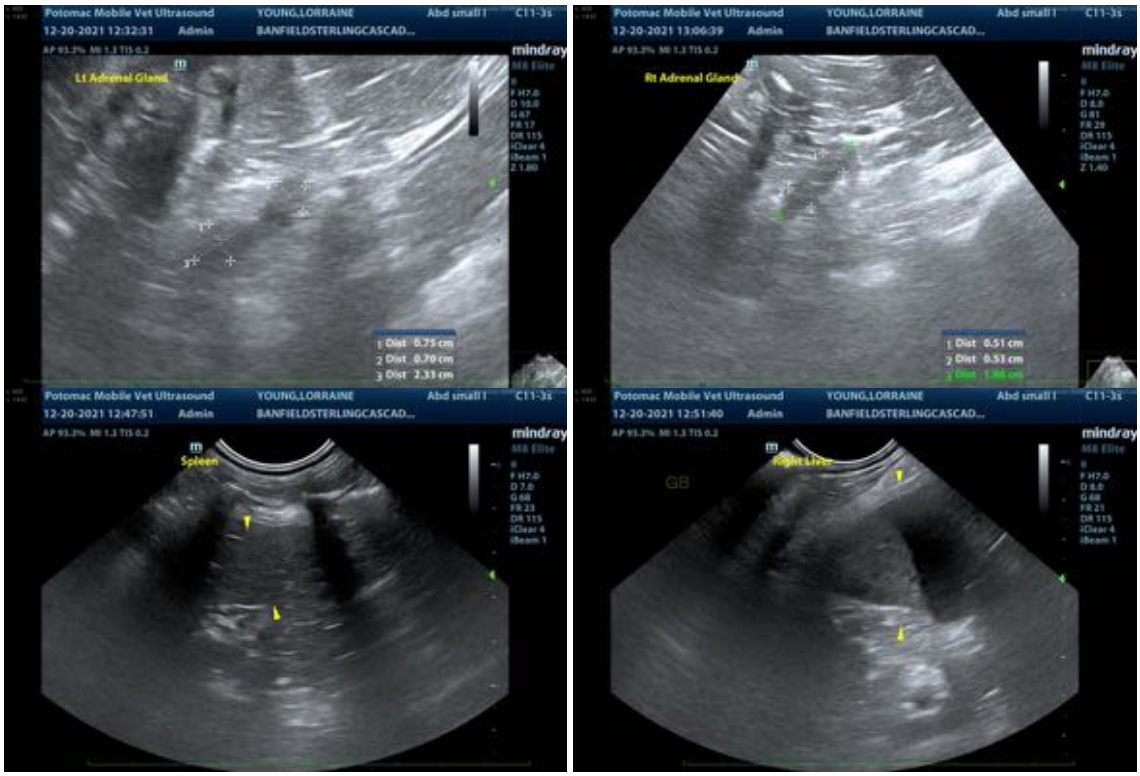
3. Leptospirosis testing can also be considered. However, given the chronicity of the liver enzyme elevations, this differential is considered less likely.

4. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin Advanced). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

- Regarding the uterine stump changes, consider a vaginal cytology to further assess for stump pyometra. If an aggressive approach is desired, surgical removal of the uterine stump and assessment for an ovarian remnant can be considered. If a more conservative approach is desired, consider discontinuation of Incurin and rechecking an abdominal ultrasound in 3-4 weeks, as long as the patient remains stable.

- Given the patient's age, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.



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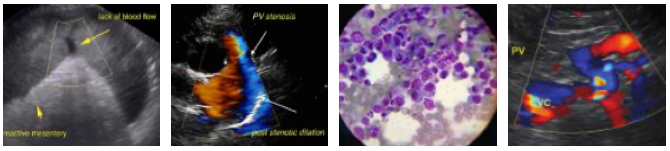

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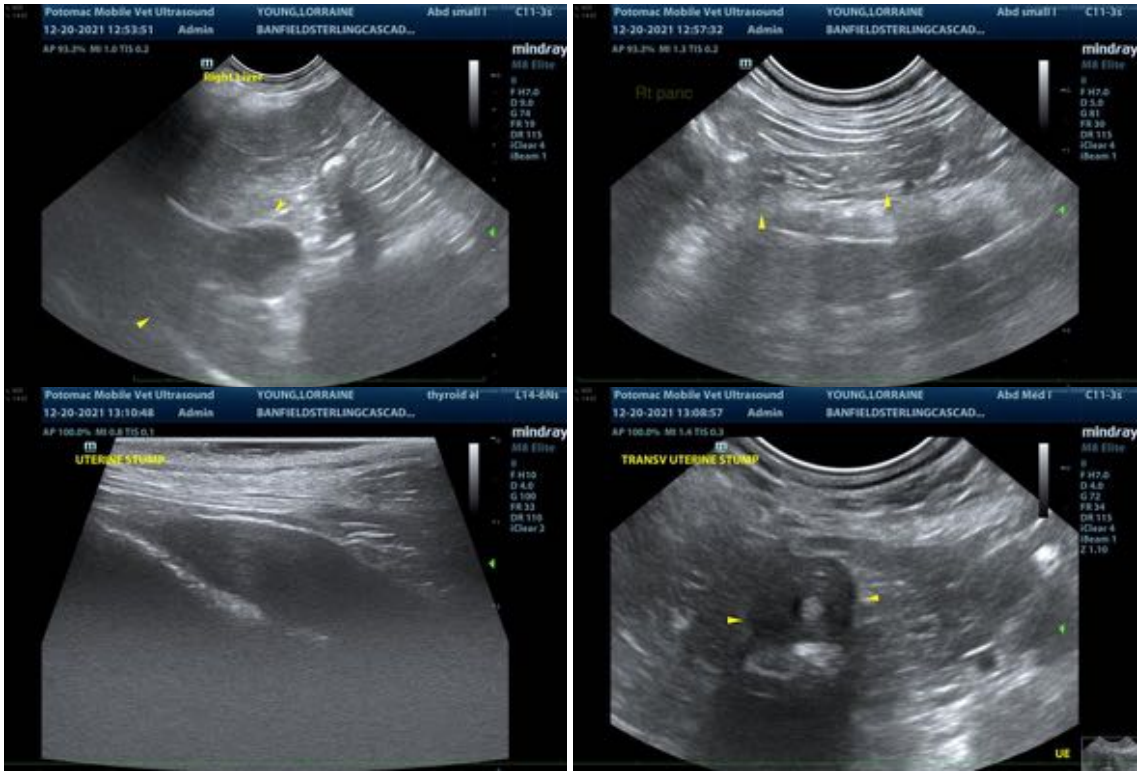

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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