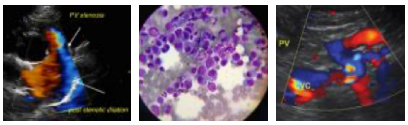

DATE

12/6/21

PATIENT

Scooter Pappas

SPECIES

Canine

BREED

Whippet Mix

SEX

Male, neutered

AGE

12/9/2013

WEIGHT

38.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Kluttz

INVOICE
12641

PRESENTING CLINICAL SIGNS

History: Doing well at home. No clinical signs. On Apoquel for allergies, and the routine bloodwork has identified a gradual increase in ALP, and now ALT. 11/2020 had splenectomy after spleen was ruptured in a car accident.

Current Medications: Apoquel 16mg 1/2 tablet once daily.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 mildly 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 cm, are normal.

The prostate is normal in size (0.67 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (5.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.53 cm at caudal pole) (2.34 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 (0.68 cm at cranial pole) (0.51 cm at caudal pole) (2.42 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

Previously splenectomized. The splenic fossa is unremarkable.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in

thickness. No choleliths are observed. 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 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 with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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

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:

- Non-specific diffuse hepatopathy. Differentials include benign age-related pathology (i.e., regenerative nodular hyperplasia, age-related remodeling, vacuolar hepatopathy) and/or inflammatory/immune mediated disease, hepatotoxicosis or less likely, infiltrative neoplasias. A substantial ALT elevation would be concerning for a more serious hepatopathy. Correlation with clinical findings is recommended.

Secondary Findings:

- Minor geriatric renal and pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated liver enzymes, consider the following:

1. Pre- and post-prandial serum bile acids.

2. Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy if clotting status is appropriate). Surgical biopsies are more likely to yield a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation should also be considered.

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

4. Three-view thoracic radiographs are recommended prior to any anesthetic event.


IntraPet Imaging RBIILLC
pappas,scooter
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ABBspk9whippnm2013
Liver
mindray


IntraPet Imaging RBIILLC
pappas,scooter
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12-06-2021 08:33:29 AM Admin
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Stomach
mindray


IntraPet Imaging RBIILLC
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RT cr
Pancreas
Dist 1.19 cm
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IntraPet Imaging RBIILLC
pappas,scooter
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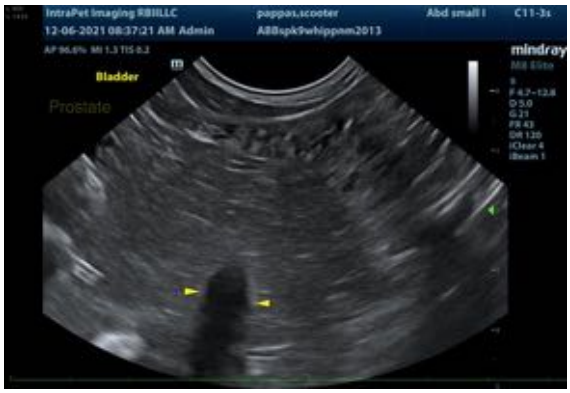
Dist 2.34 cm
Dist 0.53 cm
Dist 0.60 cm
mindray


IntraPet Imaging RBIILLC
pappas,scooter
Abd small I
C11-3s
12-06-2021 08:38:27 AM Admin
ABBspk9whippnm2013
RT ADR
Dist 2.42 cm
Dist 0.64 cm
Dist 0.68 cm
mindray


IntraPet Imaging RBIILLC
pappas,scooter
Abd small I
C11-3s
12-06-2021 08:32:56 AM Admin
ABBspk9whippnm2013
Liver
mindray



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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