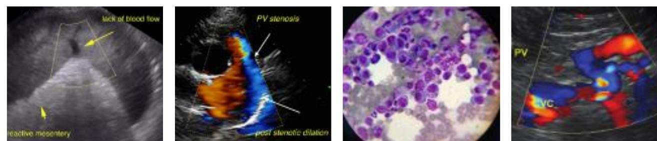


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ross Garnham

SPECIES

Canine

BREED

Toy Poodle Mix

SEX

Neutered Male

AGE

14 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Surdam, VMD

HOSPITAL NAME

Companion AH - Chichester

REFERRING VET

Judy Surdam, VMD

INVOICE

10371

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Oderous breath and dental disease. In anticipation of a dental, blood tests showed incidental elevations of liver enzymes and SDMA.

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 murmur, heavy dental calculus, multiple SC masses consistent with benign lipomas CBC: Elev. Platelets Chem: Elev. SDMA, BUN, ALT, AST, AP and GGTP, lipase; NT proBNP midrange normal, T4 normal, USG 1.025, neg prot, quiet sediment Thoracic Rads normal, spondylosis noted

Additional History:
December 2021 history: SDMA 18. BUN 38. ALT 452. ALP 165. GGT 42. 4DX negative. T4 normal.
January 25, 2022: Hematocrit 36.8. BUN 37. SDMA 18. ALT 383.

*On the images, the patient's last name is "Vandy."

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

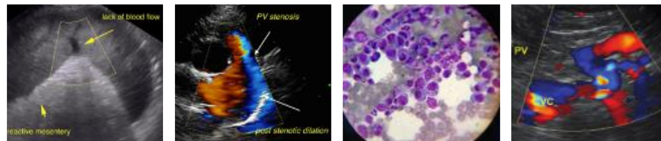
The left kidney presented normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 0.77 irregular cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 mildly enlarged (0.62 cm at cranial pole) (0.72 cm at caudal pole); with a normal contours. There is normal glandular echogenicity at the cranial pole. The caudal pole is hypoechoic with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.53 cm at cranial pole) (0.62 cm at caudal pole); 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.



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

PATIENT

Ross Garnham

SPECIES

Canine

BREED

Toy Poodle Mix

SEX

Neutered Male

AGE

14 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Surdam, VMD

HOSPITAL NAME

Companion AH - Chichester

REFERRING VET

Judy Surdam, VMD

INVOICE

10371

DATE

2/15/22

Spleen

The spleen is normal in size (1.39 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder 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/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 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 or overt infiltrative disease is noted.

Pancreas

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.

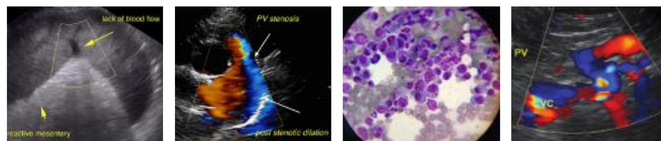
Free Abdomen

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. An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, reactive hepatopathy (i.e., secondary to dental disease), infiltrative neoplasia (less likely)) cannot be excluded.
- Bilateral degenerative renal changes
- Mild bilateral adrenomegaly



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

PATIENT

Ross Garnham

SPECIES

Canine

BREED

Toy Poodle Mix

SEX

Neutered Male

AGE

14 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Surdam, VMD

HOSPITAL NAME

Companion AH - Chichester

REFERRING VET

Judy Surdam, VMD

INVOICE

10371

DATE

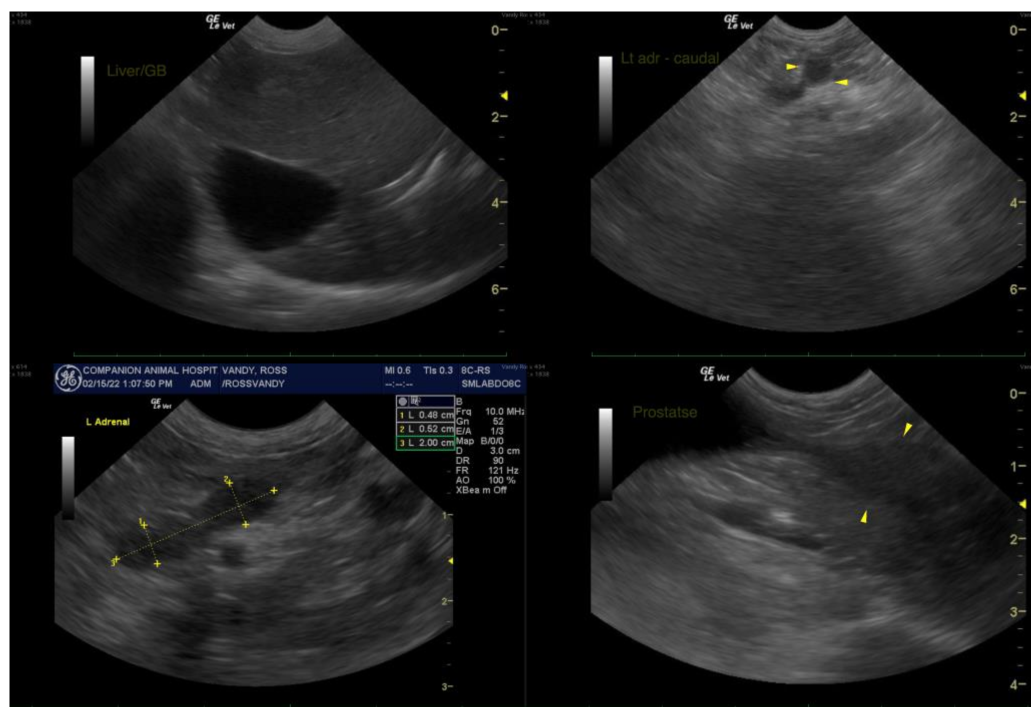
2/15/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 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.

- Consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid and hepatic antioxidants. If liver values improve with therapy, a 4-6 week course of treatment is recommended.

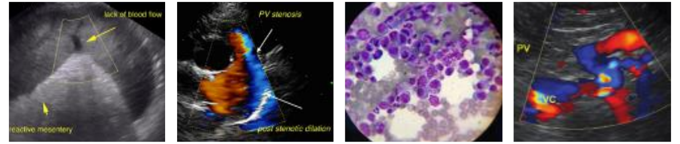
- Also consider Leptospirosis testing (i.e., blood and urine PCR, serology)



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Ross Garnham

SPECIES

Canine

BREED

Toy Poodle Mix

SEX

Neutered Male

AGE

14 years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Surdam, VMD

HOSPITAL NAME

Companion AH - Chichester

REFERRING VET

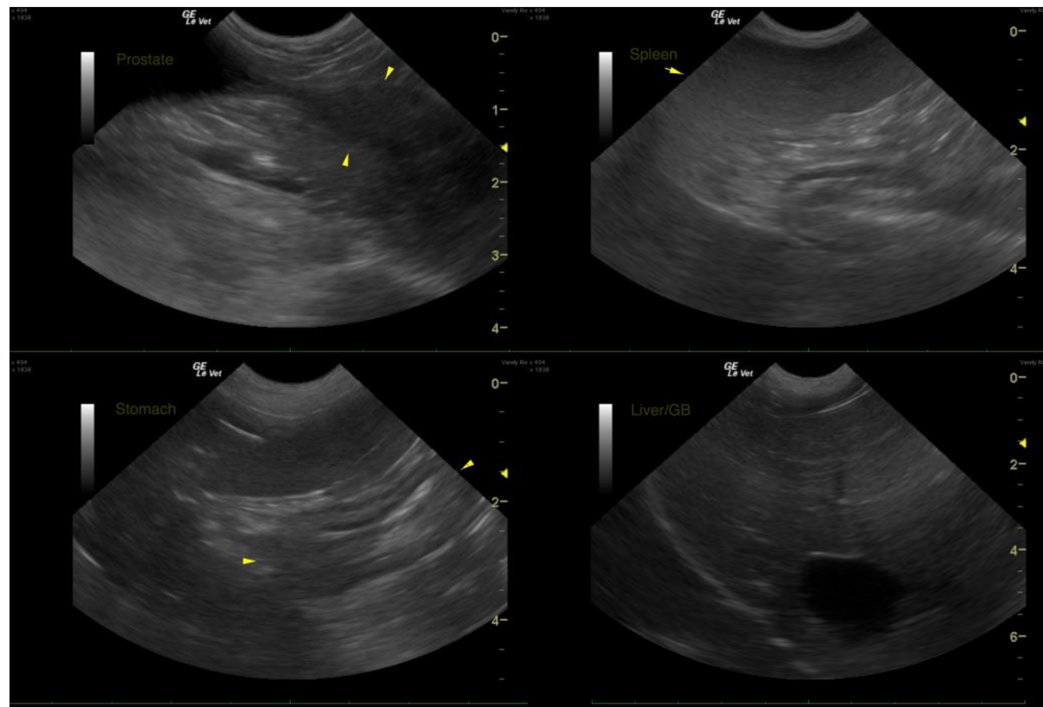
Judy Surdam, VMD

INVOICE

10371

DATE

2/15/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
info@SonoPath.com