



PATIENT

Scout Bradhurst

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

5 years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr.Kalivoda

INVOICE

10417

DATE

1/17/22

PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~progressive elevation of liver enzymes. ~ Relevant Medical History and Physical Exam findings: ~ seen for wellness Jan 8, asymptomatic at that time and mild/moderate liver enzyme elevations were found on wellness panel. recheck chem Feb 12 shows further elevations and pet has begun to show mild clinical signs of illness. pet is started on amoxicillin, metronidazole, denamarin (currently taking these medications) ~ Recent Diagnostics: Relevant

Laboratory Results / Abnormalities: ~jan 8: ALT 371 (18-121) ALP 186 (1-160) w/ otherwise unremarkable cbc/chem and neg 4dx feb 12 ALT 530 (18-121), ALP 249 (5-160) ~ Current medications (include full name, dosage and frequency): ~metronidazole 7.5mg/kg BID, amoxicillin 15mg/kg BID, denamarin advanced

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 (0.79 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 (5.38 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.

The right kidney presented normal size (5.92 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.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.51 cm at caudal pole) (2.18 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 (0.83 cm at cranial pole) (0.51 cm at caudal pole) (2.18 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 (1.91 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.



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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance with a few ill-defined hypoechoic nodules. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity dependent and some of which is stranding. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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. Possible differentials include inflammatory disease (i.e, chronic active hepatitis, cholangiohepatitis), leptospirosis, hepatotoxicosis (i.e., copper), infiltrative neoplasia (i.e, lymphoma), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, hepatic tissue sampling (i.e, fine-needle aspirate or surgical biopsy), would be pursued to get a definitive diagnosis. Surgical biopsies would be ideal, as they are more representative of global organ pathology compared to fine-needle aspirates. If surgical biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended.
- Also consider pre-and postprandial serum bile acids and leptospirosis testing (i.e, blood and urine PCR, serology).
- If the patient is to undergo anesthesia, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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- If hepatic tissue sampling is not to be pursued, consider empirical treatment for bacterial cholangiohepatitis/leptospirosis. If no improvement in the liver values is seen within 5-7 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling revisited.

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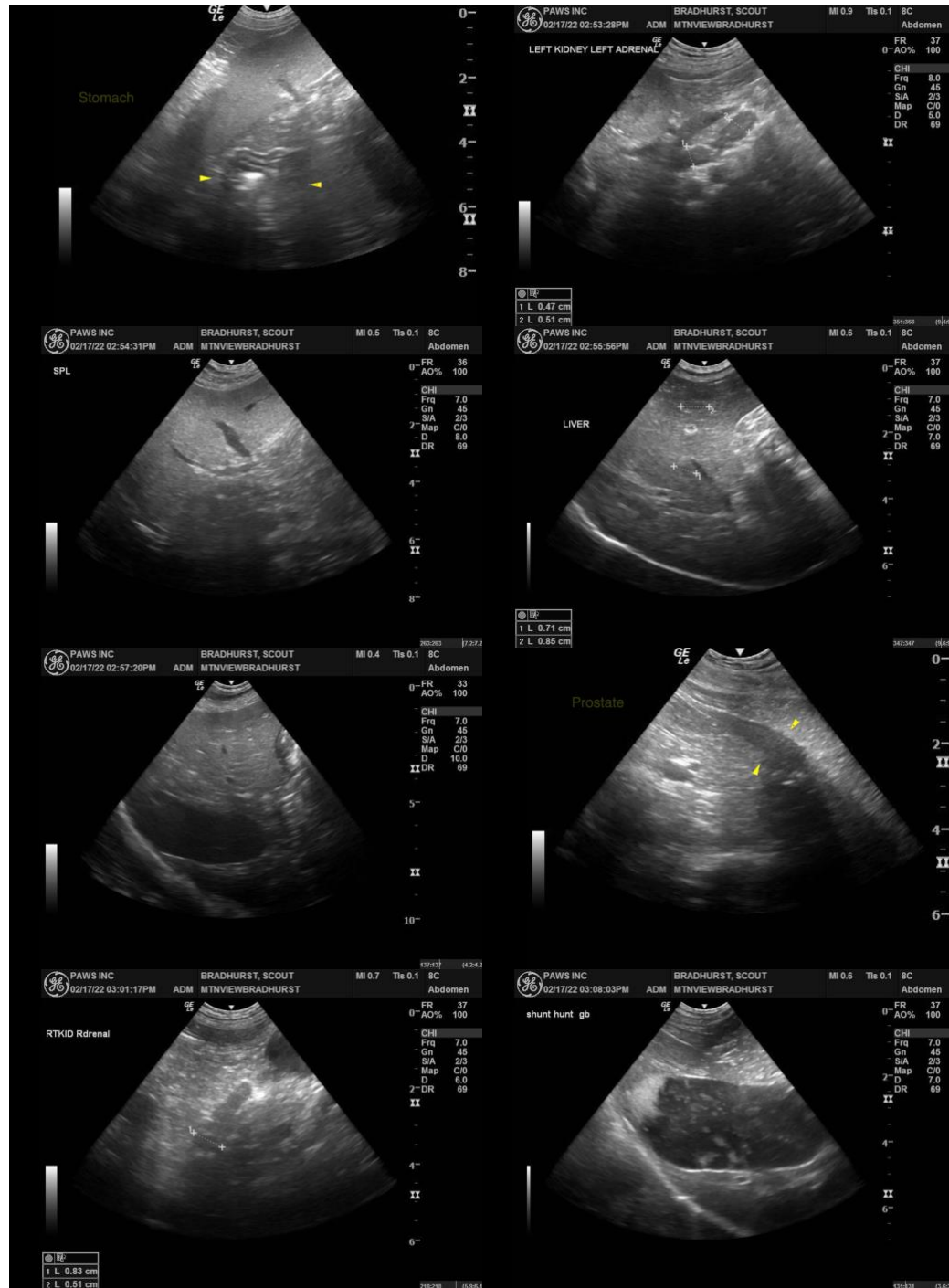
Dr.Kalivoda

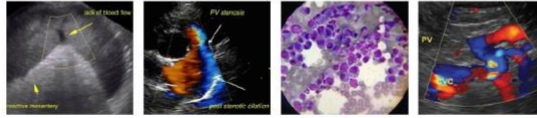
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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