**DATE PRESENTING CLINICAL SIGNS**

2/4/2022 History: Eating fine. Presented for wt loss of 10lbs 1/6/22- but put weight back on well by 1/27. Was accidentally being underfed.

PATIENT

Murphy Entwisle

Lab Results: Mild ALT liver enzyme elevation. 1/6/22: ALT 182. 1/27/22: ALT 209.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Labrador Retriever

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.

SEX

Neutered Male

The prostate is normal in size (0.95 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

2-17-2017

The left kidney presented normal size (6.48 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. Renal vasculature is normal.

WEIGHT

78.2 lbs

The right kidney presented normal size (6.24 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. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.70 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.

HOSPITAL NAME

Timonium Animal
Hospital

The right adrenal gland is normal size (0.77 cm at cranial pole) (0.78 cm at caudal pole) (2.82 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.

REFERRING VET

Dr. McIntyre

Spleen

The spleen is normal in size (1.80 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.

INVOICE

10290

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 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 gastric lumen is not distended. The gastric wall and region of the fundus is normal in thickness with a normal layering pattern. As the wall extends toward the pyloric antrum, the wall is slightly thickened (up to 0.64 cm), with a prominent muscularis and submucosal layer. 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 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.95 cm in length. A sublumbar lymph node is also visible, 1.95 cm in length.

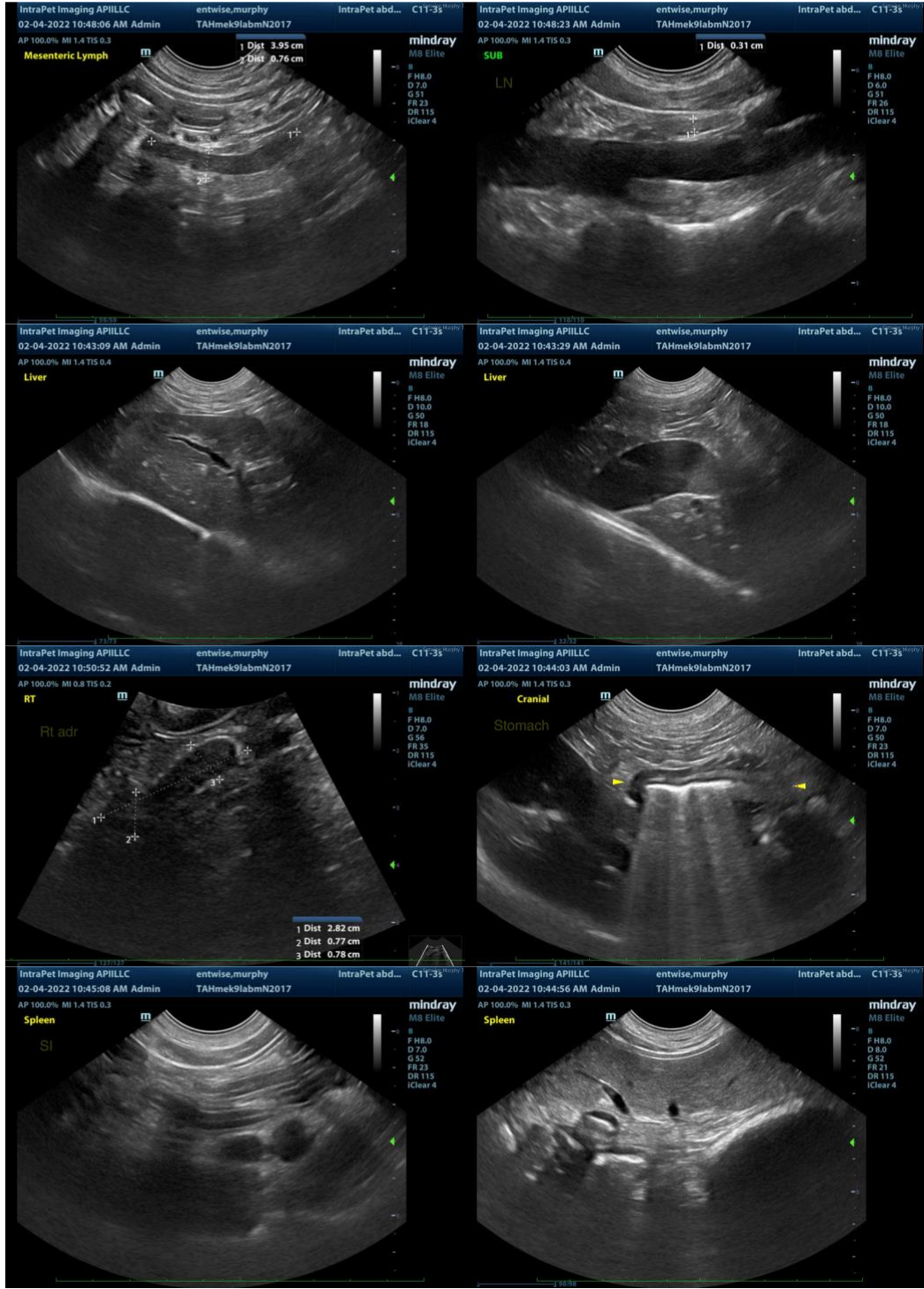
ULTRASONOGRAPHIC FINDINGS

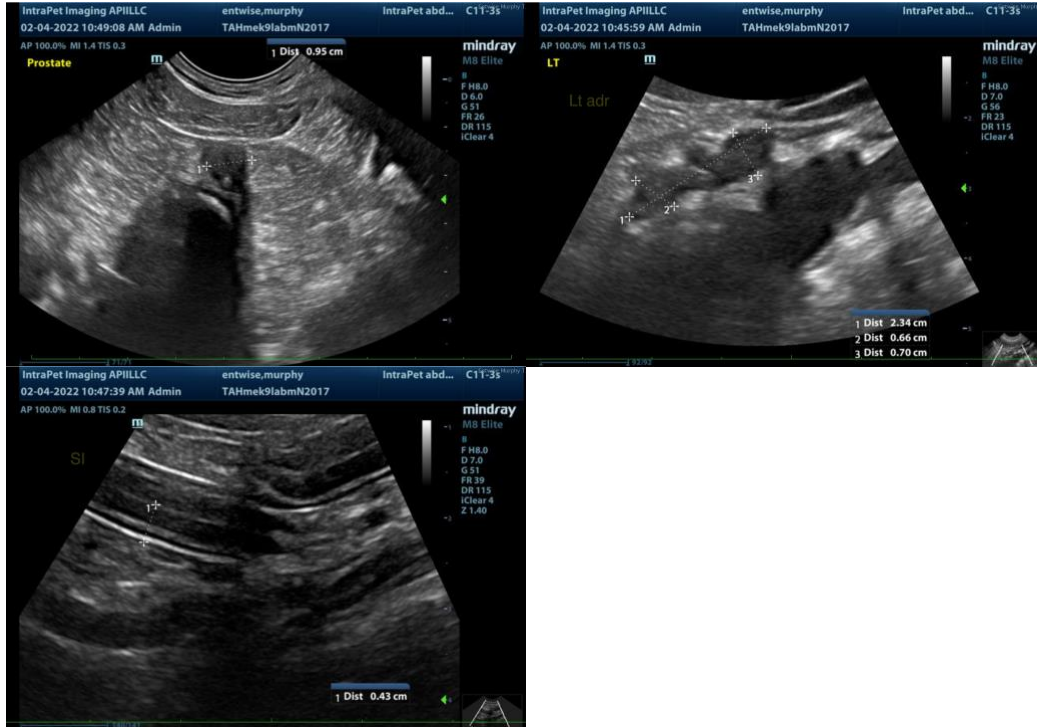
Primary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The mild gastric wall thickening, near the pyloric antrum may represent inflammation, hypertrophy, or may be a normal variant for this patient.
- An obvious cause for the elevated ALT is not identified in this study. Considerations include malnutrition/refeeding syndrome, normal variation, reactive hepatopathy, inflammatory disease, hepatotoxicosis (i.e, copper), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider rechecking liver values in 4-6 weeks. If the ALT continues to increase, pre-and postprandial serum bile acids and hepatic tissue sampling may be warranted. Surgical biopsies would be ideal along with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation.
- Also consider leptospirosis testing (i.e, blood and urine PCR, serology)





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