

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Hayley Woebbe
SPECIES Canine
BREED Schnauzer Mix

History: Presented today (2/9) for dental procedure. Performed Chem/CBC and urine dipstick, ALP still elevated but now ALT elevated. unremarkable dipstick, no protein present. Owner still notes her drinking more water, not having accidents in the house or waking owner up to go out. Sent home gabapentin for post-op pain management and started her on amoxi tri clav 250mg (1 tab BID x7d). Prev hx of elevated ALP starting in 2021 at previous vet with increased water thirst. ACTH Stim performed and came back negative.

Abnormal PE/Chem/CBC/UA Results: 6/2021: ALP- 895 ALT- 73 ACTH Stim results attached in record, page 1 and 2 2/9/22: ALP - 1100 ALT- 140 Dipstick - no protein, USG 1.032

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Spayed Female
AGE 10 years

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.

WEIGHT 33.4 lbs

The left kidney is normal in size (4.96 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (5.26 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.66 cm at caudal pole) (2.01 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.

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Dr. Goodman

The right adrenal gland is normal size (0.58 cm at cranial pole) (0.50 cm at caudal pole) (2.47 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

Evandale-Blue Ash PH

Spleen

The spleen is normal in size (1.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few irregular hyperechoic nodules are observed throughout the parenchyma. Splenic vasculature is normal.

REFERRING VET

Dr. Goodman

Liver

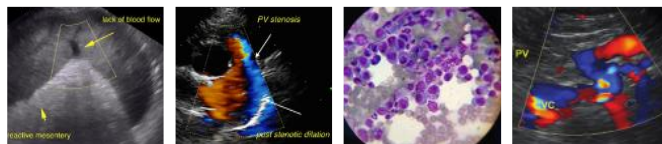
The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with a few ill-defined hypoechoic and hyperechoic nodules/areas visualized throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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1/10/22



PATIENT

Hayley Woebbe

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

SPECIES

Canine

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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.

BREED

Schnauzer Mix

Pancreas

The base and limbs 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.

SEX

Spayed Female

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

33.4 lbs

Primary Findings

- Suspected benign diffuse hepatopathy. Top differentials include regenerative nodular hyperplasia and/or vacuolar hepatopathy.

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Secondary Findings

- Minor age-related renal changes with dystrophic mineralization
- Age-related pancreatic remodeling
- The hyperechoic splenic nodules, are likely benign (i.e., myelolipomas), with a low possibility of emerging neoplasia
- Gall bladder debris/sludge, non-mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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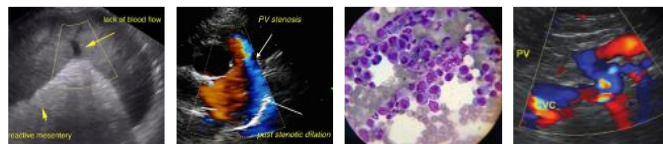
- Serial monitoring (i.e., every 3-4 months), of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- hepatic tissue sampling may be warranted.
- If the patient develops more overt clinical signs of Cushing's Disease, repeat testing (i.e., a low-dose dexamethasone suppression test or ACTH stimulation test), may be warranted.

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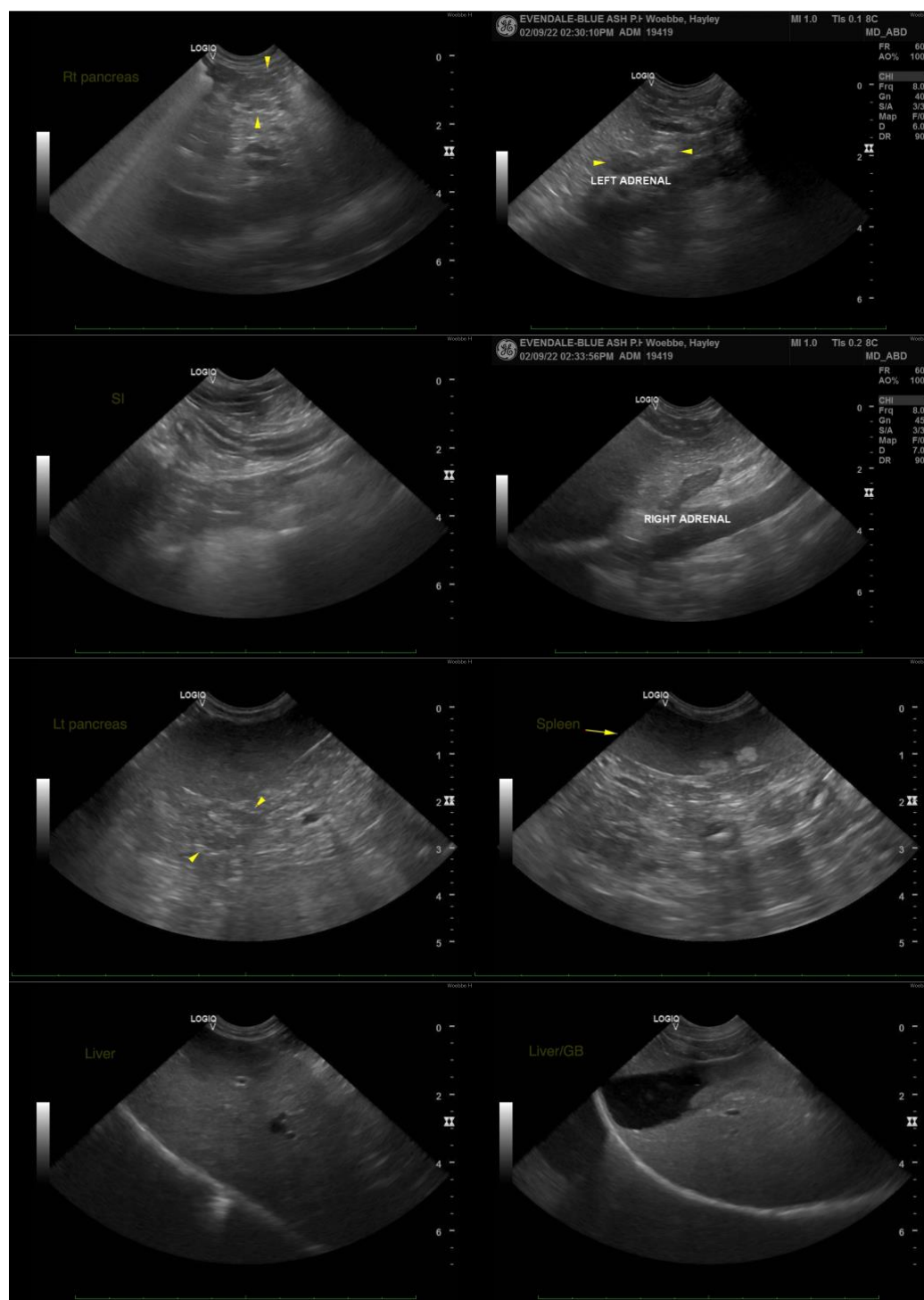
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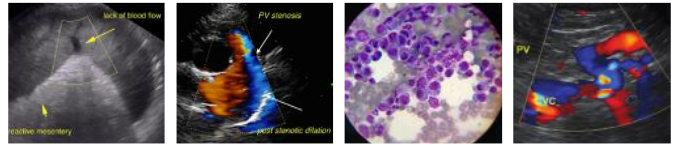
DATE

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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.

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.



PATIENT

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