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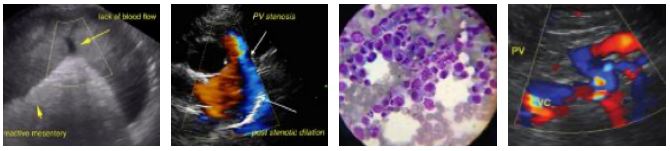

PATIENT
Lily Schillingford

SPECIES
Canine

BREED
Jack Russell terrier

SEX
Female, spayed

AGE
12 Yrs. 10 months

WEIGHT
5 kg.

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

IMAGING PERFORMED BY
Dr. Barnes

HOSPITAL NAME
Westview VH

REFERRING VET
Dr. Barnes

INVOICE
14731

DATE
3/13/23

PRESENTING CLINICAL SIGNS

History: Previous History of ITP Jan 2021, treated with steroids and Cyclosporine stabilized and resolved. History of GB removal (May 2022, Mature mucocele with regional peritonitis) Current dose of Prednisolone 1/2 x 5 mg tab Wed and Sun each week Repeat AUS and FNA of the liver. Cytology pending
Abnormal PE/Chem/CBC/UA Results: Repeat blood screen CBC: WBC 4.57 (N 5.05-16.76) Lym 0.92 (N 1.05-5.10) Plt 277 (N 148-484) Prev 438 Chem: ALT 794 (N 10-125) Prev 373 GGT 19 (N 0-11) Prev 14 ALKP 98 (N 23-212) Prev 306 Amyl 462 (N 500-1500) Lip 2259 (N 200-1800) Historical ALT: Current 794 8/9/22 373 6/8/22 325 5/16/22 393 GB removal 4/15/22 783 Histo Gall Bladder: MAy, 2022 Cystic Mucosal hyperplasia with mucocele, No neoplasia Histo Liver: (may 20220 Hepatocellular degeneration, microvacuolar, moderate , diffuse

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (4.05 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.47 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 (0.35 cm at cranial pole) (0.51 cm at caudal pole) (1.66 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 (0.71 cm at cranial pole) (0.53 cm at caudal pole) (1.36 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 (0.96 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 normal to slightly prominent in size with mildly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. Previous cholecystectomy (May 2022).

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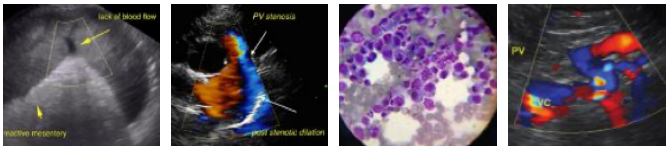

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Gastrointestinal

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 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

- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), Leptospirosis (less likely given the chronicity of the ALT elevation), fibrosis, infiltrative neoplasia (less likely), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing should also be considered if clinical suspicion for disease is high.
- If hepatic cytology results are inconclusive, surgical biopsies with hepatic tissue quantitation can be considered. If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants). However, if the liver values do not improve within 7-10 days of initiating therapy, liver biopsies should be reconsidered. Prior to anesthesia, thoracic radiographs should be performed to assess cardiopulmonary status.

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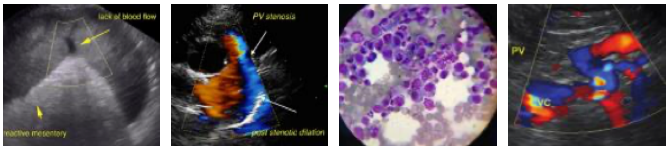

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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