



PATIENT PRESENTING CLINICAL SIGNS

Willie Gath

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

1.5 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Tillsonburg Veterinary
Centre

REFERRING VET

Dr. Reed

INVOICE

10464

DATE

3/2/22

History: approx monthly grand mal seizures since Oct 2021, lasting 2 min each, vomits before each with some foreign material, always in the middle of the night, loses control of bladder. Persistently abnormal WBC since before seizures started.

Abnormal PE/Chem/CBC/UA Results: please see attached BW

Bloodwork in January 2022 showed mild leukocytosis with a mild lymphocytosis.
Bloodwork February 23, 2022, showed an ALT of 242. A mild leukocytosis with a mild neutrophilia.

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 enlarged (3.42 cm in width), with a normal shape and smooth peripheral contours. The parenchyma is mildly hyperechoic and slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney presented normal size (6.13 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.

The right kidney presented normal size (7.02 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.

Adrenal Glands

The left adrenal gland is normal size (0.60 cm at cranial pole) (0.68 cm at caudal pole) (2.88 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 (1.53 cm at cranial pole) (0.81 cm at caudal pole) (2.83 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 (2.55 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



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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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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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 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.

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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.

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Free Abdomen

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

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Other

The left testicle measured 4.14 x 2.38 cm.

The right testicle measured 4.55 x 2.45 cm.

The testicles are subjectively normal in size and symmetrical with homogenous parenchyma.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

The prostate changes are consistent with a young intact male. The remainder of the abdomen is unremarkable. An obvious cause for the patient's lab work abnormality is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the history of seizures and the elevated ALT, pre-and post-prandial serum bile acids are recommended. If elevated, consider a contrast CT scan to further evaluate for a congenital portosystemic shunt.
- Given the elevated white blood cell count, consider three-view thoracic radiographs to assess for occult disease (i.e., infection) in the chest.
- Also consider consultation with a board-certified neurologist to further work up the seizures if metabolic causes are excluded.

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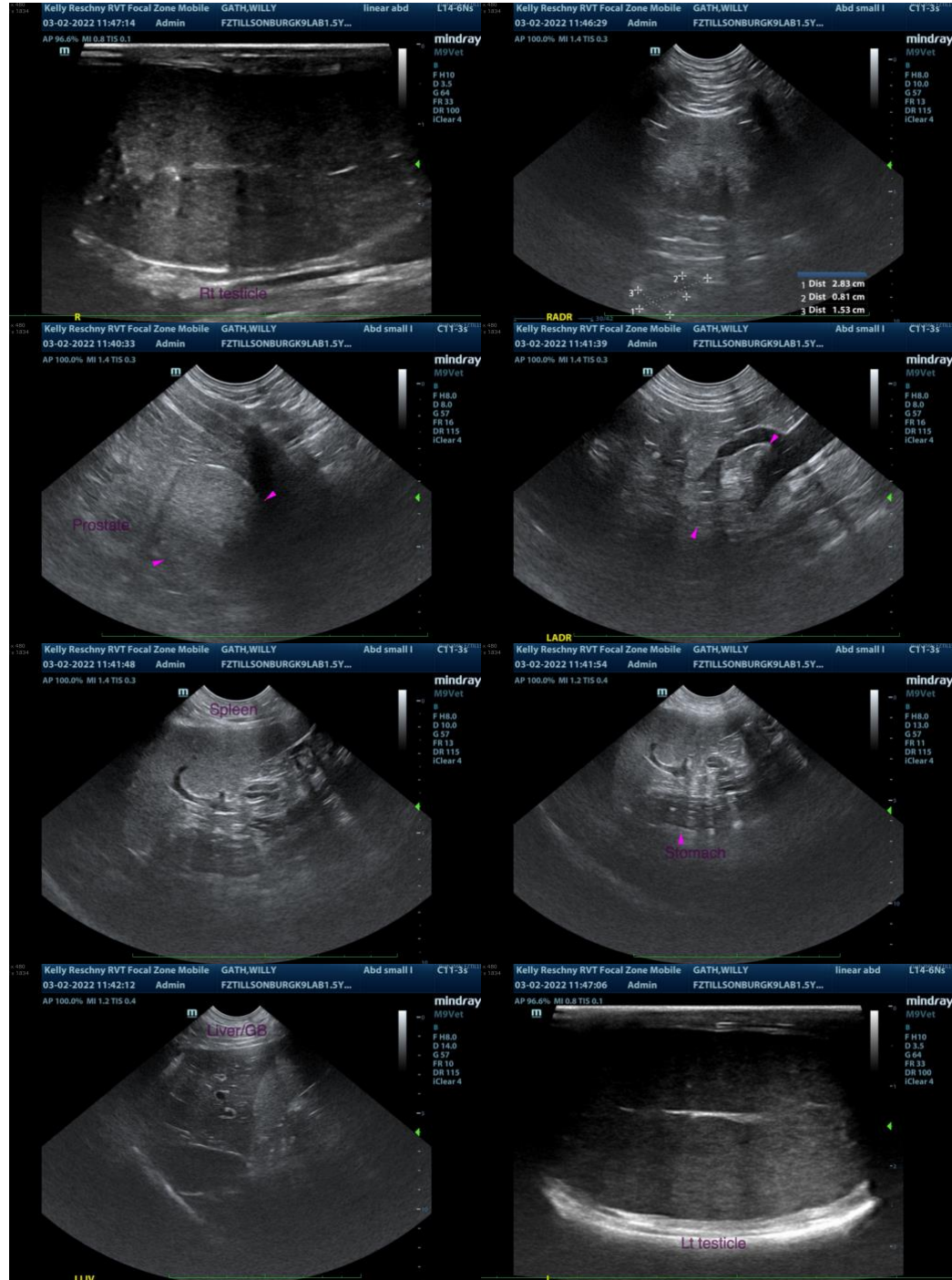
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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