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VETERINARY ULTRASOUND SERVICES

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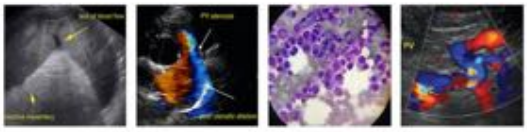

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Luna Masser

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

2016

WEIGHT

68.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Eckman

INVOICE

12353

DATE

3.8.23

PRESENTING CLINICAL SIGNS

History: History of parvo as a puppy, 3/6 murmur, hepatomegaly.

Lab-work: ALT 497. Triglycerides 690. USG 1.021, no proteinuria, inactive sediment.

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.67 cm at caudal pole) (2.69 cm in length) with a normal shape and 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 in normal size (0.72 cm at cranial pole) (0.44 cm at caudal pole) (2.48 cm in length) with a normal shape and 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 (1.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and soft, shadowing material. 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 segmentally dilated with chyme. 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. There is no evidence of an obstructive pattern.

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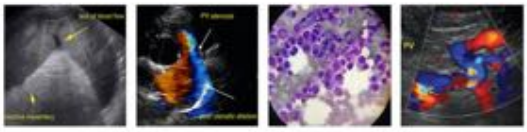

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Pancreas

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.

Free Abdomen

There is no obvious evidence of free fluid. A 2.31 x 1.41 cm cystic lymph node is observed in the left midabdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse hepatopathy. Differentials include inflammatory disesase (i.e., bacterial cholangiohepatitis, chronic hepatitis), Leptospirosis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely), fibrosis, other hepatopathy.

Secondary Findings

- Mild bilateral chronic renal changes
- The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears nonobstructive at the time of this study.
- The significance of the cystic lymph node in the left mid-abdomen is unclear. It likely represents a benign incidental finding. However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre-and postprandial serum bile acids to assess hepatic function.
- If the ALT elevation is acute in nature, consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high.
- Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If values do improve, a 4–6-week course of treatment is recommended.

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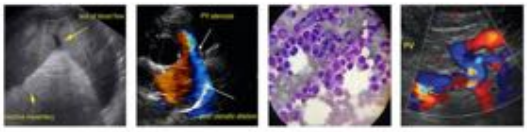

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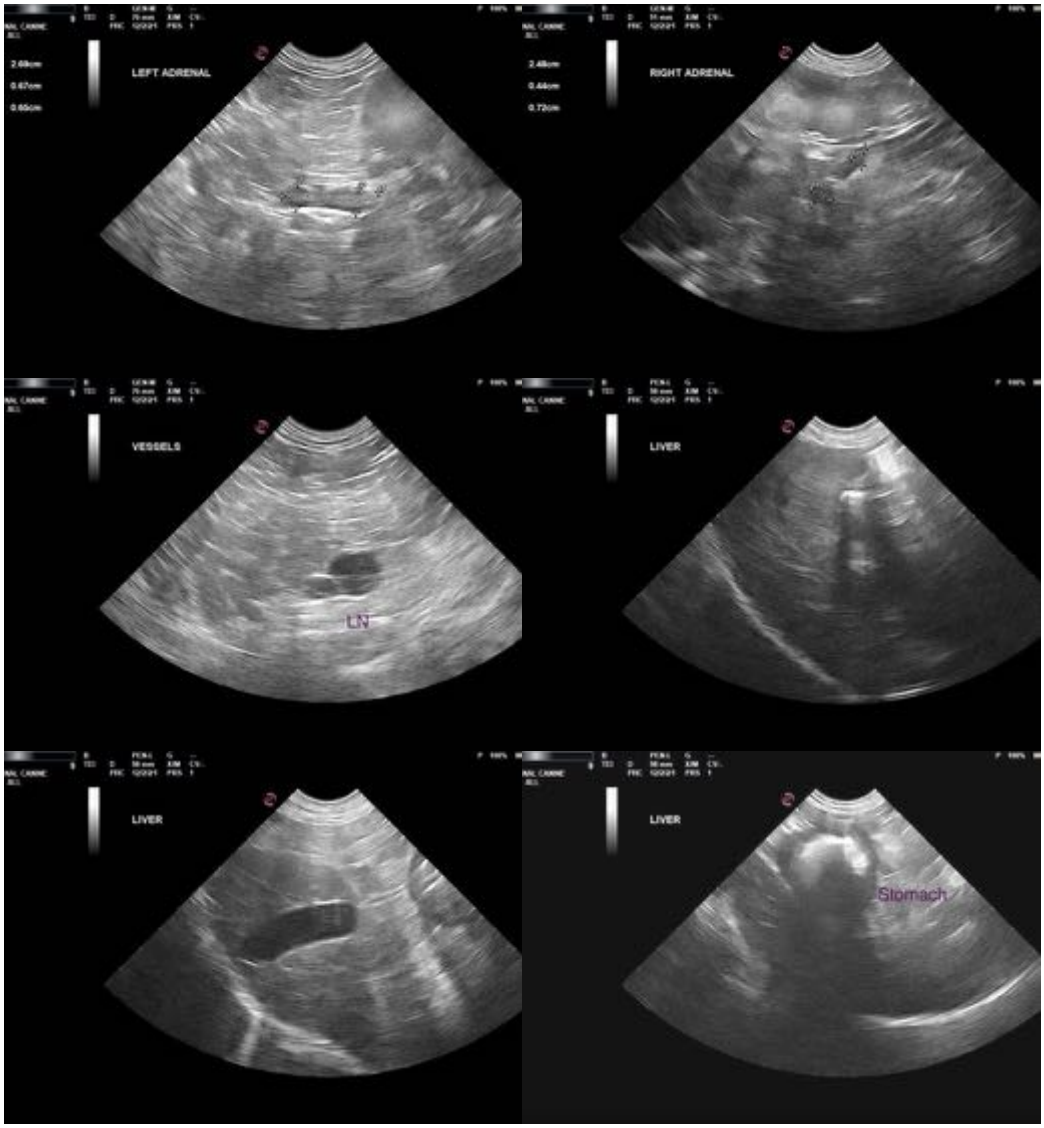

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com