

PATIENT PRESENTING CLINICAL SIGNS

Mylee Seward History: Mylee Seward 10.5 YO FS Border Collie 49# Seen recently for wellness exam and to schedule a dental procedure. Pre-anesthetic blood panel showed elevations in ALT (323) and GGT (14). Rest of panel was unremarkable. Abd US recommended to further investigate liver enzyme elevations

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX The left kidney is normal size (6.03 cm in length); normal shape and architecture with 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.
Female, spayed

AGE The right kidney is normal size (5.62 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.
10.5 Years

Adrenal Glands
WEIGHT The left adrenal gland is normal size (0.46 cm at cranial pole) (0.65 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.
49 Pounds

INTERPRETED BY The right adrenal gland is normal size (0.57 cm at cranial pole) (0.55 cm at caudal pole) (2.69 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.
Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

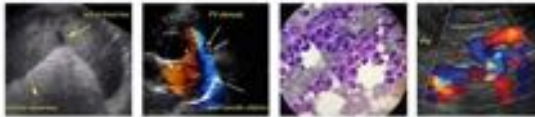
IMAGING PERFORMED BY *Spleen*
Loetitia Saint-Jacques, RVT
The spleen is normal in size (1.52 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME *Liver*
Incline VH

REFERRING VET 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.
Dr. Moger

INVOICE *Gastrointestinal*
13228
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

DATE
4/18/22



PATIENT

Mylee Seward

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

SPECIES

Canine

The baes 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.

BREED

Border Collie

Free Abdomen

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

SEX

Female, spayed

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

AGE

10.5 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

49 Pounds

- Minor age-related chronic renal changes.
- Age-related pancreatic remodeling +/- fibrosis. Mild pancreatitis may be present, particularly if the patient exhibits a positive Murphy's sign.

INTERPRETED BY

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Medicine)

*An obvious cause for the patient's elevated ALT is not identified in this study. Considerations include a reactive hepatopathy (i.e., secondary to dental disease), inflammatory hepatopathy (i.e., chronic active hepatitis, bacterial cholangiohepatitis), copper hepatotoxicity, Leptospirosis, other hepatopathy.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Incline VH

- Pre- and post-prandial serum bile acids.
- Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the clinical suspicion for disease is high.
- Ultimately, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) may be necessary to get a definitive diagnosis. Surgical biopsies are ideal in that they are more likely to represent global organ pathology. If biopsies are pursued, aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. Thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid +/- metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

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BREED

Border Collie

SEX

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HOSPITAL NAME

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REFERRING VET

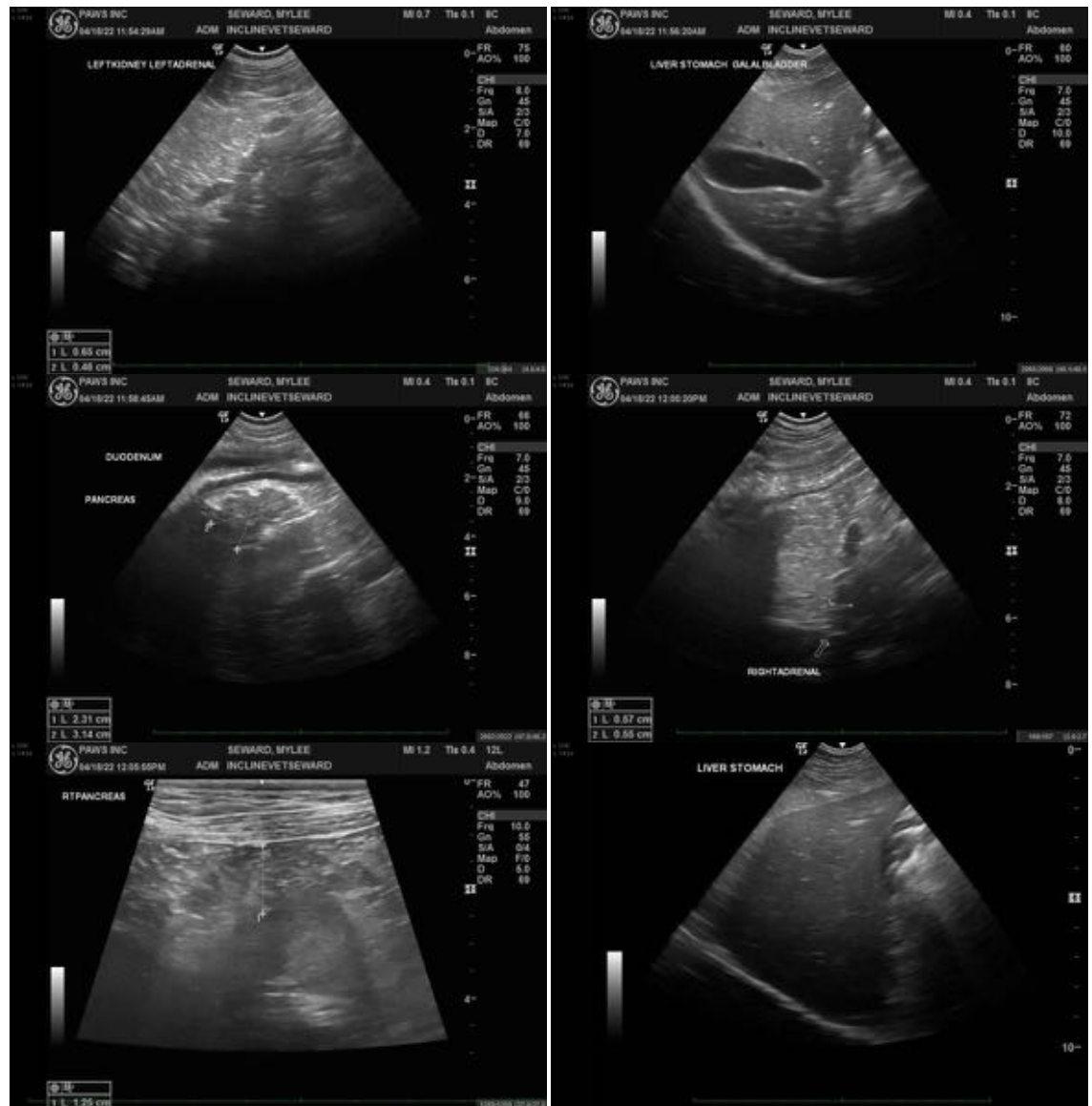
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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