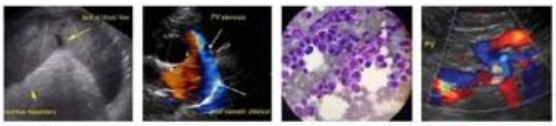


PATIENT

Thor Hill

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

8 years

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Halton Peel AH

REFERRING VET

Walters

INVOICE

12805

DATE

4.20.23

PRESENTING CLINICAL SIGNS

History: high triglycerides, lethargic
Abnormal PE/Chem/CBC/UA Results: elevated spec cPL, triglycerides, ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (5.73 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.63 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.70 cm at cranial pole) (0.43 cm at caudal pole) (1.70 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 appears normal.

The right adrenal gland is mildly enlarged (1.67 cm at cranial pole) (0.72 cm at caudal pole) (2.72 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 appears normal.

Spleen

The spleen is normal in size (1.48 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 appears normal.

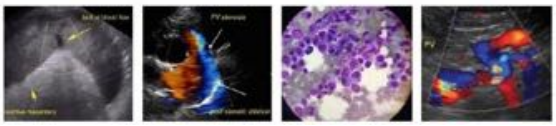
Liver

The liver is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance, with a few small, ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A few polypoid-like lesions are arising from the luminal surface. A moderate amount of aggregated, echogenic, partially dependent to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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



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intestinal wall is normal in thickness 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.

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

Primary Findings

- The hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), Leptospirosis, infiltrative neoplasia (less likely), hepatotoxicosis, regenerative nodular hyperplasia, vacuolar hepatopathy, other hepatopathy or some combination thereof.

Secondary Findings

- The gall bladder sludge could be secondary to cholestasis, an emerging mucocele, or less likely, fasting.
- Mild right adrenomegaly
- Bilateral chronic renal changes with left nonobstructive nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALT, consider the following:

  1. Pre-and postprandial serum bile acids
  2. Leptospirosis testing (i.e., blood and urine PCR, serology)
  3. Hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic, or surgical)). If biopsies are pursued, clotting times should be assessed prior to sampling.
  4. Aerobic and anaerobic bile cultures should be obtained, and hepatic copper quantitation should be performed.
  5. If hepatic tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (i.e., amoxicillin-clavulanic acid, hepatic antioxidants) and other symptomatic measures. If liver values do not begin to improve within 7-10 days of initiating therapy, hepatic tissue sampling should be reconsidered.

- Regarding the hypertriglyceridemia, if the level was >500 mg/dL on a fasted sample, consider initiation of a prescription low-fat diet and omega 3 fatty acids. If the triglyceride level does not improve after 3-4 weeks of therapy, initiation of a fibric acid derivative (i.e., fenofibrate) may be warranted.

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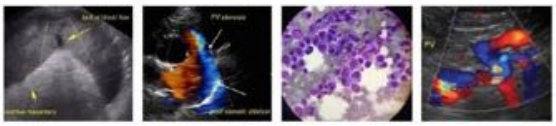

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IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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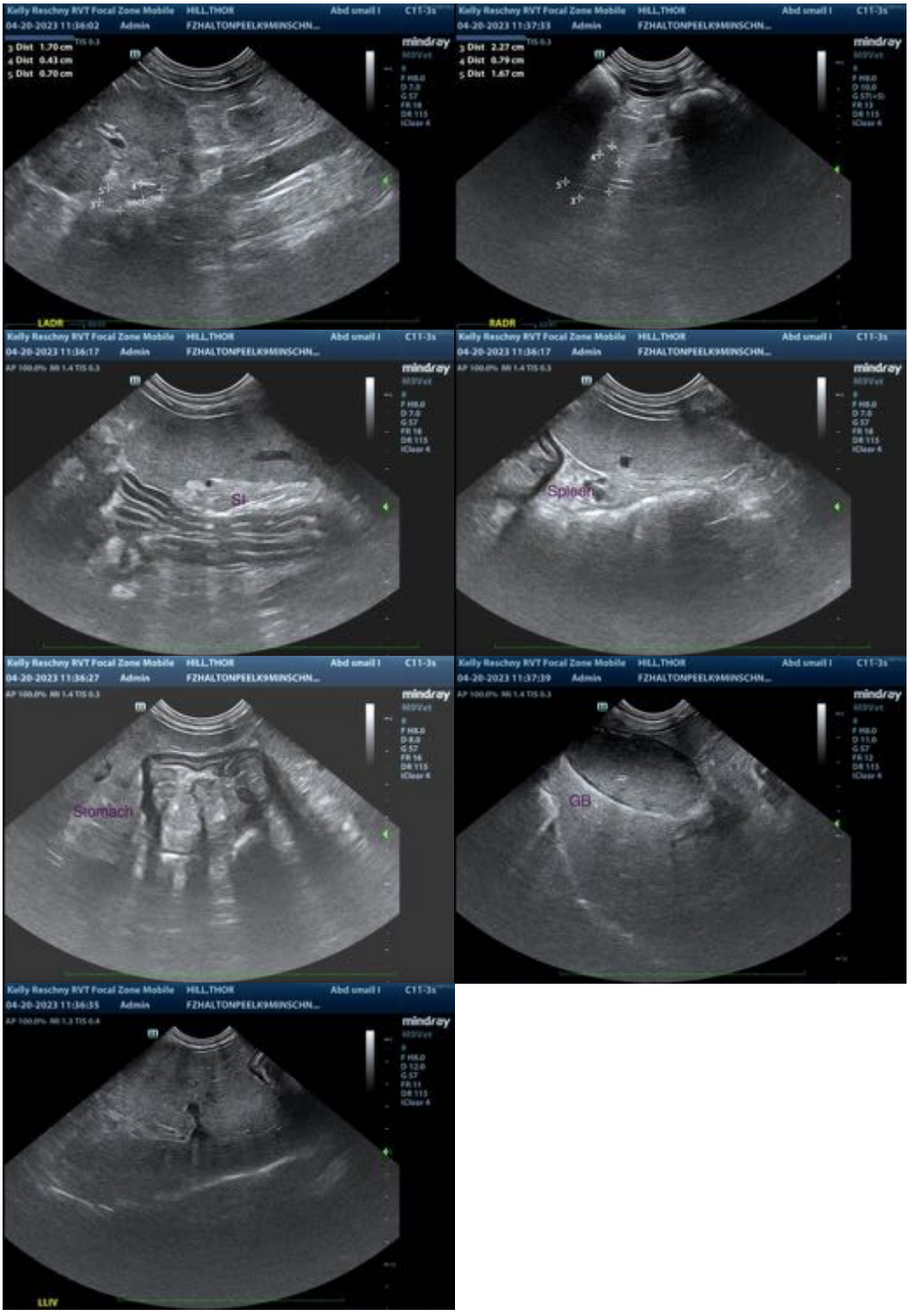
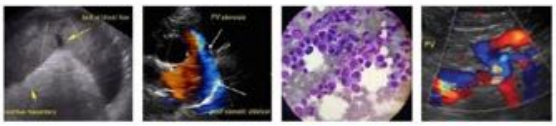


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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