



PATIENT PRESENTING CLINICAL SIGNS

Charlie Fritzman History: intermit vomiting, O states sometimes bile sometimes digested food and sometimes full meal from 12 hours before. O states vomited 6 times in 2 weeks. Excessive drooling

SPECIES

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 303IU/L HIGH ALT (SGPT) 318IU/L HIGH PLI pending

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Dachshund

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 and visible portion of the proximal urethra are normal.

SEX

The prostate is normal in size (0.94 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

Neutered Male

AGE

The left kidney is normal in size (4.87 cm in length) with a normal shape, architecture and 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.

13 years

WEIGHT

The right kidney is normal in size (5.09 cm in length) with a normal shape, architecture and 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.

23 lbs

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is mildly enlarged (0.88 cm at cranial pole) (0.71 cm at caudal pole) with a slightly irregular shape. The parenchyma is subtly heterogenous with some loss of glandular detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. The gland is not definitively visualized. However, no obvious abnormalities are observed in this region.

IMAGING PERFORMED BY

Spleen

Solitaire Goldfield,
DVM

The spleen is not visualized in its entirety. In the visualized portions, the spleen is subjectively normal (1.55 cm in width at the level of the hilus) with curvilinear peripheral contours and homogenous parenchyma. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Liver

Craig Road AH

The liver is subjectively normal in size with slight rounding of the left lateral lobe. The parenchyma in this region is hypoechoic. The remaining parenchyma is otherwise of appropriate echogenicity and echotexture. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Mychajlonka

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

Gastrointestinal

12814

The lumen is mildly distended with gas as a small amount of ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal

DATE

4.21.23



PATIENT

Charlie Fritzman

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.

SPECIES

Canine

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.

BREED

Dachshund

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Findings

SEX

Neutered Male

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) cannot be excluded.

AGE

13 years

- Mild left adrenomegaly

WEIGHT

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*An obvious structural cause for the patient's vomiting is not definitively identified in this study. Considerations include underlying hepatopathy, primary gastrointestinal disease (i.e., food allergy/intolerance, dietary indiscretion, infectious/parasitic disease, inflammatory bowel disease), low-grade pancreatitis, other metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Given the elevated ALT, consider pre- and postprandial serum bile acids along with Leptospirosis testing (i.e., blood and urine PCR, serology). Depending on these results, hepatic tissue sampling (i.e., fine-needle aspirate or biopsies) may be warranted. If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained, and hepatic copper quantitation should be performed. GI biopsies should also be obtained at the time of surgery. Other noninvasive diagnostic considerations include the following:

IMAGING PERFORMED BY

Solitaire Goldfield,
DVM

1. Fecal evaluation for ova and Giardia
2. Malabsorption panel, including serum cobalamin and folate, TLI, PLI, and resting cortisol level
3. 2-4-week hydrolyzed protein or hypoallergenic diet trial.

HOSPITAL NAME

Craig Road AH

REFERRING VET

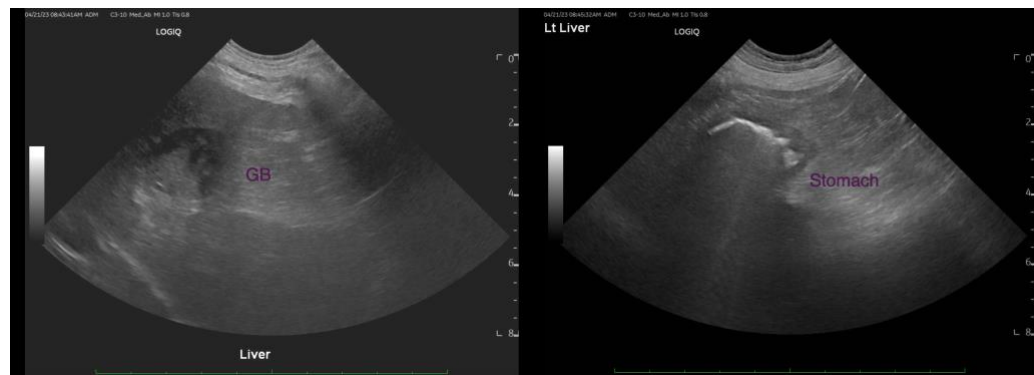
Dr. Mychajlonka

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SPECIES

Canine

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Dachshund

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Neutered Male

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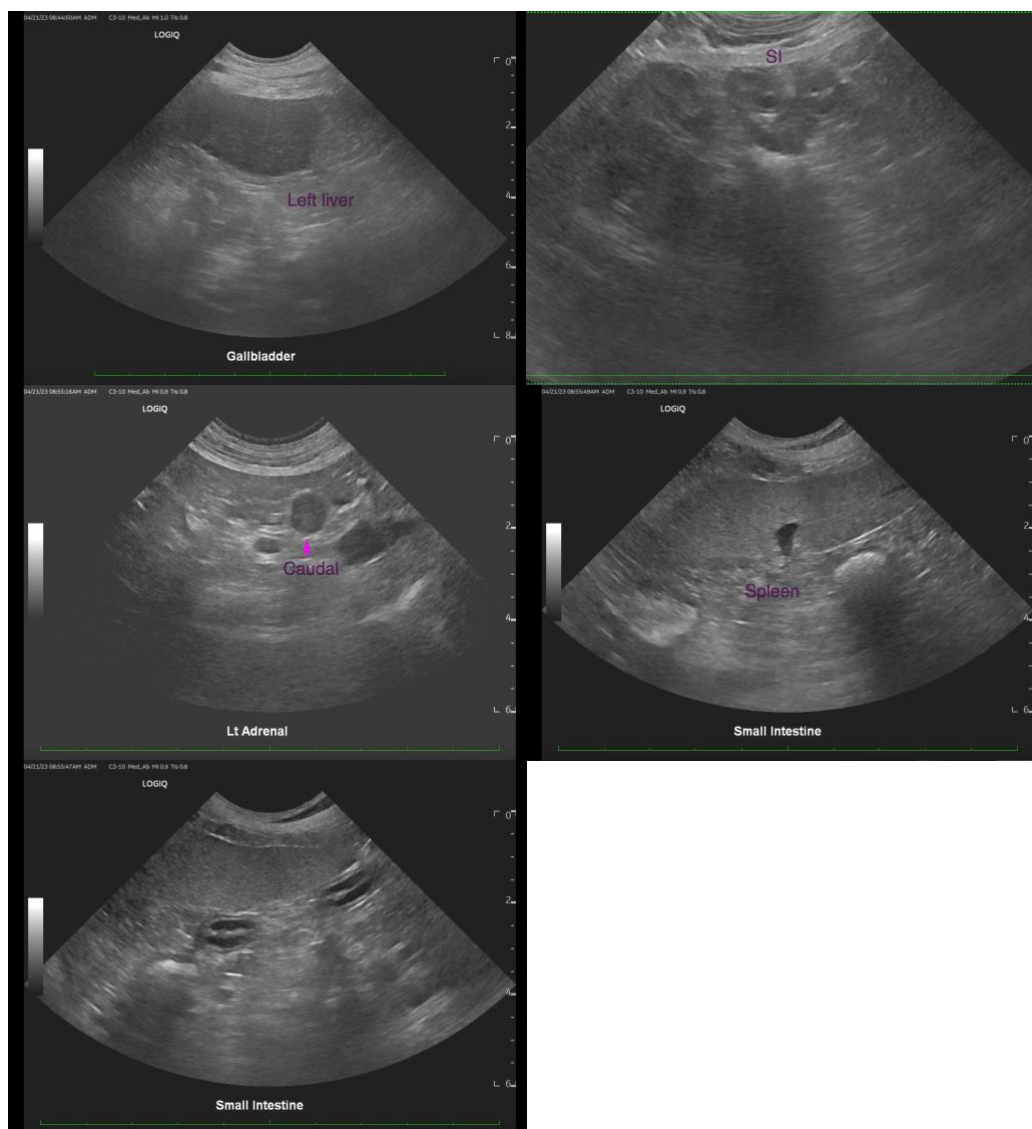
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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