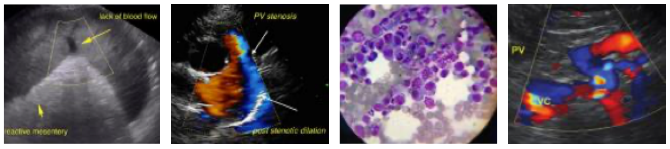
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roxy Porche

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

3 years, 9 mos

WEIGHT

8.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Danica Wilson, DVM

INVOICE

12825

DATE

4.21.23

PRESENTING CLINICAL SIGNS

History: O saw a fecal-like material on the ground outside and when she hosed it down is had blood in it. O assumed it to be vomit as P has vomited 4 times this morning. Every time she drank water today, she has vomited up that same amount of water that she drank per O. O concerned that P may have eaten something and may be obstructed. O states that overall P was doing well prior to this incident. Urinating within normal limits. P not interested in food.

Abnormal PE/Chem/CBC/UA Results: X-ray 3-view Abdomen (taken yesterday) - Stomach moderately to severely distended with soft tissue opacity material within in; Left lateral shows the stomach in a similar fashion but the pylorus is gas distended; all other abdominal contents unremarkable Recheck X-rays - stomach empty with no evidence of soft tissue opacity material within it Chem/CBC In House RBC 10.12 (N: 5.50-8.50), Hgb 24.3 (N: 12.0-18.0), Hct 71.6 (N: 37.0-55.0), ALB 4.8 (N: 2.5-4.4), ALP 346 (N: 20-150), ALT 1324 (N: 10-118) , PHOS 7.8 (N: 2.9-6.6) PE - Pain in cranial abdomen, congealed black jelly-like blood clots with frank red blood on exam glove for rectal

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 left kidney is normal in size (3.68 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.70 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm at cranial pole) (0.39 cm at caudal pole) 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 (0.87 cm at cranial pole) (0.42 cm at caudal pole) 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.

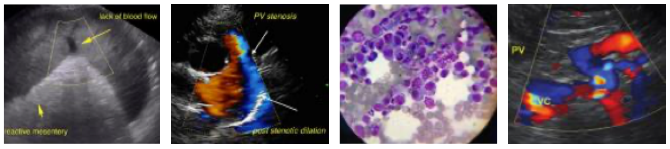
Spleen

The spleen is not visualized in its entirety. In the visualized portions, the spleen appears normal in size (1.13 cm in width at the level of the hilus) with normal curvilinear peripheral contours and homogenous parenchyma. Splenic vasculature is normal with no evidence of thrombosis.

Liver

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.

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



PATIENT

Roxy Porche

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

3 years, 9 mos

WEIGHT

8.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Danica Wilson, DVM

INVOICE

12825

DATE

4.21.23

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended 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 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

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

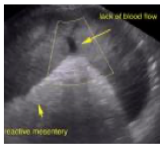
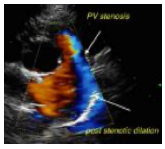
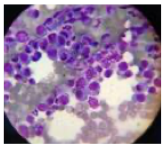
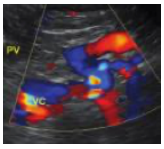
- An obvious cause for the elevated liver enzymes is not definitively identified in this study. Given the patient's age and normal sonographic appearance of the liver, infection (i.e., bacterial cholangiohepatitis, Leptospirosis) and hepatotoxicity are the top differentials. Other diagnostic considerations include chronic hepatitis, fibrosis, infiltrative neoplasia, or other hepatopathies.
- Trace ascites

*There is no obvious evidence of a gastrointestinal obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre-and postprandial serum bile acids as well as Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended. Clotting times (i.e., PT/PTT) are also recommended.
- Also consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic, or surgical)), if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained, and hepatic copper quantitation performed.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis/Leptospirosis 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. Additional symptomatic/supportive measures are also recommended as needed.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roxy Porche

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

3 years, 9 mos

WEIGHT

8.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

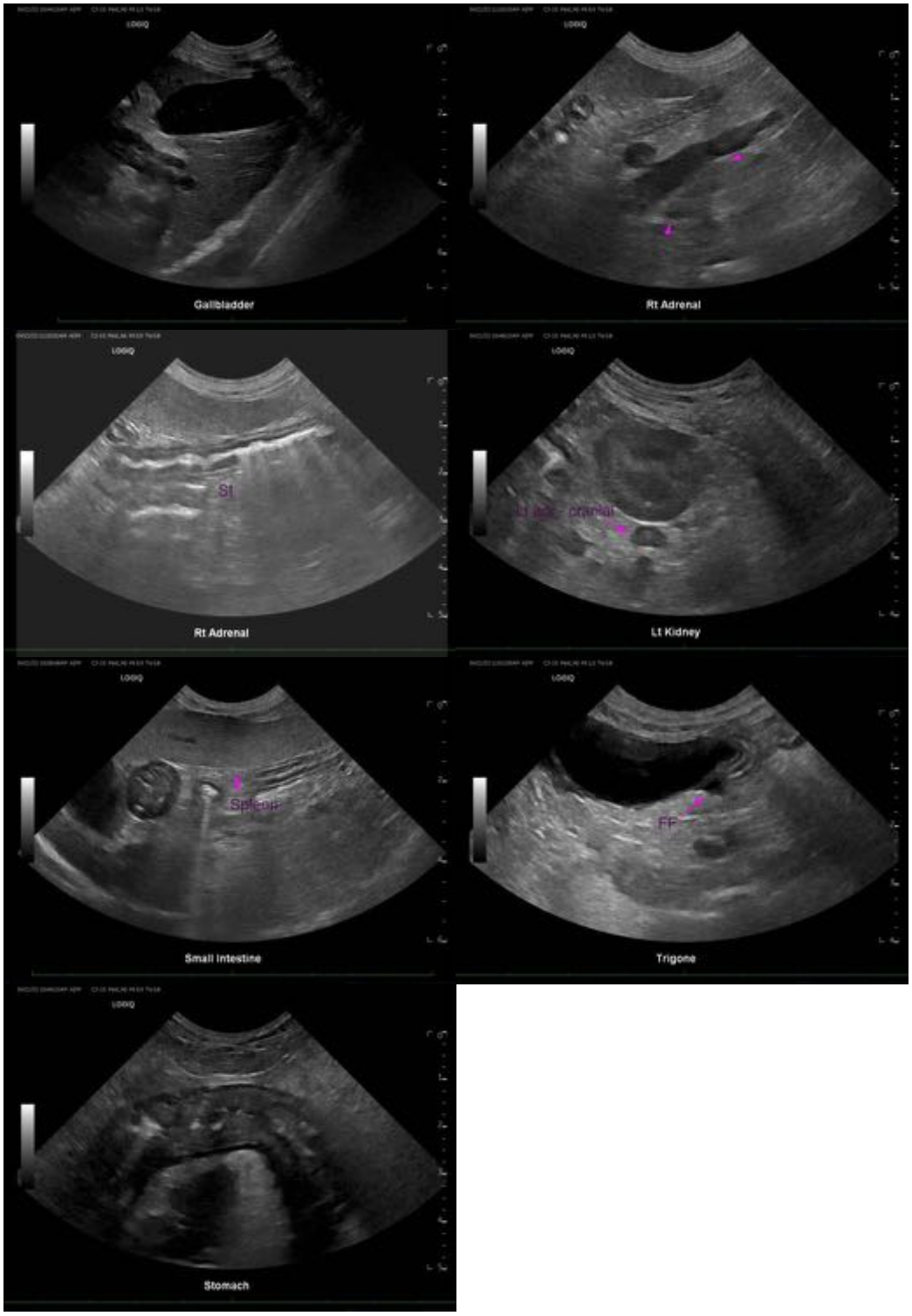
Danica Wilson, DVM

INVOICE

12825

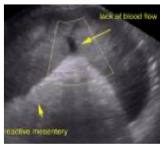
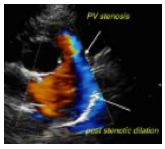
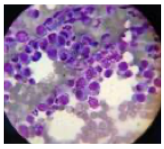
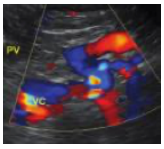
DATE

4.21.23



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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roxy Porche

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

3 years, 9 mos

WEIGHT

8.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Danica Wilson, DVM

INVOICE

12825

DATE

4.21.23

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