


PATIENT PRESENTING CLINICAL SIGNS

Max Cruz History: Patient presented for swelling on right side of face suspected to be dental abscess, but blood work came back with normal CBC. However, ALK. Phos. was severely elevated with other liver values normal. R/O hepatobiliary disease. Patient is Lyme +. Current med: Clindamycin 150 mgs BID.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 1,395, glucose 63, trigs. 318. U/A - pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

Dachshund

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (0.98 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

10 years

The left kidney is normal in size (5.38 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

35 lbs

The right kidney is normal in size (5.64 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
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 Medicine)

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.57 cm at cranial pole) (0.68 cm at caudal pole) (2.13 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 appear normal.

IMAGING PERFORMED BY

Kelly Vazquez

The right adrenal gland is mildly enlarged (1.33 cm at cranial pole) (0.82 cm at caudal pole) (2.10 cm in length) with a slightly irregular shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Midland Park VH

Spleen

The spleen is normal in size (1.85 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.

REFERRING VET

Dr. John Shokoff

Liver

The liver is prominent in size with slightly swollen peripheral contours on the right side. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with several ill-defined hypoechoic nodules/areas seen throughout the organ (the largest measuring 2.00 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

12638

The gall bladder is distended. The wall is normal in thickness. A few choleliths are observed in the neck of the gall bladder. The cystic and common bile ducts are normal/not seen.

DATE

4.3.23

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is thickened (up to 0.80 cm) with apparent retention of the normal layering pattern. The pyloric outflow tract appears 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. 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

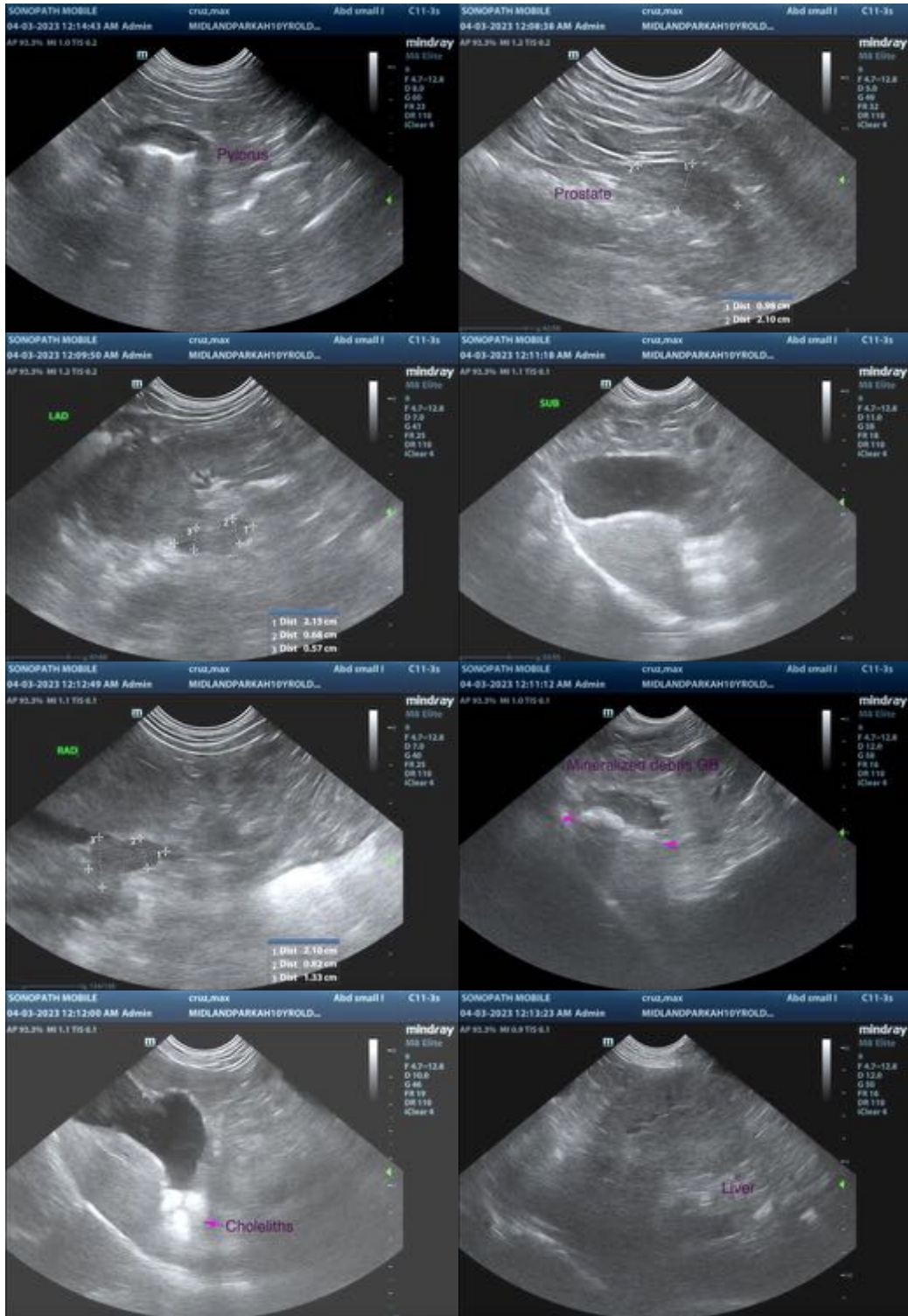
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Choleliths, nonobstructive

Secondary Findings

- Minor bilateral renal changes
- Mild bilateral adrenomegaly
- The thickening of the pyloric antral wall may be a normal variant for this patient or metabolic to hypertrophy, inflammatory disease, or less likely, emerging neoplasia. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.
- Regarding the hypoglycemia, consider rechecking a blood glucose on a glucometer. If hypoglycemia is persistent, consider the following:
 1. Insulin: glucose ratio
 2. ACTH stimulation test to assess for hypoadrenocorticism
 3. Pre-and postprandial serum bile acids



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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