

PATIENT PRESENTING CLINICAL SIGNS

GiGi Zafren Clinical Exam Findings:

SPECIES -Presented for decreased appetite, and water intake, possible UTI
-BAR and friendly

Canine -Ocular: cornea appears wnl, lens clear, scleral vessels wnl, no chemosis, epiphora, ocular discharge or blepharospasm noted

BREED -Aural: ears are clean and free of debris AU, tympanic membranes intact AU

Pug Mix -Integument: hair coat appears healthy with no alopecia, ectoparasites or masses noted

-Musculoskeletal: good range of motion of joints with no crepitus on flexion or extension of joints, no pain on palpation of long bones or digits, no swelling noted

-Cardiovascular: heart sounds auscultate wnl, no murmurs or arrhythmias noted, pss

-Respiratory: lungs auscultate wnl, no crackles, wheezes, stertor or stridor noted

-Abdomen: abdomen is soft on palpation with no pain, masses or organomegaly noted

-Urogenital: bladder soft on palpation, external genitalia appears wnl

-Neurologic: mentation appropriate, cranial nerves appear wnl, CPs wnl x4

-Lymphatics: lymph nodes palpate wnl

-Oral: mm pink and moist, grade 0 pd with no obvious gingivitis or halitosis noted

Current Medications: Vetmedin 1.25mg,

SEX

Spayed Female

AGE

02/23/2008

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

9.60 lbs

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

INTERPRETED BY

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

The left kidney is normal size (3.94 cm in length); normal shape and architecture with 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.

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The right kidney is normal size (4.11 cm in length); normal shape and architecture with 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.

HOSPITAL NAME

Foxbank VH

Adrenal Glands

The left adrenal gland is normal size (0.32 cm at cranial pole) (0.36 cm at caudal pole) (1.30 cm in length); Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Andi Winney

The right adrenal gland is upper limits of normal size (0.56 cm at cranial pole) (0.62 cm at caudal pole) (1.61 cm in length); Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

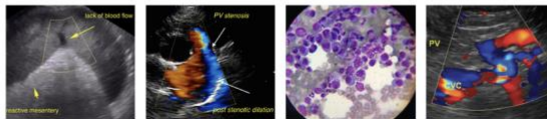
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Spleen

The spleen is normal in size, with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.57 cm myelolipoma is observed in the region of the hilus. Splenic vasculature is

DATE

4/4/22



PATIENT normal.

GiGi Zafren **Liver**

SPECIES The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma overall, is isoechoic relative to the spleen. A 3.35 x 1.72 cm irregular, hypoechoic area is observed in the region of the right medial lobe. In addition, several smaller hypoechoic nodules/areas are seen throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

BREED

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

SEX

Gastrointestinal

Spayed Female 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 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.

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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.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hypoechoic hepatic lesions could be consistent with emerging neoplasia (i.e., lymphoma), inflammatory disease, thromboembolic disease, areas of necrosis, other hepatopathy.
- Gall bladder - incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If an aggressive approach is desired, consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) if clotting status is appropriate. If surgical biopsies are pursued, aerobic and anaerobic bile cultures as well as acquisition of additional hepatic tissue samples for potential copper quantitation should be obtained. Three-view thoracic radiographs are recommended prior to anesthesia.



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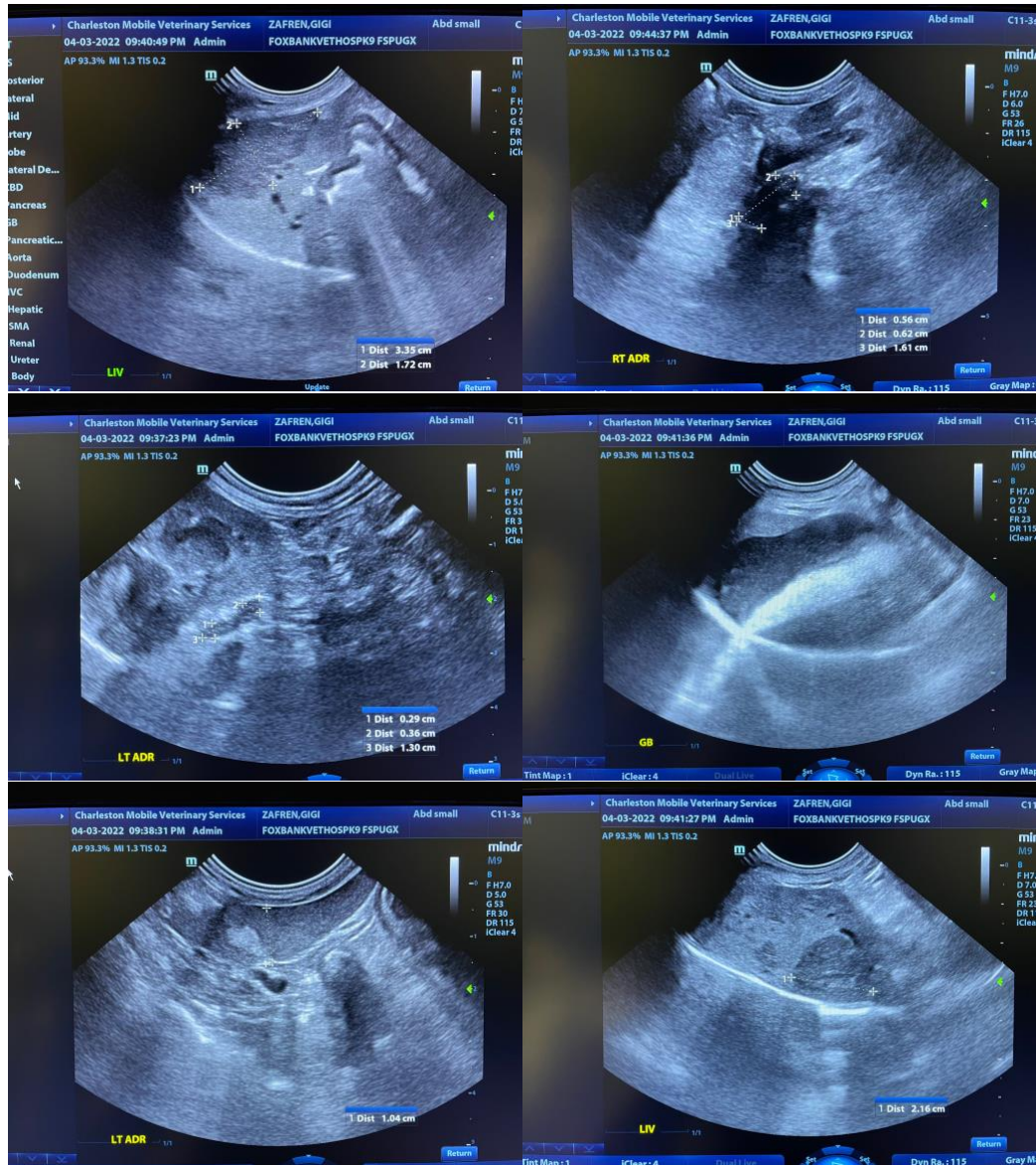
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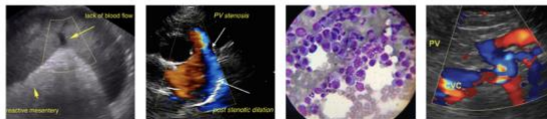
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In the meantime, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid +/- metronidazole, Denamarin. If liver values improve with therapy, a 4-6 week course of treatment is recommended. If liver values do not improve within 5-7 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.





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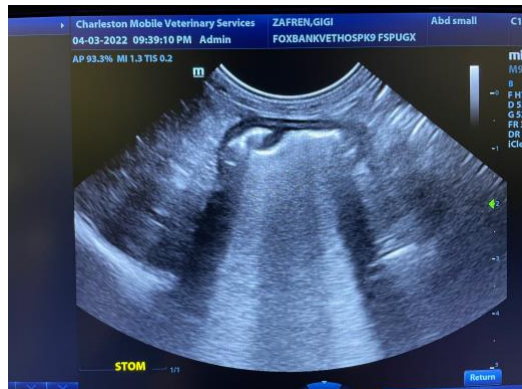
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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