



PATIENT

Budd Gallaway

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

7.5 years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
RVT LVT

HOSPITAL NAME

Mountainview AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

10718

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: Elevated liver values Relevant Medical History and Physical Exam findings: Budd had pre-op blood work done to have a periodontal treatment performed. Elevation of liver values was found on routine blood work. Budd is healthy with no signs of liver disease at this time. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ALT 325, AST 68, ALP 540, GGT 17 Current medications (include full name, dosage and frequency): Ba Wei Di Huang Wan herbal, Cosequin Relevant Radiograph Findings (email radiographs if available): None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (1.27 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.06 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 hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.16 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.66 cm at cranial pole) (0.74 cm at caudal pole) (1.90 cm in length); normal shape; 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 borderline enlarged (0.76 cm at cranial pole) (0.71 cm at caudal pole) (2.43 cm in length); normal shape; 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 normal in size (2.57 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 is normal.



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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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 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 or overt infiltrative disease is noted.

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. A 1.86 cm lymph node is observed in the right cranial quadrant. In addition, a 1.20 cm mesenteric lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in this study. However, a microscopic hepatopathy is suspected. Top differentials include inflammatory hepatopathy (i.e., chronic active hepatitis, bacterial cholangiohepatitis), Leptospirosis, hepatotoxicosis (i.e., copper), or infiltrative neoplasia (unlikely).

Secondary Findings

- Borderline bilateral adrenomegaly
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended. Also consider pre-and postprandial serum bile acids. Ultimately, hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) would be necessary to get a definitive diagnosis. Surgical biopsies are ideal in that they are more likely to be representative of global organ pathology. If biopsies are pursued, bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation are recommended. Prominent lymph nodes within the abdomen should also be biopsied. Thoracic radiographs are recommended prior to anesthesia.



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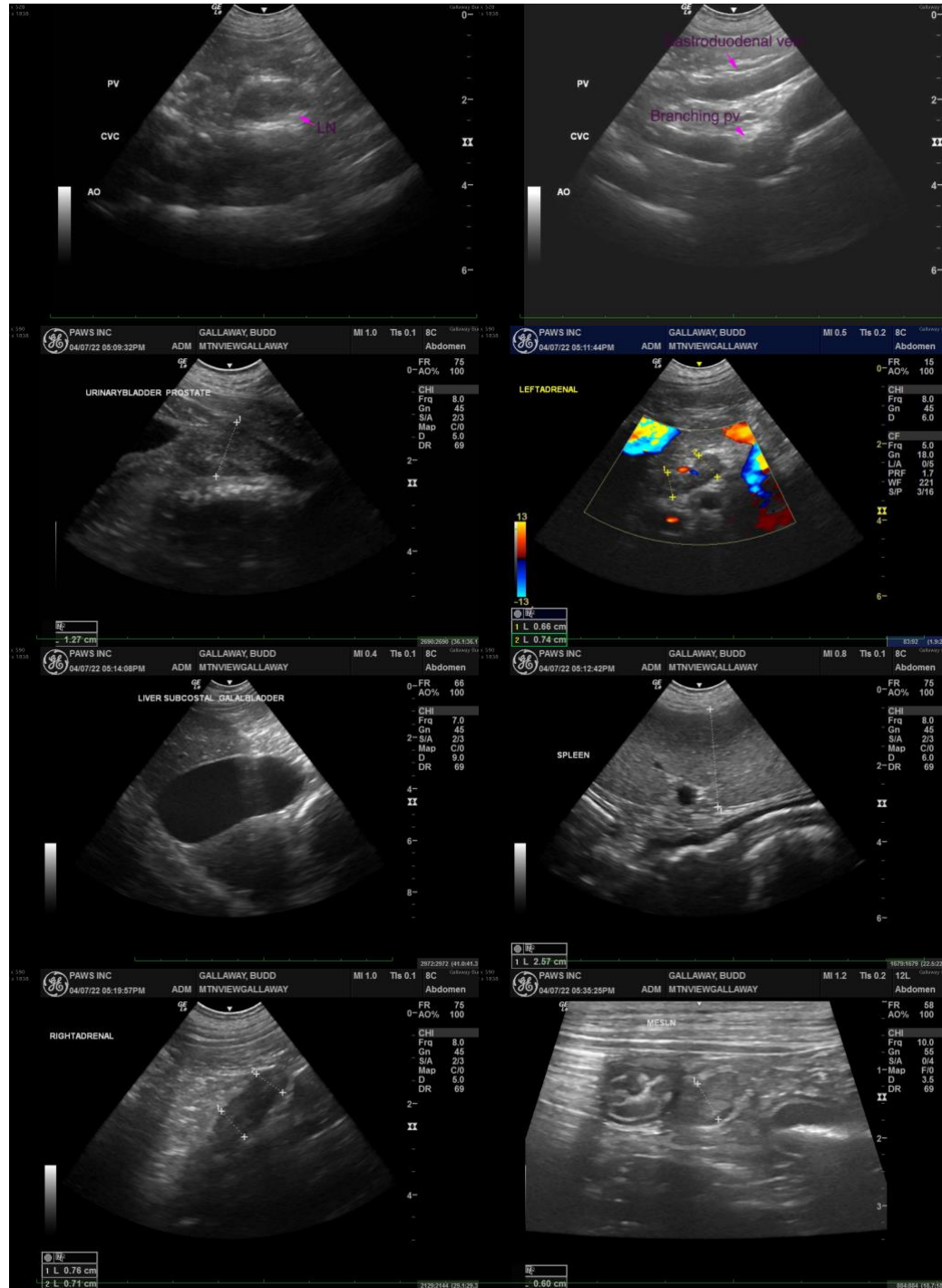
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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