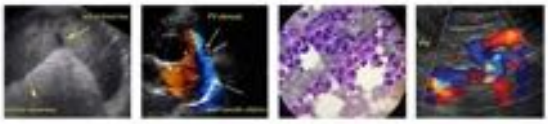


PATIENT

Guinness McDonald

SPECIES

Canine

BREED

Welsh Terrier

SEX

Neutered Male

AGE

10/14/2018

WEIGHT

14.72 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Brock

INVOICE

14885

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting, new history of mild elevation in Alkphos
Abnormal PE/Chem/CBC/UA Results: Alkphos 488

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

The prostate is normal in size (0.70 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.92 cm in length); normal shape and architecture with 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.

The right kidney is normal size (5.41 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.51 cm at caudal pole); 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 normal size (0.70 cm at cranial pole) (0.53 cm at caudal pole); 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.

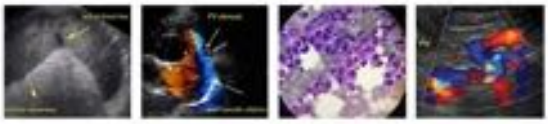
Spleen

The spleen is normal in size (1.57 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.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. At least 2 small (<1 cm) ill-defined, hypoechoic nodules are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains a small to moderate amount of mostly gravity-dependent, echogenic debris within the lumen. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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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.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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.

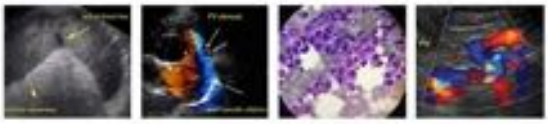
ULTRASONOGRAPHIC FINDINGS

- The diffuse hepatic parenchymal changes are most consistent with a benign process (i.e., vacuolar hepatopathy (i.e., idiopathic, endocrine)) with a lower possibility of a more insidious hepatic pathology (i.e., emerging neoplasia, inflammatory disease, other). The small hypoechoic hepatic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia, regenerative nodules, inflammatory foci, other) with a low possibility of emerging neoplasia.

*An obvious cause for the patient's vomiting is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated ALP, the following can be considered:
  1. Pre and post prandial serum bile acids to assess hepatic function
  2. Hepatic tissue sampling (i.e., fine needle aspirate or biopsies (i.e., laparoscopic or surgical)). If biopsies are pursued, hepatic copper quantitation should be performed and aerobic and anaerobic bile cultures obtained.
  3. If hepatic tissue sampling is not pursued at this time, consider rechecking liver values in 3 months to assess for further increases in liver values. If increases do occur, consider a recheck abdominal ultrasound +/- tissue sampling at that time.
- Regarding the history of intermittent vomiting, the following diagnostics/therapeutics can be considered:
  1. A fecal evaluation for ova/Giardia
  2. Malabsorption panel including serum cobalamin, folate, TLI, PLI and resting cortisol level (send to Texas A&M)
  3. Limited antigen or hydrolyzed protein diet trial



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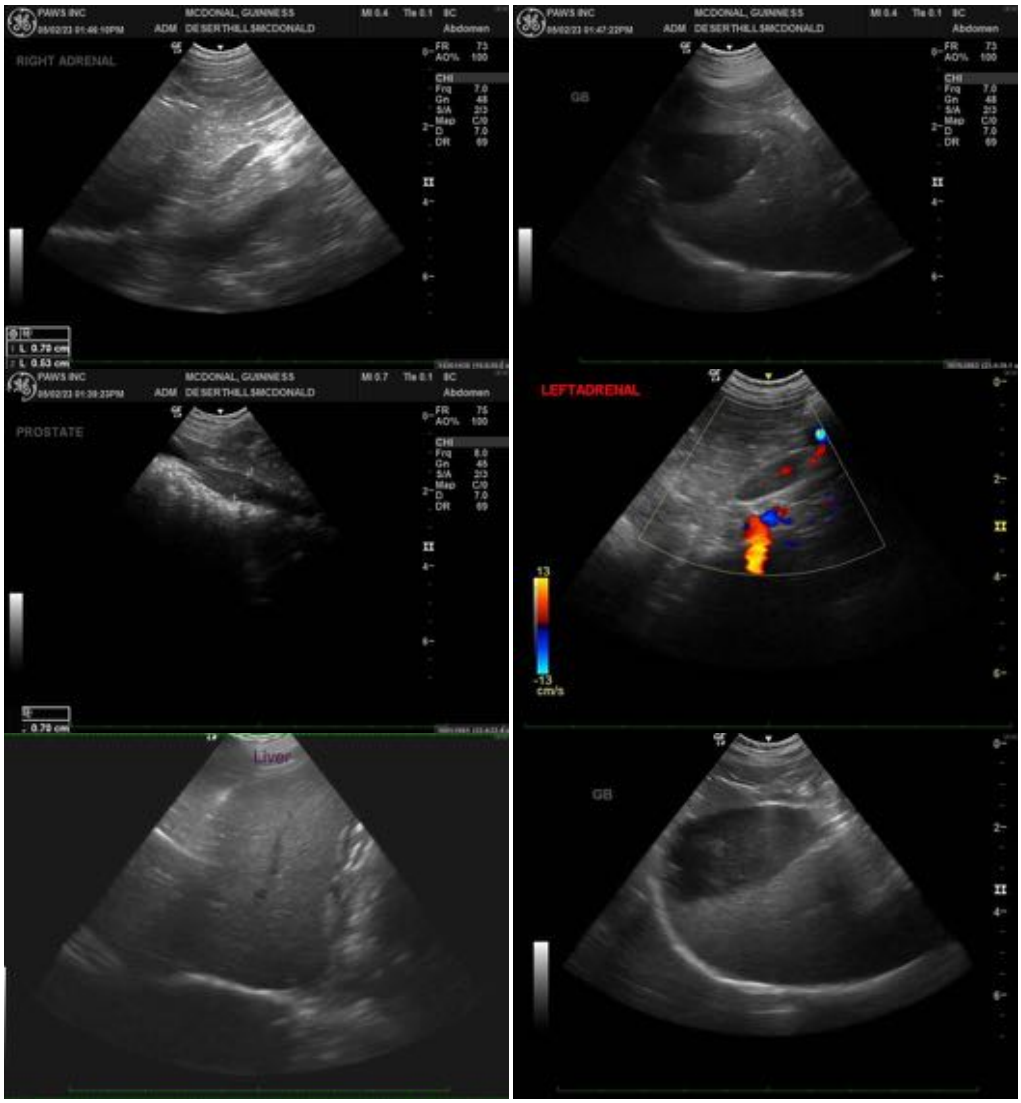
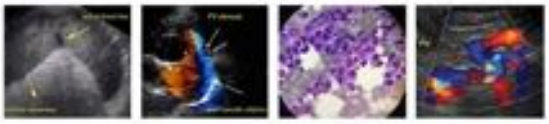
4. Initiation of a probiotic
5. Three-view thoracic radiographs to assess for esophageal disease
6. +/- endoscopic or surgical GI biopsies



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



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