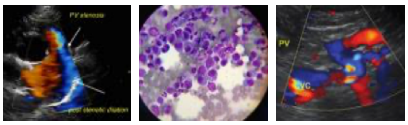
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

5/9/22

PATIENT

Henry Winston Sheibley

SPECIES

Canine

BREED

Chihuahua

SEX

Male, neutered

AGE

3/2/2012

WEIGHT

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Kerr

INVOICE

13323

PRESENTING CLINICAL SIGNS

Henry Winston presented to EVH for additional workup regarding elevated liver values and worsening heart murmur as noted by ER. He was seen at ER for a grand mal seizure and was started on levitiracetam. There have been no additional seizure events since the ER visit on 4/29 - 4/30. Physical exam was largely unremarkable, with no residual neurologic deficits. He historically has had a grade 2- 3/6 systolic murmur which has increased to a 4/6 at this time. The owner reports that Henry Winston has had a few episodes of diarrhea after his visit to the emergency hospital.

Current Medications: Levitiracetam soln 100 mg/mL 1.5 mL PO q8h
Proviable forte.
Lab Results: PCV/TS 51% and 7.2, serum clear, CBC-WNL, CHEM- ALT 221, ALP >2000, Electrolytes- Sodium 149, Potassium 3.8, Cl 110
NH3- 0, Blood pressure-110mmHG.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (4.35 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Pinpoint hyperechoic foci are observed within the cortex.

The right kidney is normal size (4.47 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Pinpoint hyperechoic foci are observed within the cortex.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.63 cm at caudal pole) (1.49 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 mildly enlarged (0.64 cm at cranial pole) (0.64 cm at caudal pole) (1.77 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 (1.67 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 swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid 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 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.

Other

The caudal vena cava is subjectively dilated (1.16 cm in diameter).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

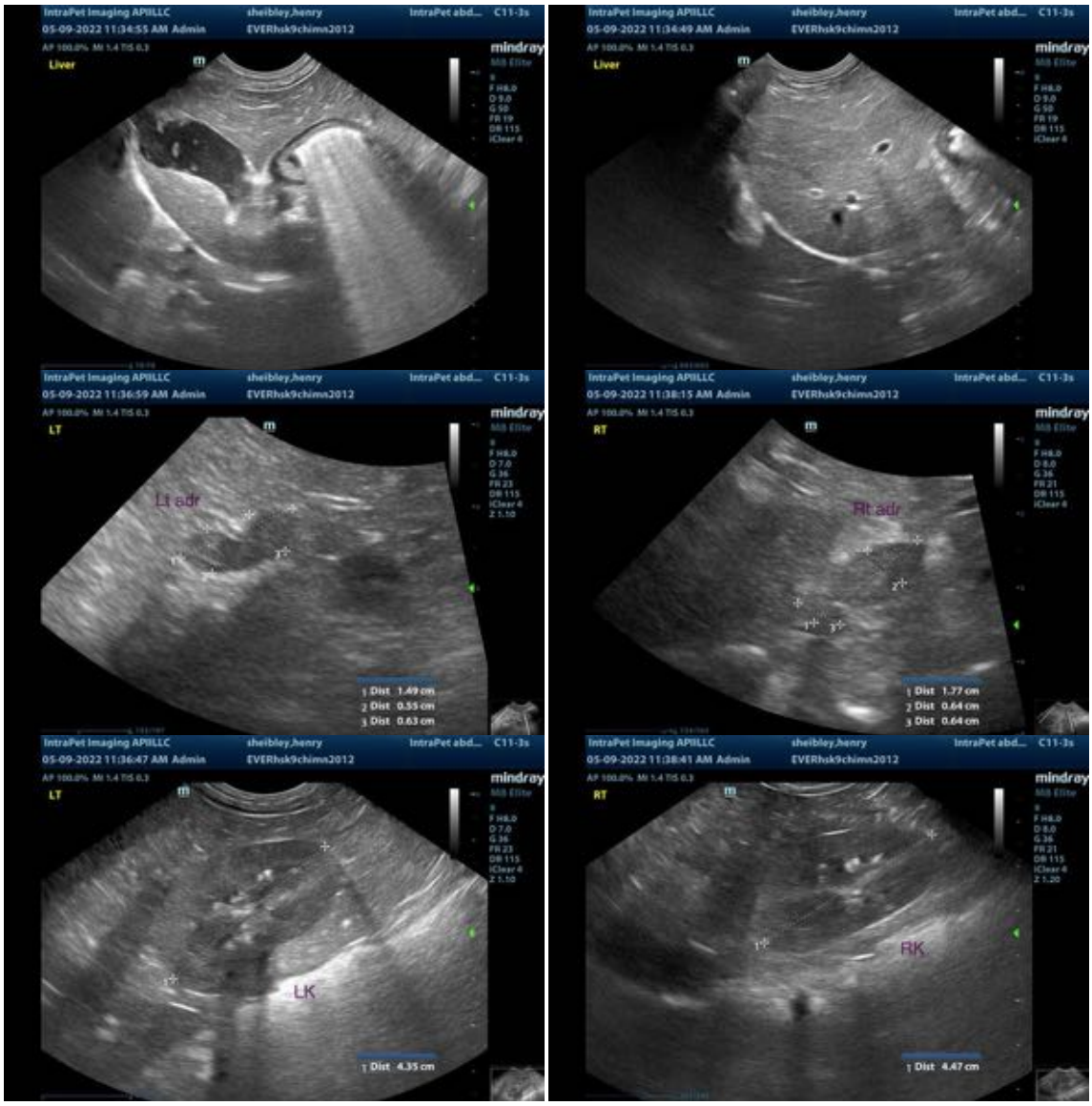
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Mild bilateral adrenomegaly.

Secondary Findings:

- Bilateral, age-related renal changes with non-obstructive nephrolithiasis.
- The subjectively dilated caudal vena cava may be secondary to congestive heart failure or other upstream issue (i.e., compression or obstruction of the thoracic caudal vena cava) or may be a normal variant for this patient. Correlation with the patient's echocardiogram report 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 liver values continue to increase, a repeat abdominal ultrasound +/- hepatic 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 in the future.



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.

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