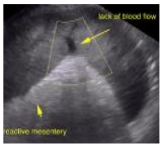
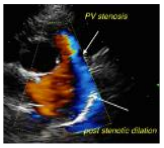
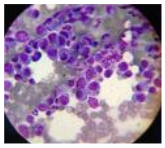
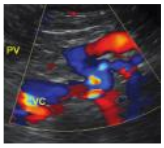
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Violet Laurita

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
10years

WEIGHT
67 lbs

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

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho Ho Kus VH

REFERRING VET
Dr. Gannon

INVOICE
10881

DATE
5/9/22

PRESENTING CLINICAL SIGNS

History: Tx for lyme 2020 with doxy, since the fall- PU/PD, uncomfortable, restless when laying down, pants, last week presented for the same history

Abnormal PE/Chem/CBC/UA Results: PE - distended abd? Jan 2022- Hct 56%, ALT 136, UPC 0.2, USG 1.028, T4 0.6, Free t4 < 0.2. Started on levo 0.6mg BID, Feb recheck t4: 2.3, UA 1.028, culture negative Vetscan may 6- Alb 4.9 (high), ALT 179, Ca 12.5 (corrected 11.1), K 3.5 (low)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (7.80 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm at cranial pole) (0.73 cm at caudal pole) (2.61 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 normal size (1.18 cm at cranial pole) (0.62 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 (1.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.47 cm hypoechoic nodule is observed at the craniolateral aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is slightly mottled in appearance. No distinct focal lesions are observed. Vascular 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and at least one small, shadowing structure. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness 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
A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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

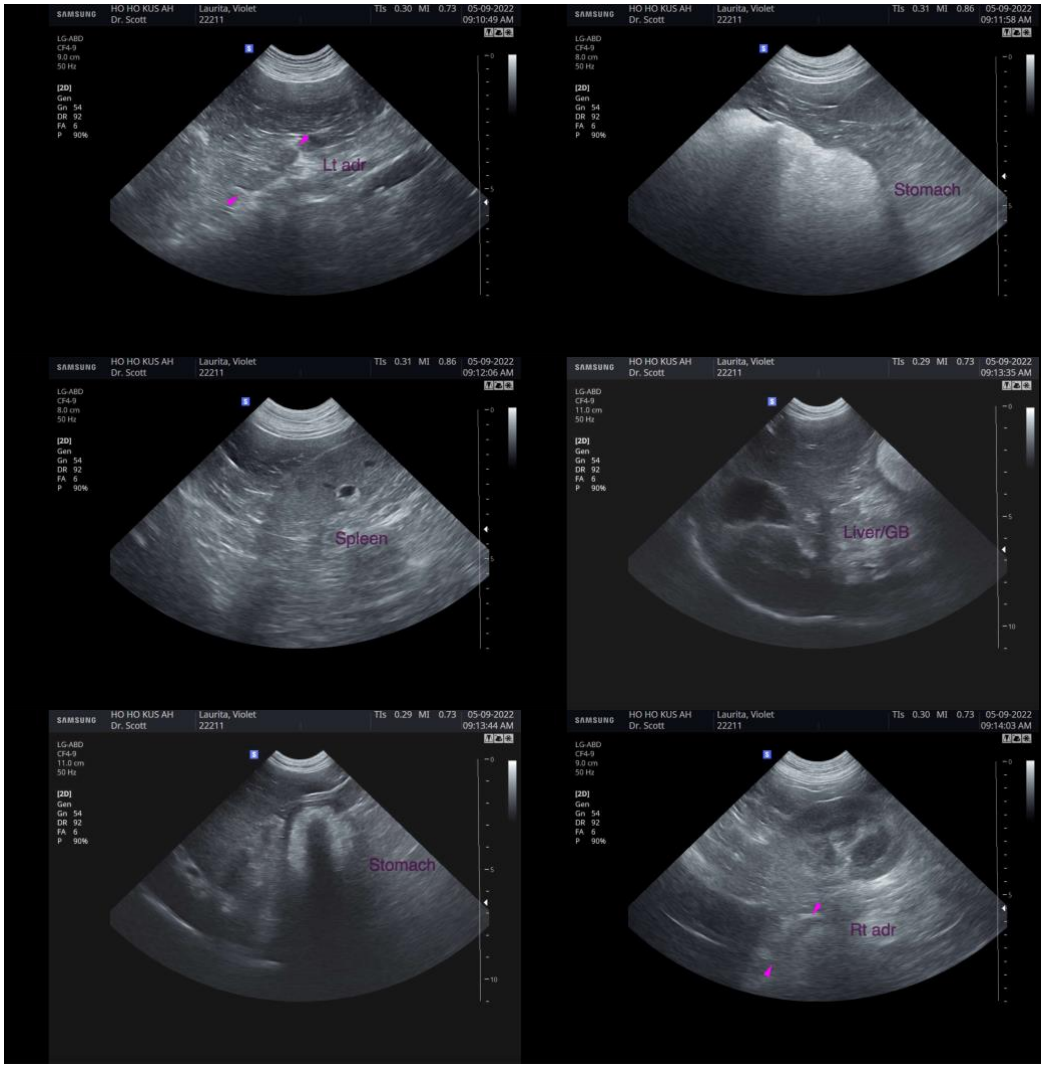
Primary Findings

- Minor, chronic age-related renal changes with dystrophic mineralization
- The hepatic parenchymal changes are nonspecific and could be secondary to age-related remodeling, regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, copper hepatotoxicosis, Leptospirosis (less likely, particularly given that the liver enzyme elevation is chronic), reactive hepatopathy, other.
- The shadowing material within the gastric lumen may represent normal kibble and/or foreign material. There is no obvious evidence an outflow obstruction at this time.

  *An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs (three-view) are recommended to assess for occult disease in the chest.
- A thorough rectal examination is recommended to assess for anal gland enlargement/rectal pathology.
- Given the total calcium level, an ionized calcium +/- PTH/PTHrP should be considered.
- Given the ALT elevation, consider pre-and postprandial serum bile acids to assess hepatic function.
- Thorough orthopedic and neurologic examinations should be considered to assess for nonmetabolic causes for the patient's restlessness and discomfort.



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