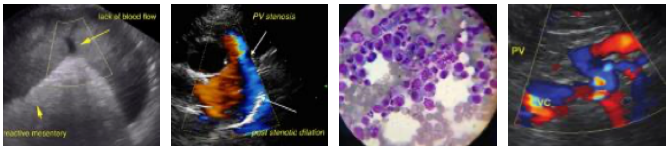
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Champ Richards

SPECIES
Canine

BREED
Yellow lab

SEX
Male, neutered

AGE
10 Yrs.

WEIGHT
83 lbs.

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
14915

DATE
5/9/23

PRESENTING CLINICAL SIGNS

History: Elevated ALT 169 was noted a few months ago, owner started Denamarin and pets ALT is now 198. Pet is otherwise normal here for a dental.

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. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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 (1.48 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 (6.76 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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. Renal vasculature is normal.

The right kidney is normal size (7.22 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.69 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 caudal pole of the right adrenal gland is visualized and is normal size (0.52 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

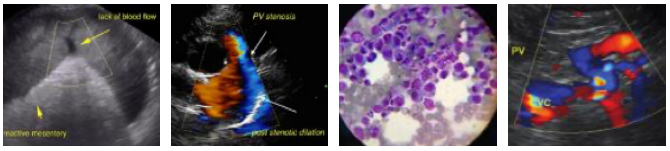
Spleen

The spleen is normal in size (2.27 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 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/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

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.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. An obvious cause for the patient's elevated ALT is not identified in this study. Differentials include chronic hepatitis (particularly given the breed of the patient), reactive hepatopathy, fibrosis, hepatotoxicosis (i.e., copper), bacterial cholangiohepatitis, Leptospirosis (less likely given the chronicity), infiltrative neoplasia (unlikely), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, laparoscopic or surgical liver biopsies should be considered as biopsies are necessary to definitively diagnosis chronic hepatitis and copper hepatotoxicity, which are common in this breed. If pursued, hepatic copper quantitation should be performed and aerobic and anaerobic bile cultures obtained.
- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants). If the patient's ALT does not improve within 7-10 days of initiating therapy, antibiotics should be discontinued and biopsies reconsidered.
- If the patient is to undergo anesthesia for a dental or liver biopsy, benzodiazepines should be avoid and opioids used judiciously.
- Prior to hepatic tissue sampling/anesthesia, three-view thoracic radiographs should be performed along with assessment of clotting status (PT/PTT).

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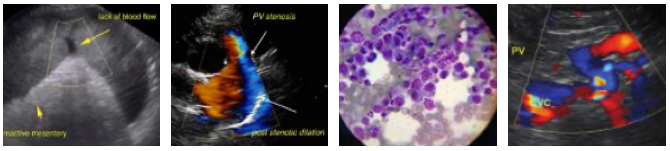

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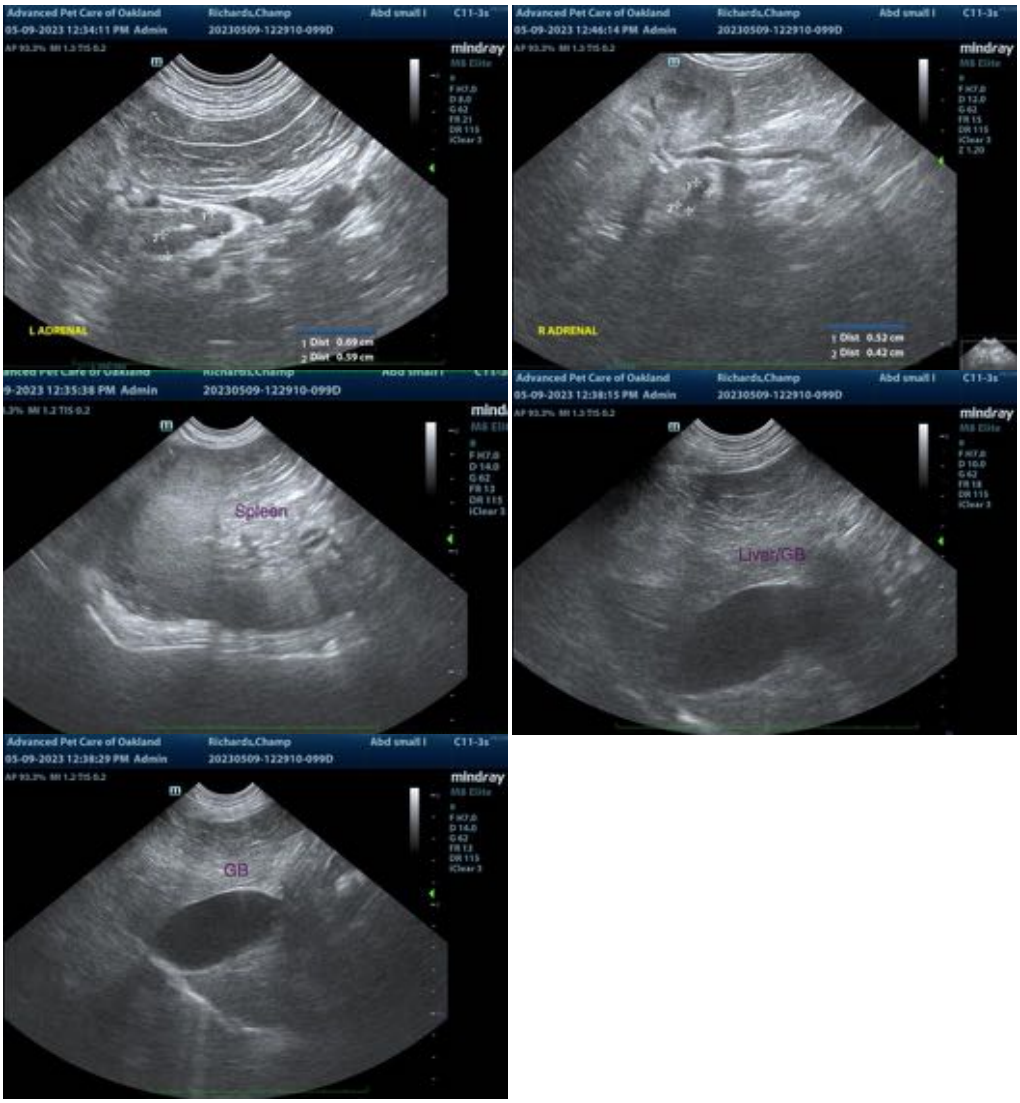

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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