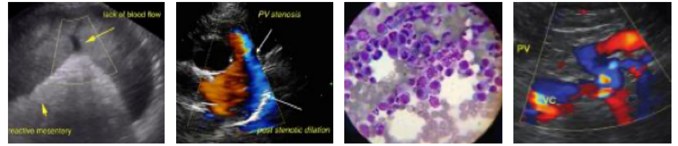


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Olivia Wright

SPECIES
Canine

BREED
Chihuahua mix

SEX
Female, spayed

AGE
9 Yrs.

WEIGHT
10.38 lbs.

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

IMAGING PERFORMED BY
Dr. Acosta

HOSPITAL NAME
Companion AC

REFERRING VET
Dr. Acosta

INVOICE
14925

DATE
5/9/23

PRESENTING CLINICAL SIGNS

History: presented for lethargy post meals x 3 weeks, scooting and licking vagina post urination, increased urination.
Abnormal PE/Chem/CBC/UA Results: Grade 2-3 systolic murmur Increased: Globulin (3.8), ALT(455), ALP (3132), AST(161), Ca(12.1), Mg(3), Na(189), K(6.3), Cl(144)

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 visible portion of the proximal are normal.

The left kidney is normal in size (3.69 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is isoechoic relative to the spleen. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is not definitively visualized in the available images.

Adrenal Glands

The left adrenal gland is normal size (0.53 cm at cranial pole) (0.37 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.

No images of the right adrenal gland are provided.

Spleen

The spleen is normal in size (1.16 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.

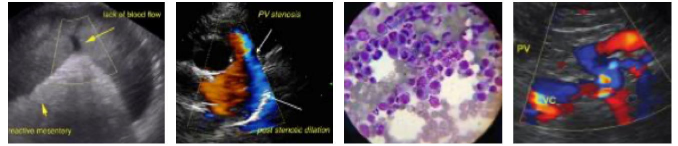
Liver

The liver is subjectively prominent in size with slight rounding of the peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to the spleen with a coarse echotexture. A 2.02 x 1.36 cm irregular hyperechoic nodule is observed deep on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A small amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid 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



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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

Primary Findings:

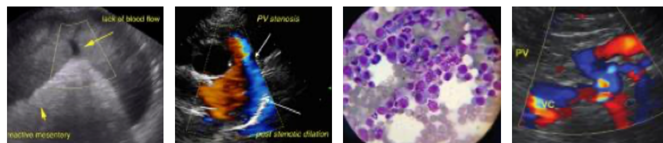
- The diffuse hepatic parenchymal changes are non-specific and could be secondary to inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, vacuolar hepatopathy, other hepatopathy. The hyperechoic nodule/lesion trends toward the benign (i.e., regenerative nodule). However, a neoplastic process cannot be completely excluded.
- Gallbladder debris, non-mucocele.

Secondary Findings:

- Mild chronic renal changes in the left kidney with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Sonographic images of the right kidney and right adrenal gland are recommended to assess for pathology in these organs.
- Regarding the elevated liver values, consider the following:
  1. Leptospirosis testing (i.e., blood and urine PCR, serology)
  2. Pre and post prandial serum bile acids
  3. Cytologic evaluation of the liver should be considered in this patient if clotting status is appropriate. A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation.
  4. If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis/Leptospirosis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If values do improve, a 4–6-week course of treatment is recommended.
  5. Three-view thoracic radiographs +/- a full echocardiogram should be considered prior to any anesthetic event, particularly in light of the patient's heart murmur.
- Regarding the urinary changes, a urinalysis with culture and sensitivity should be considered along with evaluation of the external genitalia for lesions.



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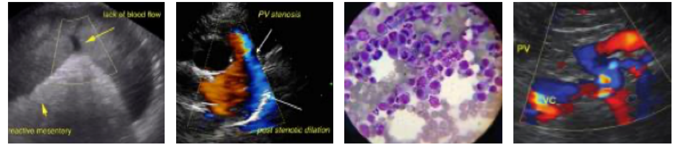
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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