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Clinical Sonography & Telecytology
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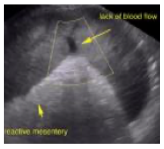
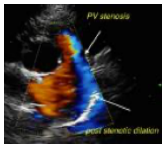
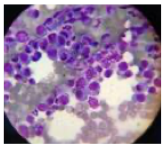
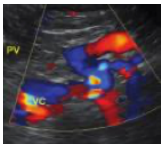

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella Valdez

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

8 years

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

13444

DATE

6.21.23

PRESENTING CLINICAL SIGNS

History: Clinical signs: Chronic ALP elevation (history of ALT elevation and elevated post prandial bile acids), persistent/recurrent UTI History: ALT elevation and post prandial BA elevation in early 2019. Treated with liver support medications and ALT returned to close to normal though the BA remained high. No longer receiving any liver support medications but has had a chronic ALP elevation that is worsening. Diagnosed with a UTI 5/4/2023. Treated with a 7-day course of amoxiclav. Recheck culture still positive. Restarted on amoxiclav. Sometimes will vomit bile in the middle of the night. Ultrasound to assess liver and bladder for ALP elevation and persistent/recurrent UTI. Current medications: Simparica Trio, amoxiclav

Abnormal PE/Chem/CBC/UA Results: Physical exam: Healthy weight, moderate dental tartar, SC mass on abdomen Lab work: 2/15/2019 Liver chem and pre/post BA ALT high 146 pre BA high 53.9 post BA high 55.7 6/9/23 CBC/Chem/UA/T4/fecal/Accuplex/urine culture Alkaline phosphatase 727 Magnesium elevated 3 nsf Triglycerides elevated 638 postprandial Hematocrit elevated 62% rule out mild dehydration Platelets elevated 450 rule out stress Rest of CBC CHEM WNL Thyroid normal, 1.0 Accu Plex negative USG 1.034, 2+ proteinuria likely nsf given concentrated urine. Elevated white blood cells, amorphous phosphate crystals. Rule out persistent UTI. Urine culture. E. coli growing resistant to cephalexin and cefadroxil. fecal nps 6/21/23 pre and post BA pending

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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.75 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.22 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.49 cm at cranial pole) (0.55 cm at caudal pole) with a normal shape and 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 (0.76 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and 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 (1.32 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 appears normal.

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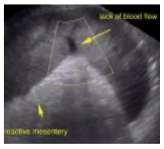
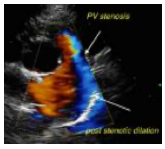
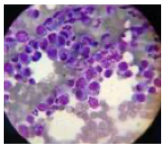
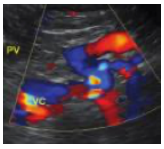

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Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic-to-mineralized, gravity-dependent debris/sludge is observed within the lumen. A scant amount of suspended debris is also observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
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 is normal in thickness 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. A 0.49 cm medial iliac lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are nonspecific and are most consistent with a benign process (i.e., vacuolar hepatopathy (i.e., idiopathic/endocrine)). However, inflammatory disease, infiltrative neoplasia or other hepatopathies cannot be completely excluded.
- Gall bladder debris - non-mucocele

Secondary Findings

- Mild bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the pre-and postprandial serum bile acids are substantially elevated, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (if clotting status is appropriate)).
- 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.
- Appropriate antibiotic therapy for the patient's urinary tract infection is also recommended. Therapy should be based on culture and sensitivity results.

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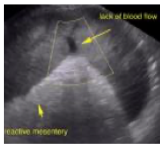
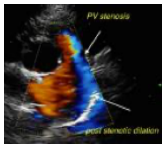
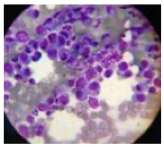
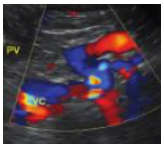

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com