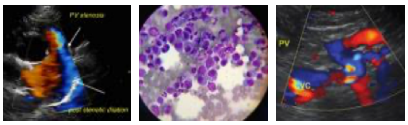
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
8/10/21

PATIENT
Roxi Lark

SPECIES
Canine

BREED
Mixed breed

SEX
Female, spayed

AGE
8/29/20

WEIGHT
43.7 lbs.

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

HOSPITAL NAME
Churchville VC

REFERRING VET
Dr. Uhland

INVOICE
11856

PRESENTING CLINICAL SIGNS

Inappetence, not drinking well, no change in urination,
Vomiting, soft stool. No known ingestion of foreign material or exposure to toxin vaccinated for leptospirosis.

Current Medications: Hospitalized on IVF 90 mL/kg/day and received Cerenia, metro, Pepcid, B12 and Denamarin starting yesterday 8/9.
Lab Results: ALT 929 (prev. wnl april 2021). ALP, GGT, t bili wnl.
otherwise GHP1 wnl.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.51 cm at cranial pole) (0.50 cm at caudal pole) (2.52 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 (0.59 cm at cranial pole) (0.66 cm at caudal pole) (2.42 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 (1.82 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. A scant amount of suspended echogenic debris is observed within the lumen. 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 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. 2-3 prominent lymph nodes are observed just medial to the cranial aspect of the spleen, the largest measuring 1.77 cm in diameter. A prominent lymph node is also observed at the aortic trifurcation (1.53 cm length).

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- The prominent abdominal lymph nodes are likely secondary to immunologic immaturity and/or reactive change.

*An obvious cause for the patient's elevated ALT is not identified in this study; however, a microscopic hepatopathy (i.e., cholangiohepatitis, hepatotoxicosis, leptospirosis, other hepatopathy) is probable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
- Despite the history of leptospirosis vaccination, further testing for leptospirosis (i.e., blood and urine PCR, serology), is recommended as there is still a risk for infection with non-vaccinal strains.

- 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.

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/leptospirosis (amoxicillin-clavulanic acid, Denamarin Advanced). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.

- Three-view thoracic radiographs are also recommended to evaluate cardiopulmonary status and to assess for occult aspiration pneumonia.


IntraPet Imaging RBIILLC
lark,roxi
Abd small I
C11-3s
08-10-2021 09:11:52 AM Admin
CHURCHrlk9mixsf2020
mindray
STOMACH


IntraPet Imaging RBIILLC
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Abd small I
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Spleen


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CAUD
Dist 1.52 cm
Dist 0.72 cm


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CAUD


IntraPet Imaging RBIILLC
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Dist 2.52 cm
Dist 0.50 cm
Dist 0.51 cm


IntraPet Imaging RBIILLC
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08-10-2021 09:15:18 AM Admin
CHURCHrlk9mixsf2020
mindray
RT ADR
Dist 2.42 cm
Dist 0.66 cm
Dist 0.59 cm

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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