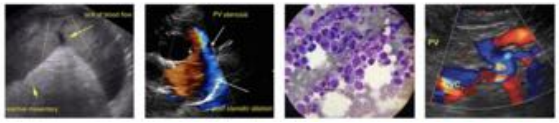


PATIENT

Leroy Miller

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

12.14.2007

WEIGHT

31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Vet. Dental Care

REFERRING VET

Suzy Shannon

INVOICE

11386

DATE

8.11.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Rostral bilateral mandibulectomy 14 days ago. Patient was prescribed clavamox post operatively and there was mild dehiscence of the surgery site with purulent discharge and enrofloxacin was prescribed. Leroy experienced vomiting daily and the enrofloxacin was discontinued and then the vomiting continued and the clavamox was discontinued. Carprofen was also prescribed postoperatively but discontinued 5 to 6 days ago. Leroy was rechecked 2 days ago and was BAR and hydration was wnl, he was given an injection of cerenia and started on oral cerenia and metoclopramide. Leroy presents today and QAR and shaking. His abdomen is tense upon palpation, and he is drooling. Bloodwork shows leukocytosis 34,000, ALT 484, ALP 445 ALT was 153 1/2022 at rDVM, ALT 288 6/2022 here

Abnormal lab-work values: Bloodwork shows leukocytosis 34,000, ALT 484, ALP 445 ALT was 153 1/2022 at rdvm, ALT 288 6/2022 here

Current Medications: heart medications prescribed by cardiologist and oral cerenia and metoclopramide

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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 **prostate** is normal in size (1.04 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 (5.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (5.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

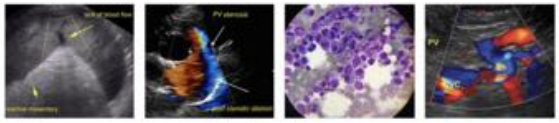
Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.78 cm at cranial pole) (0.71 cm at caudal pole) (2.74 cm in length); with a prominent cranial pole. A 0.70 x 0.67 hyperechoic nodule is observed at the cranial aspect. In the remainder of the gland, glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is mildly enlarged (1.16 cm at cranial pole) (0.73 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 (1.34 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.



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Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly to moderately fluid distended and hypomotile. The gastric wall is diffusely thickened (up to 1.09 cm with apparent retention of the normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is mildly fluid distended. The remaining small intestinal segments are 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.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

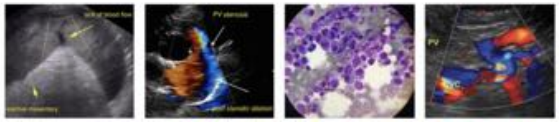
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The stomach changes are most consistent with an inflammatory process (i.e., gastritis) and mild ileus. Emerging neoplasia is a possibility but considered less likely.
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis), hepatotoxicosis, Leptospirosis (less likely), infiltrative neoplasia (less likely), other hepatopathy, +/- concurrent benign age-related changes (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia). Given the history of recent dental procedures, bacterial cholangiohepatitis is a top consideration due to potential seeding of the liver with bacteria.

Secondary Findings

- Bilateral, chronic degenerative renal changes. The left pyelectasia may be secondary to pyelonephritis, age-related remodeling and/or PU/PD (if applicable).
- The mild bilateral adrenomegaly may be secondary to early hyperplastic change or may be a normal variant for this patient. The left adrenal nodule trend toward the benign (i.e., nodular hyperplasia with a lower possibility of an emerging tumor).



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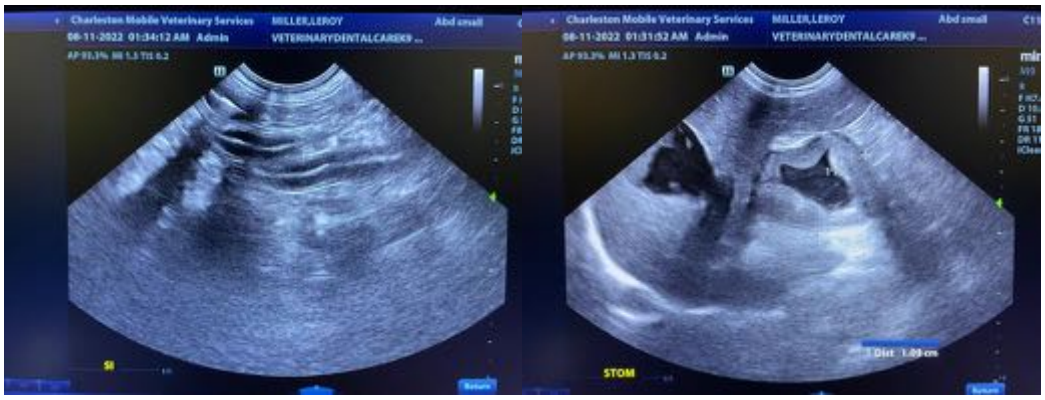
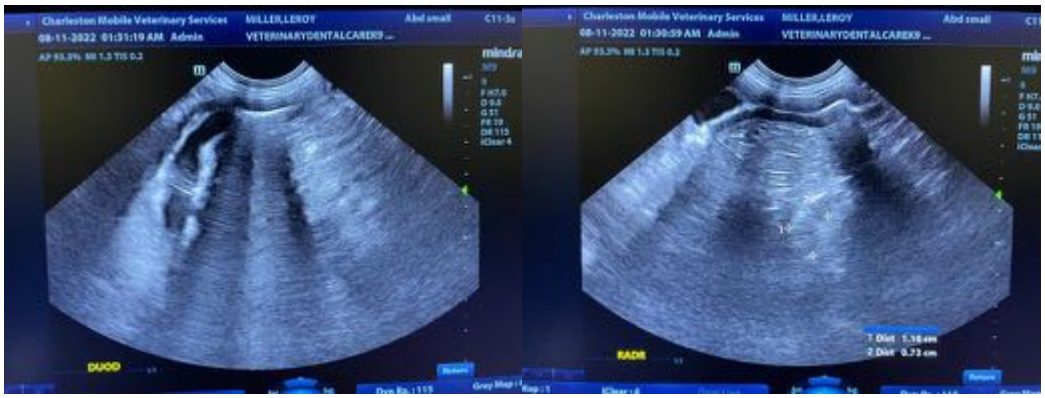
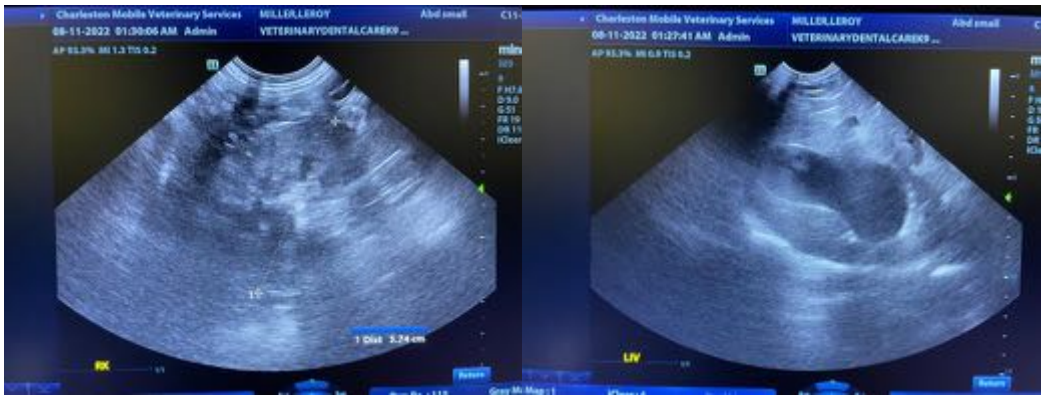
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for gastritis, bacterial cholangiohepatitis is recommended, including broad-spectrum antibiotics, gastric protectants, antiemetics, and pain medication as needed, along with judicious use of fluids (given the patient's history of heart disease). If liver values do not improve with supportive care, hepatic tissue sampling may be warranted.







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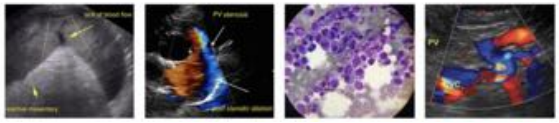

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CharlestonMobile.Net 800.403.5408

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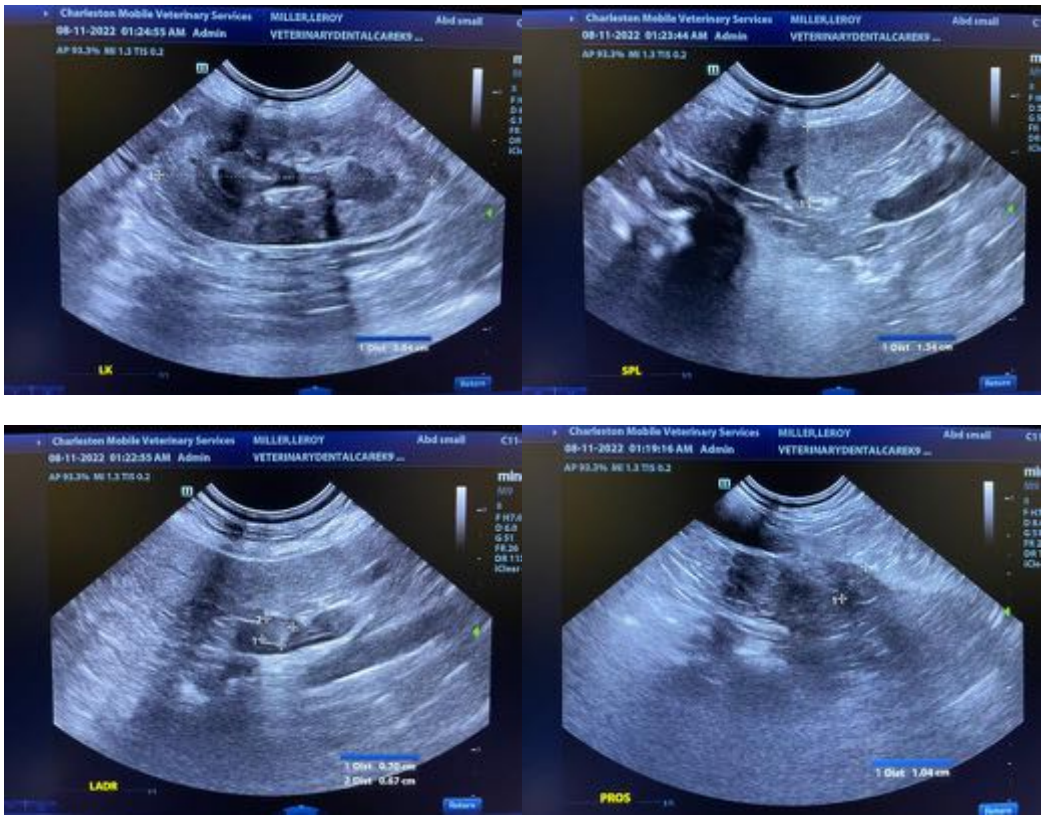

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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