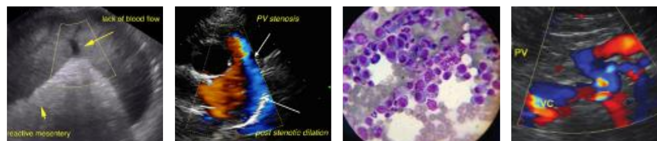
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ace Ranuro

SPECIES
Canine

BREED
Labrador Retr

SEX
Neutered Male

AGE
11 years, 2 years

WEIGHT
79. 5 lbs

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

IMAGING PERFORMED BY
Gillian Striano-Kaplan

HOSPITAL NAME
Ramsey VH

REFERRING VET
Gillian Striano-Kaplan

INVOICE
14164

DATE
8.17.23

PRESENTING CLINICAL SIGNS

History: Mild pyoderma, OA/DJD
Abnormal PE/Chem/CBC/UA Results: ALB: 2.5, ALT: 490, AST: 60, ALP: 180, Lip:498, UPC: 1.1 BP: 175

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended. A small 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 region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.44 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 mild to moderate loss of corticomedullary distinction. A 1.30 cm cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.24 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen. 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, or hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is in normal size (1.74 cm at cranial pole) (0.63 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 (1.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small, ill-defined myelolipomas are observed near the hilus. Splenic vasculature is normal.

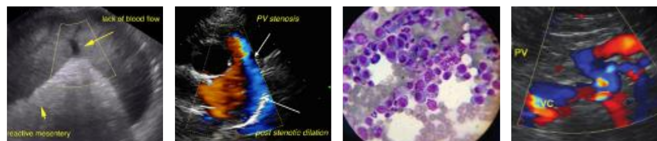
Liver

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

The lumen is mildly 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.



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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 1.52 cm in length). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.
- Mild bilateral chronic renal changes. Given the proteinuria, a protein-losing nephropathy is suspected.

Secondary Findings

- Minor age-related pancreatic remodeling in the right limb
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hypoalbuminemia, consider the following:

  1. Pre-and postprandial serum bile acids to assess for hepatic function
  2. Fecal evaluation for ova and Giardia
  3. Resting cortisol level to screen for hypoadrenocorticism

- Regarding the hepatic enzyme elevations, consider Leptospirosis testing (i.e., blood and urine PCR, serology), hepatic tissue sampling (i.e., fine-needle aspirate or biopsies), if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures are also recommended, along with hepatic copper quantitation.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis 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.
- Regarding the proteinuria, consider initiation of an angiotensin receptor blocker (i.e., telmisartan) along with omega 3 fatty acids and a prescription renal diet.
- If the hypertension persists, an anti-hypertensive agent (i.e., amlodipine) may also be indicated.
- A urine culture and sensitivity should also be considered to rule out occult infection.

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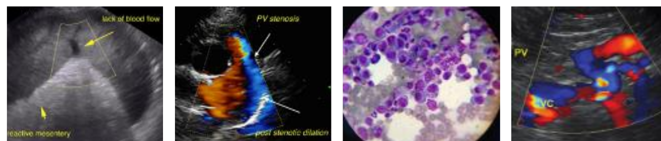

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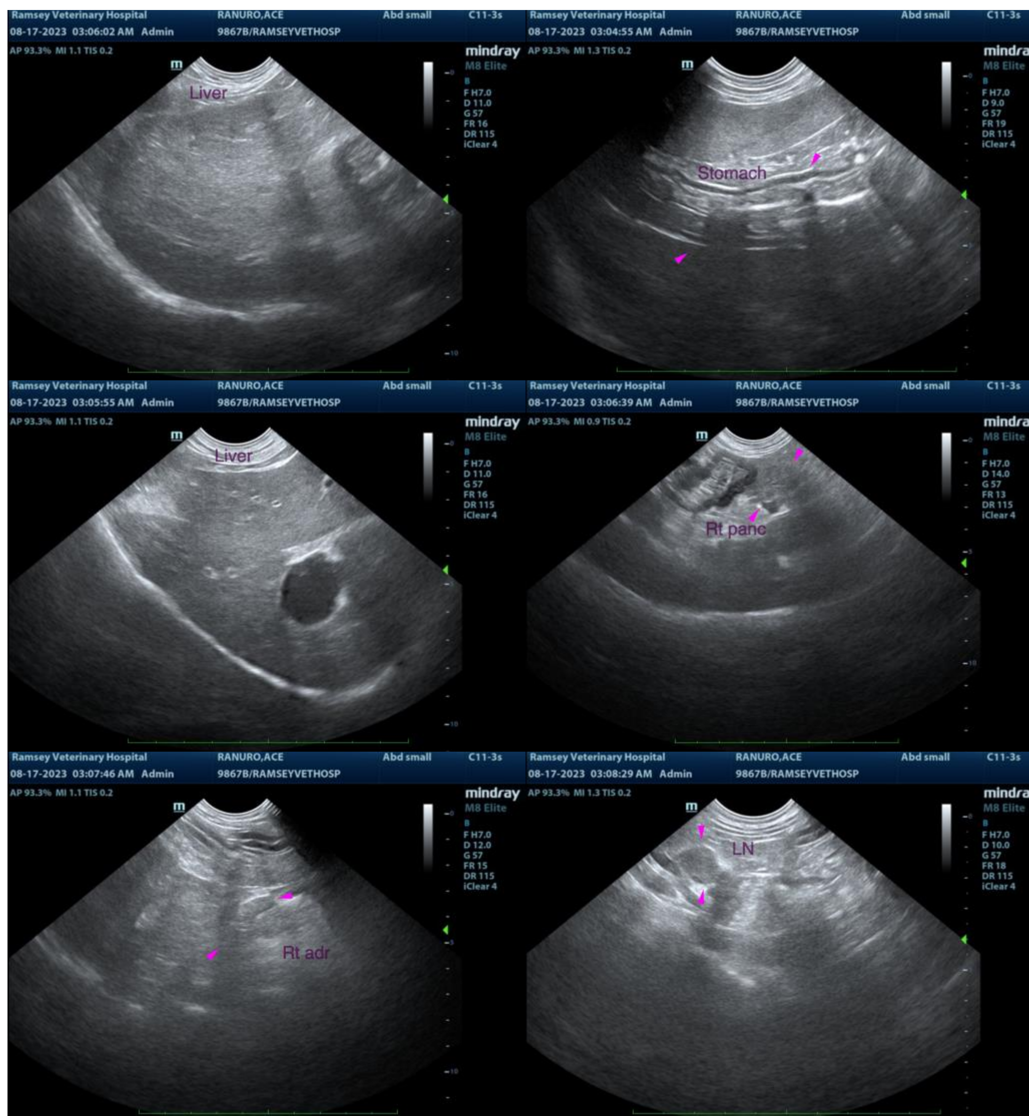

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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