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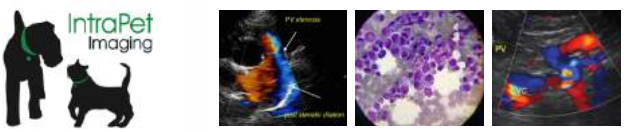

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DATE

8/20/21

PATIENT

Whitey Golden

SPECIES

Canine

BREED

American Bulldog

SEX

Male Neutered

AGE

2008

WEIGHT

50.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Bel Air Veterinary Hospital

REFERRING VET

Dr. Schmidt

INVOICE

11687kk

PRESENTING CLINICAL SIGNS

Pet has had a previous history of anal gland infections, cleared 8/12/2021. High ALT and ALKP values on bloodwork done 8/12/2021 and 7/21/2021. Weight loss, 3lbs between 7/21/2021 and 8/12/2021.

Current Medications: 4/3/2021: Carprofen 75mg 1 po BID x 15 days, Enrofloxacin 68mg 1 po BID x 15 days. 4/17/2021: carprofen 75mg 1 po SID x 14 days, Mycequin 1 po SID x 14 days, Clavamox 375mg 1 po BID x 14 days. 7/13/2021: Carprofen 75mg 1 po BID x 10 days , Clavamox 375mg 1po BID x 7 days. 7/22/2021: Cefpoderm 200mg 1 po SID x 20 days.

Lab Results: 8/12/2021: ALT = 413, ALKP = 231.
7/21/2021: ALT = 584, ALKP= 222.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.37 cm) with a slightly irregular mucosal surface. The remaining urinary bladder wall is normal in thickness with a normal layering pattern and a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.18 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 (6.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 1.00 cm irregular, anechoic cyst is observed at the cranial lateral aspect. Mild pyelectasia is present (0.20 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 0.72 cm anechoic cortical cyst is observed at the medial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.75 cm at caudal pole) (2.38 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic with some loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.23 cm at cranial pole) (1.28 cm at caudal pole) (2.94 cm in length) with a slightly irregular shape. The parenchyma is hypoechoic with some loss of glandular detail. A 0.26 cm focus of mineralization is observed approximately mid-gland. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is subjectively normal in size (1.90 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is diffusely heterogeneous with numerous, varying sized, ill-defined, hyperechoic nodules/areas throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

Liver
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic 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 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 segmentally dilated with chyme. 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. 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 splenic parenchymal changes trends toward benign pathology (i.e., multiple myelolipomas or areas of lymphoid hyperplasia) with a lower possibility of malignancy.
- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper, drug related), infiltrative neoplasia (less likely), reactive hepatopathy +/- concurrent age-related pathology.

Secondary Findings:

- Bilateral, adrenomegaly.
- Bilateral, age-related renal changes. The thickening of the apical wall of the urinary bladder could be consistent with cystitis. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

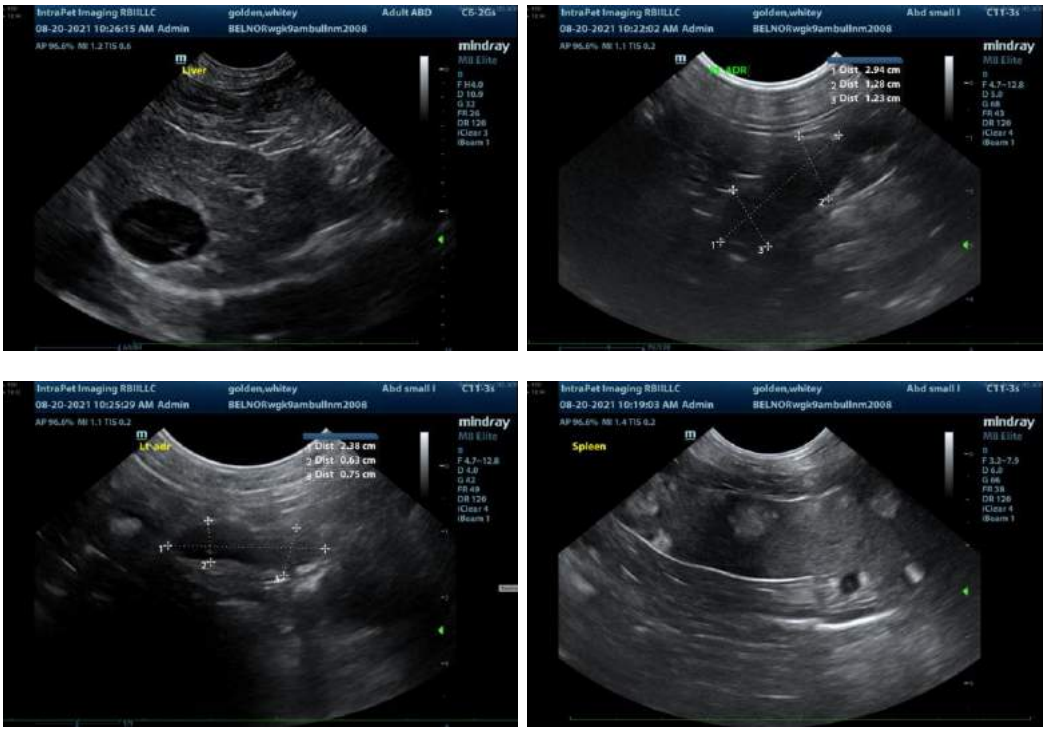
1. Cytologic evaluation of the liver should be considered in this patient (if clotting status is appropriate). A fine needle aspirate using a 25-gauge needle is recommended. If cytologic evaluation is inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for copper quantitation. If surgical biopsies are pursued, consider obtaining gastrointestinal biopsies to further assess for causes of weight loss.

2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (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.

3. Consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if the disease is endemic in the patient's geographic region.

4. Three-view thoracic radiographs are recommended to assess for occult neoplasia.

5. Consider a malabsorption panel to assess for microscopic gastrointestinal and/or pancreatic disease as other possible causes for weight loss.



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*)
Andrea.nicastro@sonopath.com