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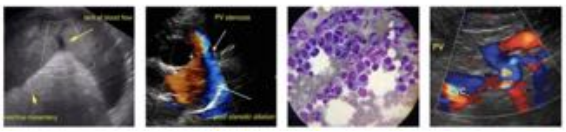


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT
Alice Gramling

SPECIES
Canine

BREED
Chihuahua

SEX
Spayed Female

AGE
12.29.15

WEIGHT
6.9 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
Ashley Parsons

REFERRING VET
Foxbank VH

INVOICE
13941

DATE
8.4.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient presents for annual on 8/3/2023. Owner notes patient has been having some intermittent diarrhea and has become more picky on eating. Owner approved Senior Wellness to further evaluate diarrhea. On attempt to obtain cystocentesis, ascites was noted in the abdomen. Abdominocentesis performed, 90mL fluid removed.

Abnormal lab-work values:
ALT 634 U/L
ALKP 1781 U/L
GGT 14 U/L
Total Bilirubin 1.5mg/dLK 6.0 mmol/L
Total protein of abdominal fluid 0
Single lymphocyte and single red blood cell seen on smear of abdominal fluid
Current Medications: Furosemide 2.2mg/kg IV

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (3.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.33 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 appear normal.

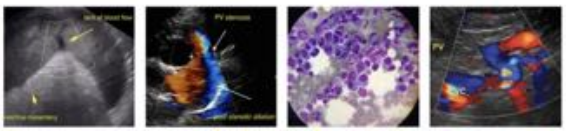
The right adrenal gland is in normal size (0.70 cm at cranial pole) (0.37 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (1.05 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.

Liver

The liver is subjectively small in size with irregular peripheral contours. The parenchyma is diffusely irregular, bordering on nodular in appearance. Intrahepatic biliary tracts are normal.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 mildly distended with ingesta. 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 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

The mesentery throughout the abdomen is mildly hyperechoic. A moderate amount of slightly echogenic free fluid is present. A 0.96 cm lymph node is observed at the aortic trifurcation. The node is normal in shape and echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are most consistent with end-stage liver disease/cirrhosis/fibrosis. A prior insult (i.e., infection, toxin) or previous hepatic disease (such as chronic hepatitis or copper hepatotoxicosis) is suspected.
- The ascites is likely secondary to portal hypertension.

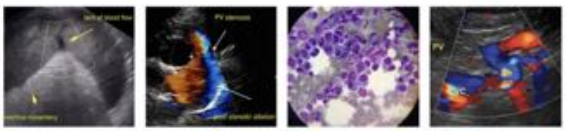
Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral chronic renal changes
- The prominent medial iliac lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Unfortunately, as this is an end-stage liver disease, hepatic biopsies are unlikely to identify the inciting insult. Therefore, supportive measures are recommended in lieu of aggressive diagnostics. Given the clinical situation, consider the following:

    1. PT/PTT to assess for coagulopathy
    2. Therapeutic abdominocenteses as needed, if a coagulopathy is not present.
    3. Consider initiation of hepatic antioxidants such as Denamarin, Ursodiol, and vitamin E. Gastric protectants should be initiated as needed.



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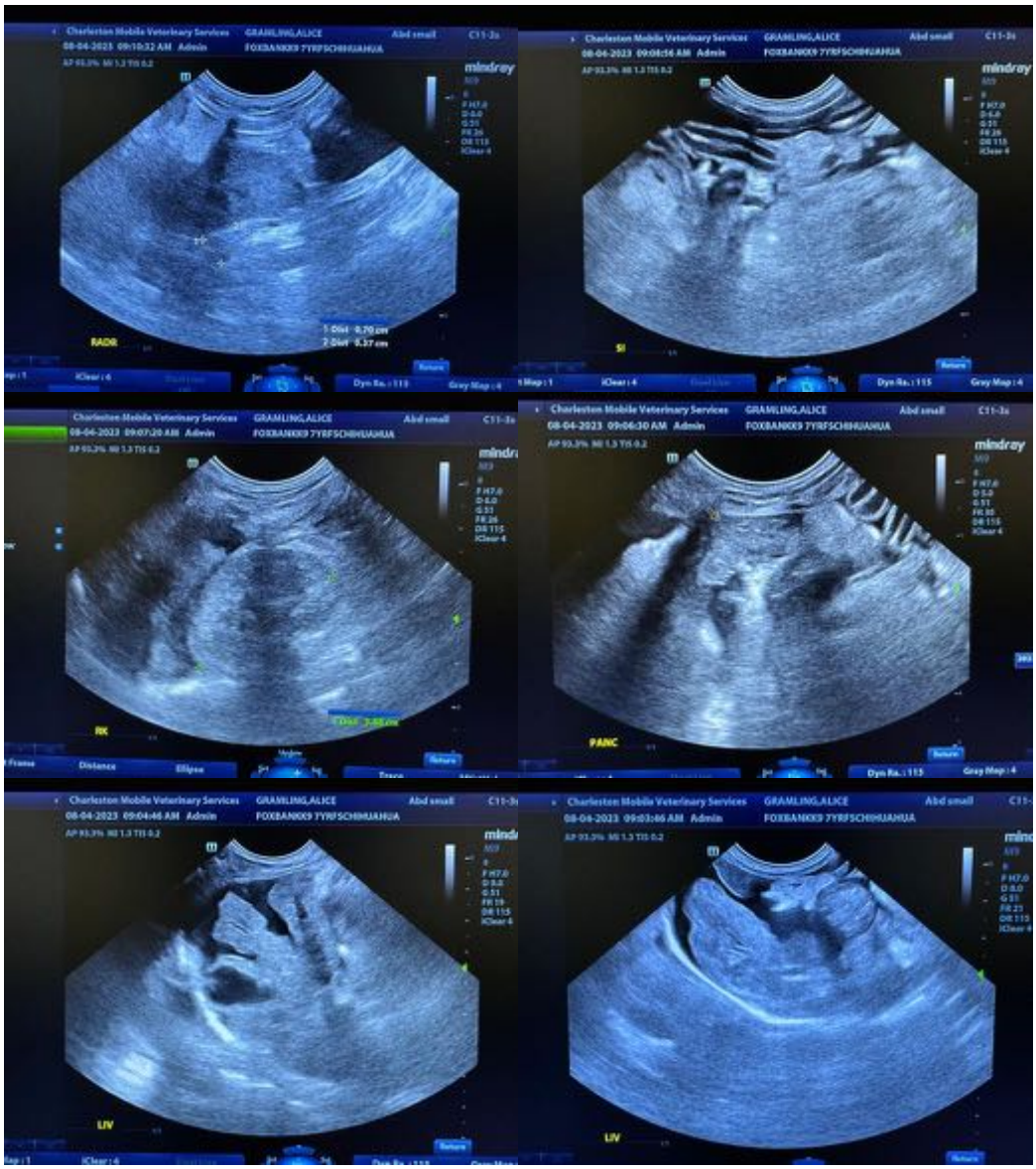
4. Anti-inflammatory doses of corticosteroids can be considered to help reduce inflammation and further development of fibrosis.



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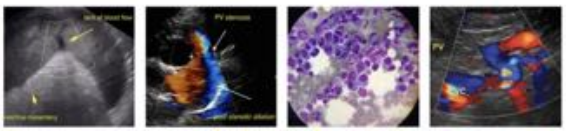

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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