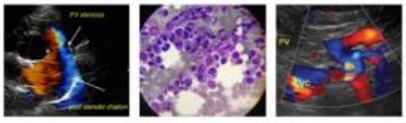

PATIENT

Wynston Walker

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

3 years

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Union Lake VH

INVOICE

11644

DATE

9.15.22

PRESENTING CLINICAL SIGNS

History: Vomiting after eating, diarrhea
Abnormal PE/Chem/CBC/UA Results: elevated liver enzymes- sending out Lepto titers

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular in the region of the apex. Gravity dependent and suspended mineralized sand is observed in the lumen, along with several tiny calculi. The region of the trigone is normal. Mineralized sand is extending into the proximal urethra.

The **prostate** is normal in size (1.09 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. The prostatic urethra contains mineralized sand but is not overtly dilated.

The **left kidney** is normal size (4.49 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.

The **right kidney** is normal size (4.81 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.30 cm at cranial pole) (0.42 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.

The **right adrenal gland** is normal size (0.56 cm at cranial pole) (0.43 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 (1.32 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. Luminal contents are 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 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

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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 medial iliac **lymph nodes** are prominent (the left: 1.57 x 0.88 cm; the right: 2.13 x 0.95 cm). Both nodes are slightly rounded with cystic areas. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.48 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's elevated liver values is not identified in this study. Given the clinical history, an acute hepatopathy is suspected. Top differentials include Leptospirosis, bacterial cholangiohepatitis and hepatotoxicity.
- Cystic and proximal urethral calculi/sand

Secondary Findings

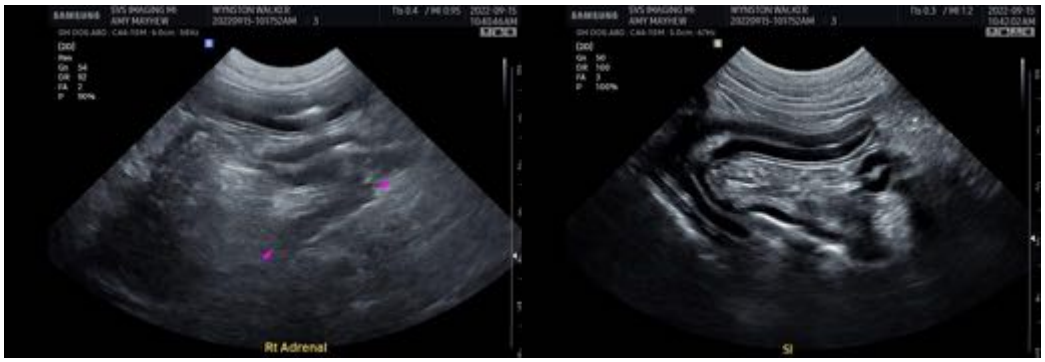
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In addition to Leptospirosis titers, consider urine/blood PCR to further assess for infection. If Leptospirosis results are negative, consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). Clotting times (PT/PTT) should be performed prior to any tissue sampling.

While awaiting test results, empirical treatment for bacterial cholangiohepatitis/Leptospirosis/hepatotoxicosis) is recommended, including amoxicillin-clavulanic acid, Denamarin and symptomatic care.

Serial monitoring of the patient's liver values is recommended to assess for progression of disease.



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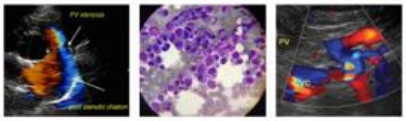

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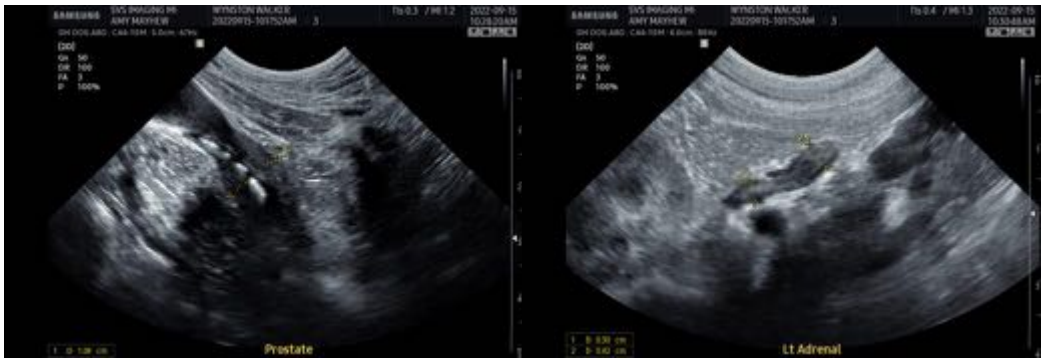

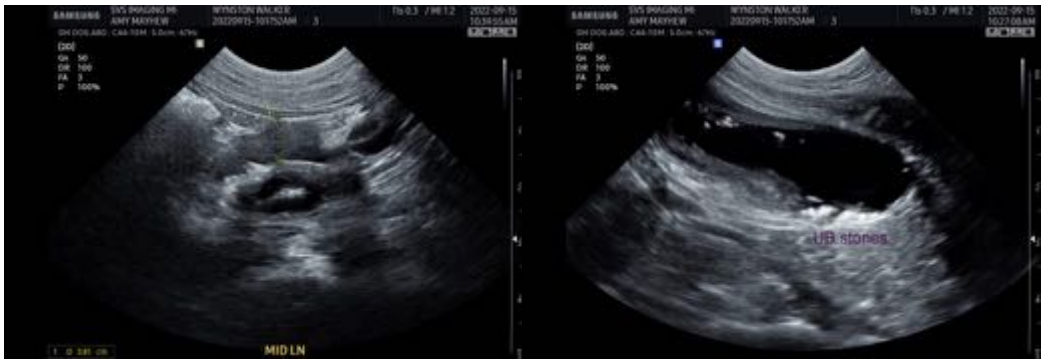

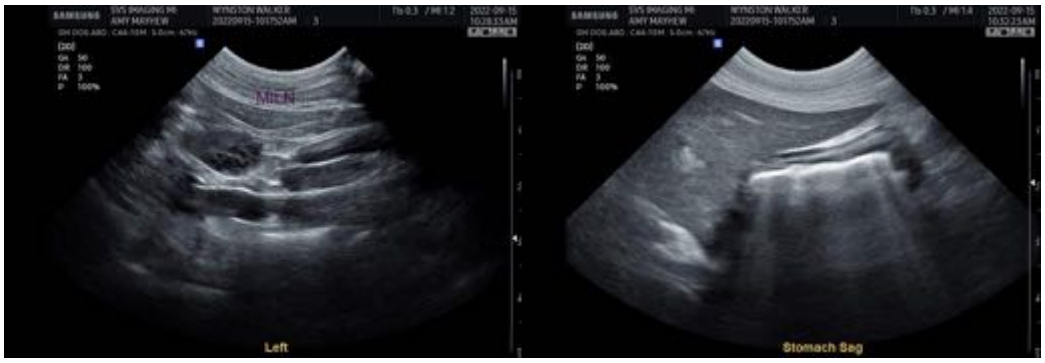

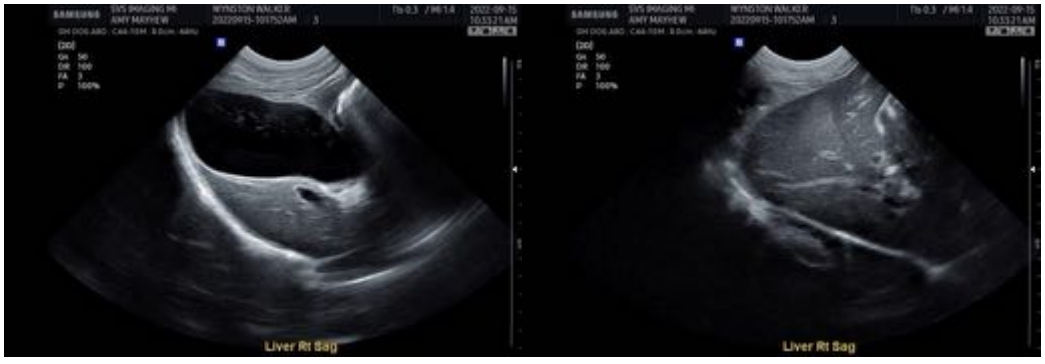

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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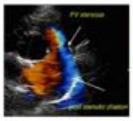
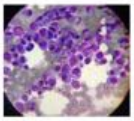
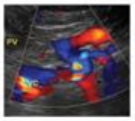

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