

**DATE PRESENTING CLINICAL SIGNS**

9/19/22

Weight loss and diarrhea x 2 weeks, marked new elevation alt on bw 9/17 BAR; BCS- 3-4/9; wt.- 8.2lbs / 3.72kg; mm-pink/moist; crt<2sec; eent- 2/4 dental tartar, 1/4 gingivitis; mature cataract OS, immature cataract central OD, nuclear sclerosis OD; h/l- no murmur or abnormal sounds, pulses strong and steady, mild increased respiratory effort- real vs stress; abdomen- very tense/painful palpation of abdomen; s/c- generalized hair thinning/long nails; pln- wnl; rectal - liquid stool, no blood noted; chronic history of IBD (fairly well managed) and hypothyroidism.

PATIENT

TJ Willard

SPECIES

Canine

BREED

Min Pin

SEX

Male, neutered

Current Medications: chronic: 2 mg budesonide bid, levothyroxine 0.1 mg q 12 hours, Ocu-GLO chews: 1 chew every 24 hours as a long term therapy, Ketorolac Solution 0.5% 10ml: 1 drop in the left eye once a day as long term therapy, otc joint supplement. 9/17/22 started: denamarin advanced, cerenia 8 mg qd x 4 d, gabapentin liquid (250 mg/ml) 0.4 ml po q 12 hours (plan to switch to compounded oral if does well), tylosin Lab Results: 9/17/22 - cbc - mild decrease lymph. chem increased ap (247), markedly increased alt (700), decreased chol, markedly elevated GGT (66), mild decrease tp at 5.1, T4 normal at 1.6 (~ 5 hours post pill) cPL in house abnormal, fecal smear + for campylobacter.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

AGE

4/7/2011

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

WEIGHT

3.72 kg.

The prostate is not definitively visualized due to its pelvic location.

INTERPRETED BY

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(Small Animal Internal
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The left kidney is normal in size (4.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. 1-2 small hyperechoic to mineralized foci are observed within the cortex. A few tiny non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

HOSPITAL NAME

Banfield Towson

The right kidney is normal size (4.81 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. 1-2 small hyperechoic to mineralized foci are observed within the cortex. A few tiny non-obstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

REFERRING VET

Dr. Mike

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.45 cm at caudal pole) (1.70 cm in length); 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.

INVOICE

13975

The right adrenal gland is normal size (0.54 cm at caudal pole) (1.46 cm in length); 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 (1.16 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not overtly dilated. The small intestinal wall is normal to borderline thickened (up to 0.38 cm) with retention of the normal layering pattern. There is evidence of mucosal fogging in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Based on the clinical history and sonographic changes, a diffuse hepatopathy (i.e., inflammatory disease, Leptospirosis, hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.

Secondary Findings:

- Bilateral, non-obstructive nephrolithiasis.
- Age-related pancreatic remodeling.
- The small intestinal wall changes are consistent with an inflammatory process (i.e., inflammatory bowel disease). Correlation with the patient's clinical history is recommended.
- The shadowing within the gastric lumen is suspicious for foreign material. However, it appears non-obstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the hepatopathy, Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended along with pre- and post-prandial serum bile acids (to assess hepatic function) and hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) if clotting status is appropriate. While awaiting test results, empirical treatment for bacterial cholangiohepatitis/Leptospirosis is recommended, including amoxicillin-clavulanic acid, Denamarin +/- Ursodiol along with symptomatic care.



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.

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