

**DATE PRESENTING CLINICAL SIGNS**

9.22.2022 Hepatopathy.

PATIENT

Current Medications: None.
 Lab Results: ALKP 1800.
 Date of Previous IntraPet Ultrasound: None.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

Teddy Bear Boydston

SPECIES

Imaging Performed By: Andi Parkinson, BS, RDMS.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Terrier

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Spayed Female

The **left kidney** is normal size (6.73 cm in length); normal shape and architecture with smooth peripheral margins. 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, infarcts or hydroureter.

AGE

8/31/2009

The **right kidney** is normal size (7.05 cm in length); normal shape and architecture with smooth peripheral margins. 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, infarcts or hydroureter.

WEIGHT

25.31lbs

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.62 cm at cranial pole) (0.85 cm at caudal pole) (2.16 cm in length); with a slightly 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.

INTERPRETED BY

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 (Small Animal
 Internal Medicine)

The **right adrenal gland** is normal size (0.60 cm at cranial pole) (0.67 cm at caudal pole) (3.08 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.

HOSPITAL NAME

Banfield Towson

Spleen

The **spleen** is normal in size (0.95 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.

REFERRING VET

Dr. Chadha

INVOICE

11683

Liver

The **liver** is subjectively prominent to enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 2.05 cm ill-defined hyperechoic nodule/area is observed on the left side, along with a few, smaller hyperechoic areas. In addition, a few ill-defined hypoechoic nodules are seen. Deep on the left side, a 0.71 cm cystic nodule is present. 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 moderate amount of aggregated, echogenic, partially dependent to suspended sludge 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 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 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.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are most consistent with a benign process (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy). Given the normal ALT, inflammatory disease is considered less likely. Infiltrative neoplasia is possible, but also considered less likely. The small, cystic hepatic lesion may represent a benign cyst or an emerging tumor.
- The gall bladder sludge could be consistent with an emerging mucocele, cholestasis, or less likely, fasting.

Secondary Findings

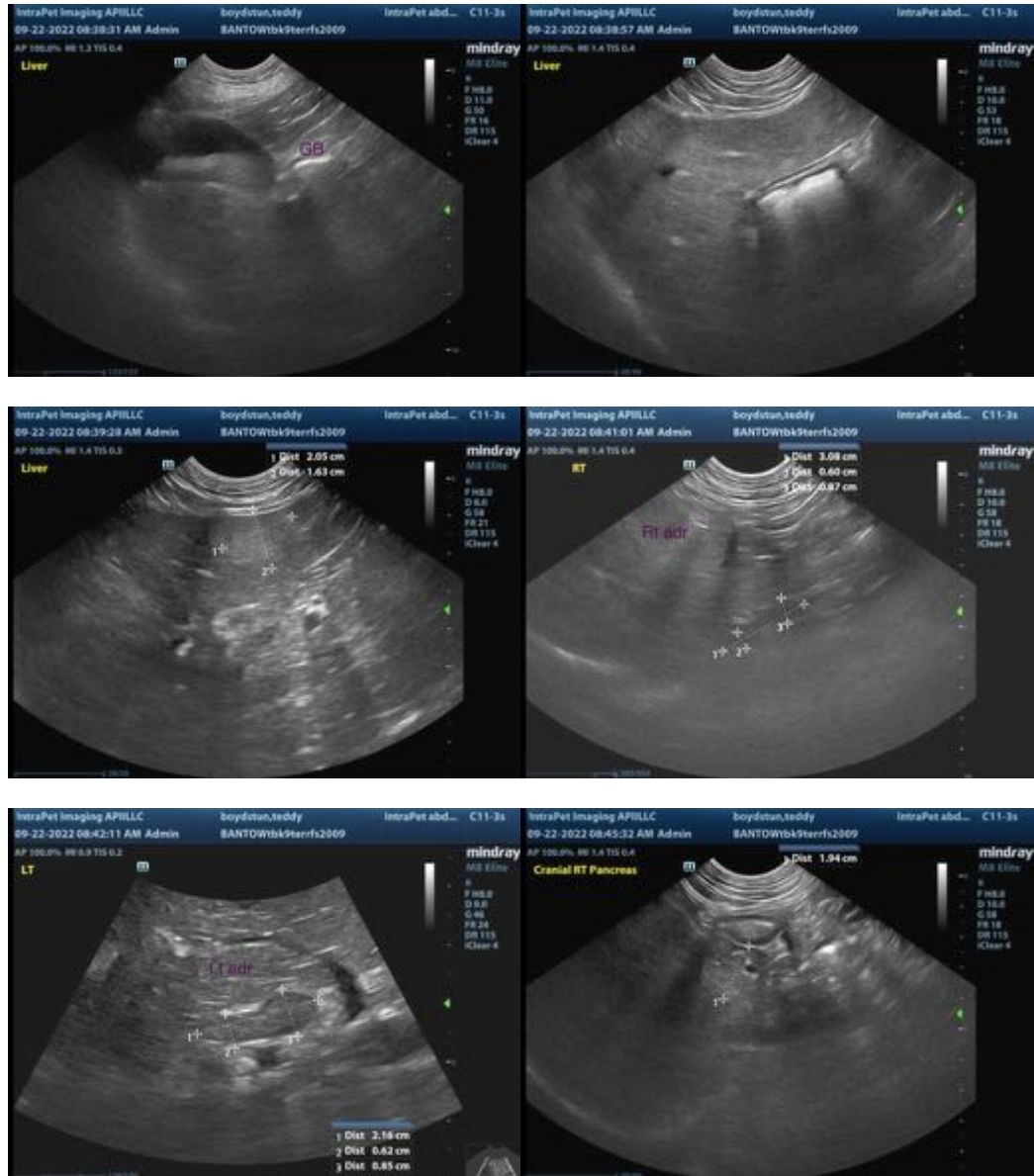
- Minor bilateral degenerative renal changes
- Mild left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.

Consider initiation of Ursodiol therapy. Alternatively, a repeat ultrasound in 2-3 months can be considered if gall bladder changes are similar. Ursodiol can be initiated at that time.

Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop.



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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