



PATIENT

Doc Gomeau

SPECIES

Canine

BREED

Mixed breed

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

83 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

12260

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: 2 weeks of increased thirst and appetite 4 day history of lethargy, possibly painful, weak 2 day history of inappetance CBC - WBC 2.7k, PMN's 1.7k, Plts 35k (normal Hct - 50%) Chem - ALT 719, ALP 421, TBili 2.1, else unremarkable (had a normal CBC / Chem in 5/21)

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 mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

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

The left kidney is normal size (7.44 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal in size (7.42 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is prominent at the cranial pole and normal in size at the caudal pole (0.95 cm at cranial pole) (0.52 cm at caudal pole) (3.26 cm in length). The glandular echogenicity and detail are unremarkable. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (2.00 cm at cranial pole) (0.61 cm at caudal pole) (3.18 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

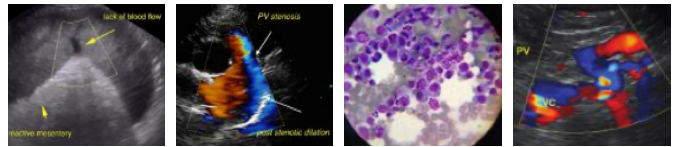
The spleen is subjectively normal in size (1.46 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. No distinct focal lesions are observed. Vascular and 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 gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is



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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

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Non-specific diffuse hepatopathy. Differentials include bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely), other hepatopathy.

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- Gallbladder sludge, non-mucocele.
- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis or emerging neoplasia (i.e., round cell tumor).

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Secondary Findings:

- Bilateral age-related renal changes with right dystrophic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Fine needle aspirates of the liver and spleen are recommended (if clotting status is normal). 25-gauge needles should be used. If cytology results are inconclusive, consider a surgical liver biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation. Leptospirosis testing (i.e., blood and urine PCR, serology) should also be considered. While awaiting test results, empirical treatment for cholangiohepatitis/Leptospirosis is recommended.

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- Given the pancytopenia, a bone marrow aspirate +/- a comprehensive tick panel may be warranted.

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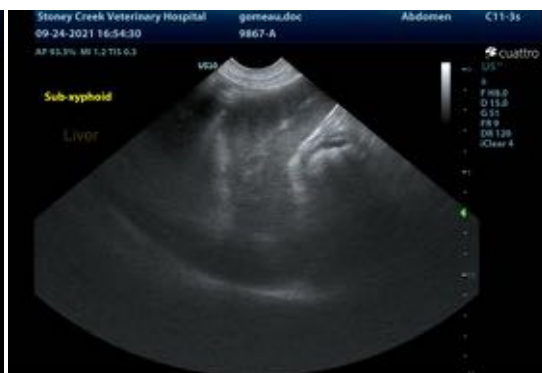
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The information and recommendations provided are based on the images presented by the referring



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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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