

**DATE PRESENTING CLINICAL SIGNS**

9.28.2022 Weight loss, hepatopathy.

PATIENT

Poppy Druetta

Current Medications: None listed.
 Lab Results: ALT >2000, Bile Acids Pre 44.3, Post 31.4.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Pug

Urinary System

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. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Spayed Female

The **left kidney** is normal size (3.97 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.

AGE

4/13/2020

The **right kidney** is normal size (4.22 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. Renal vasculature is normal.

WEIGHT

6.17 kg

Adrenal Glands

The **left adrenal gland** is normal in size (0.46 cm at cranial pole) (0.47 cm at caudal pole) (2.10 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.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The **right adrenal gland** is normal size (0.77 cm at cranial pole) (0.49 cm at caudal pole) (1.57 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 (1.10 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. Washington

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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

11724

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is 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 segmentally dilated with chyme (mild). 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

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

There is no evidence of free fluid. A 0.76 cm **lymph node** is observed in the right cranial quadrant.

Other

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

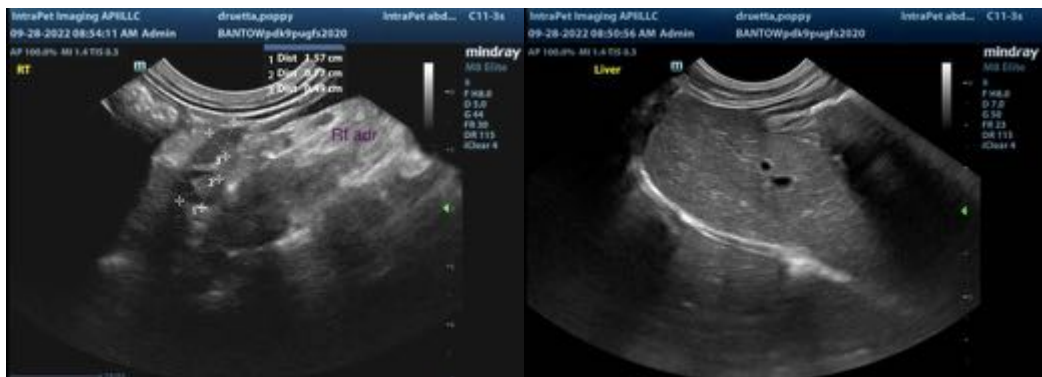
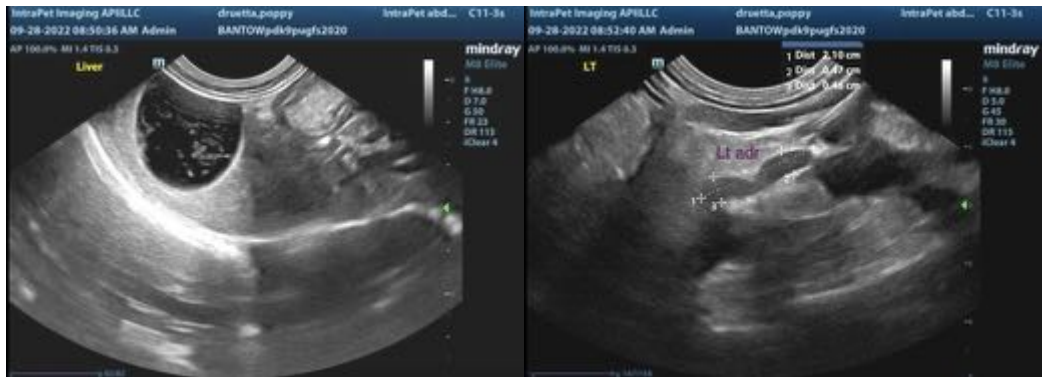
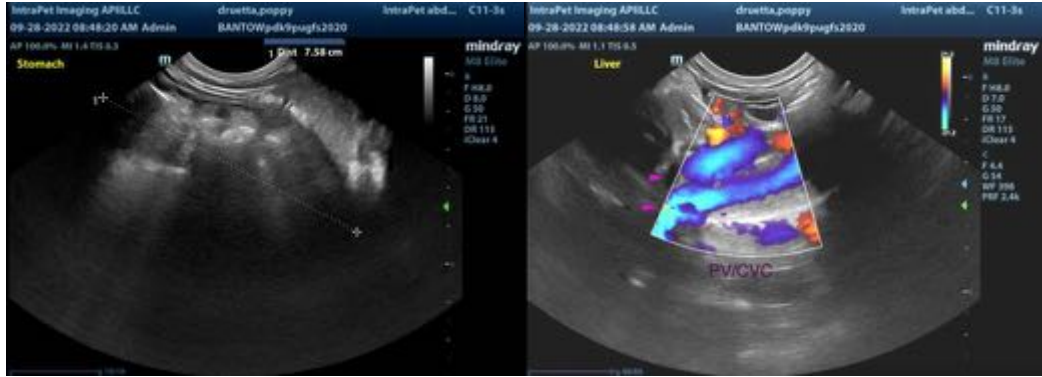
- An obvious cause for the patient's elevated liver enzymes is not identified in this study. Top considerations include inflammatory disease (i.e., bacterial cholangiohepatitis), Leptospirosis, hepatotoxicosis, other hepatopathy.

Secondary Findings

- The presence of ingesta within the gastric lumen, despite fasting, may suggest delayed gastric emptying.
- The prominent lymph nodes in the cranial quadrant is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
- Also consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). Clotting times (i.e., PT/PTT) should be assessed prior to any tissue sampling. If surgical biopsies are pursued, aerobic and anaerobic bile cultures are recommended, +/- copper quantitation.
- While awaiting test results, empirical treatment for Leptospirosis/bacterial cholangiohepatitis/hepatotoxicosis, is recommended, including fluid therapy as needed, gastric protectants, broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), as well as hepatic antioxidants.



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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