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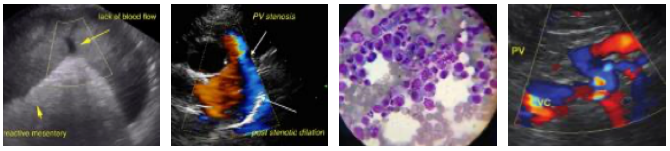


PATIENT

Can Anita Unidad Canina del DCR

SPECIES

Canine

BREED

Belgian Malinois

SEX

Female, spayed

AGE

4 Yrs.

WEIGHT

66 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ortiz Vidal

INVOICE

13924

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Presented for an abdominal ultrasound to further evaluate changes in the cranial abdomen. noticed on radiographs. During a regular visit for normal screening prior to a heartworm treatment radiographs were taken and some opacity was noticed on the cranial abdomen. PT also has elevated liver enzymes. Wants to further evaluate. Pt was started on hepatoclear to help with elevated liver enzyme.
Abnormal PE/Chem/CBC/UA Results: CBC: eosinophilia 1.38 CHEM: increased ALT 214 (10-125) Ttbil 1.4 (0.0-0.9) 4dx - HW positive Radiographs: Soft tissue opacity at cranioventral abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (6.64 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 (6.57 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 (0.59 cm at cranial pole) (0.50 cm at caudal pole) (2.52 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.

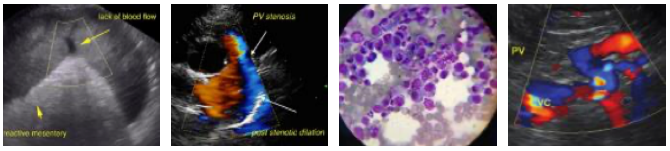
The right adrenal gland is normal size (0.83 cm at cranial pole) (0.44 cm at caudal pole) (2.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.50 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. A small to moderate amount of gravity-dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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 detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The medial iliac lymph nodes are visualized (left 1.70 x 0.96 cm; right 2.74 x 0.50 cm). The nodes are normal in shape and echogenicity. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 1.23 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mineralized gallbladder sand- incidental.

Secondary Findings:

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

*An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., reactive hepatopathy, bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia unlikely)) should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat total bilirubin via clean jugular stick to rule out hemolysis as a cause for the elevated total bilirubin.
- Consider Leptospirosis testing if the ALT elevation is acute in nature.
- Also consider pre and post prandial serum bile acids to assess hepatic function.
- A fine needle aspirate of the liver can be considered if clotting status is appropriate. A 25-gauge needle should be used. If results are inconclusive and the ALT remains persistently elevated, surgical biopsy with aerobic and anaerobic bile cultures and acquisition of additional hepatic tissue samples for potential copper quantitation may be necessary to get a definitive diagnosis.
- Consider initiation of a hepatic antioxidant

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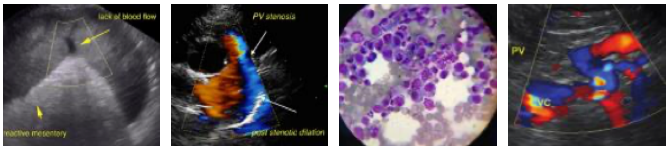

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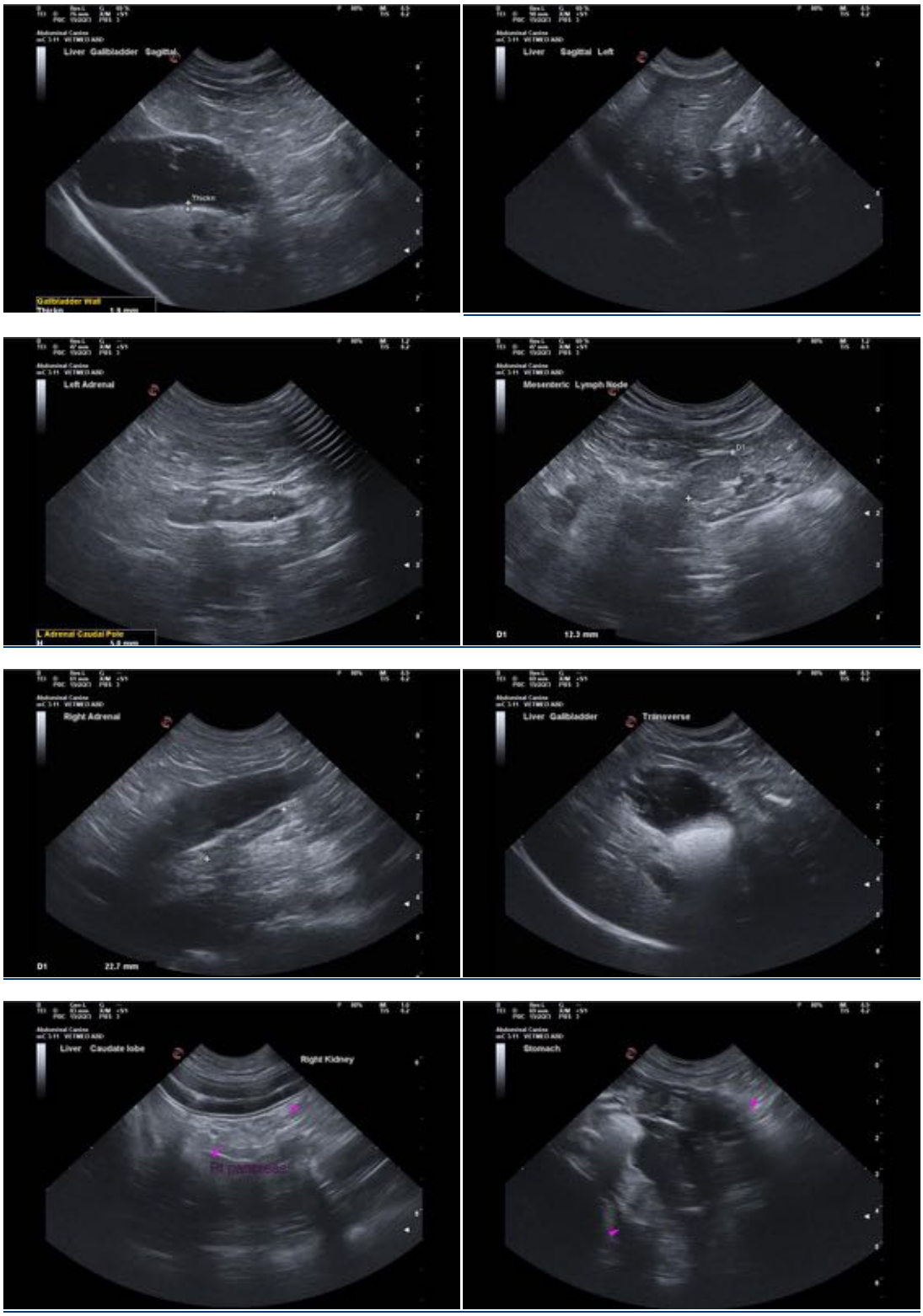

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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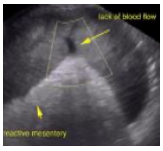
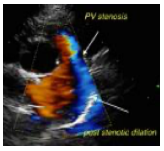
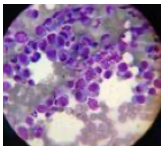
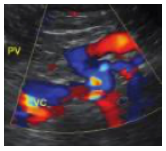

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com