



PATIENT

Peaches Brady

SPECIES

Canine

BREED

Siberian Husky

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

67 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Better Vet

REFERRING VET

Dr. Rensema

DATE

1/2/2023

INVOICE

14402

PRESENTING CLINICAL SIGNS

History: Fairly unremarkable PE other than moderate generalized sarcopenia; potential pain on hindlimb extension. **ABNORMAL Laboratory Findings** Remarkable dyscrasia with hepatic enzymes: ALT 1011 ALP 8668 GGT 124 mild anemia with a leukocytosis characterized by a mature neutrophilia
Abnormal PE/Chem/CBC/JA Results: Current medications: 250mg clavamox PO BID 250mg Ursodiol PO BID 30mg pred SID 20mg Famotidine BID She was on 10mg pred SID long-term (~3 wks) at the time of blood draw; I increased the dose d/t the high liver values for empirical hepatitis tx. Patient doing well; no vomiting (even of water). Good appetite and normally formed stools.

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 distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (6.40 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.

The right kidney is normal size (7.56 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.

Adrenal Glands

The left adrenal gland is normal size (0.52 cm at cranial pole) (0.52 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.09 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. 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.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

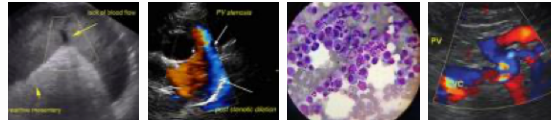
- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., chronic hepatitis, bacterial cholangiohepatitis), hepatotoxicosis (i.e., copper), Leptospirosis, other hepatopathy +/- benign concurrent benign age-related change (i.e., vacuolar hepatopathy).

Secondary Findings:

- Mild bilateral, age-related renal changes with subtle dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider Leptospirosis testing (i.e., blood and urine PCR, serology).
- Pre and post prandial serum bile acids can also be considered to assess hepatic function.
- Ultimately, hepatic tissue sampling (i.e., fine needle aspirate or biopsies (i.e., laparoscopic or surgical)) would be necessary to get a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained and hepatic copper quantitation should be performed. Prior to anesthesia, three-view thoracic radiographs and clotting times (i.e., PT/PTT) should be performed.



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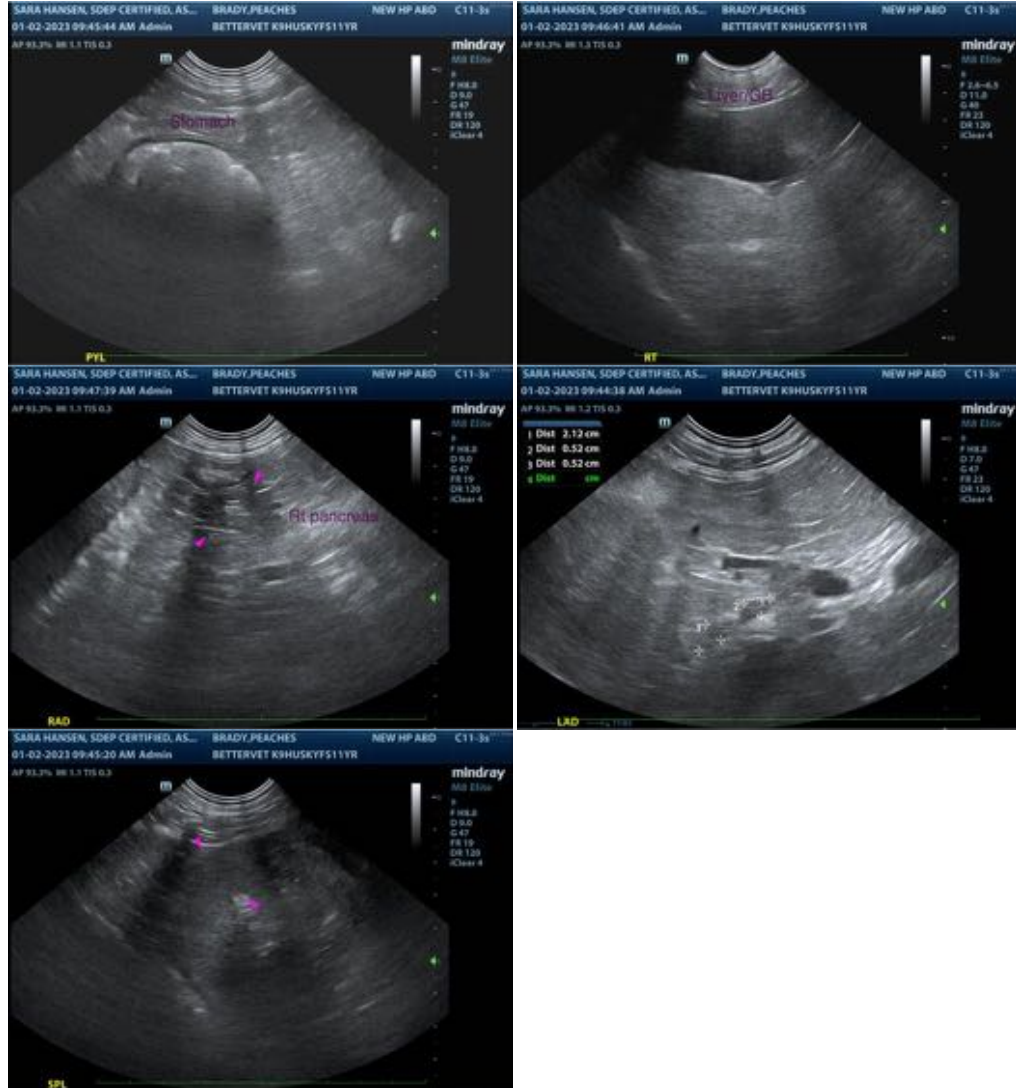
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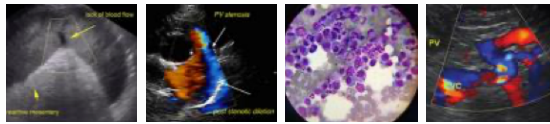
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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