

PATIENT

Samwise Baker

SPECIES

Canine

BREED

Goldendoodle

SEX

Male intact

AGE

4 years

WEIGHT

38.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

DATE

9/16/21

INVOICE
11838kk

PRESENTING CLINICAL SIGNS

History: Inflammatory Bowel Disease diagnosed at OSU VTH in 2019 that is largely managed with limited ingredient diet. Recently, elevated liver enzymes and intermittent hypo and anorexia. Weight loss noted as well (approx. 4 lbs in 6 mos.) Also P recently had a seizure as well. P has hx of food sensitivities, behavior concerns (reactivity) and allergic dermatitis Current Medications (weaning off) and Budesonide (recently completed course of Metronidazole and Denamarin).

Abnormal PE/Chem/CBC/UA Results: ALT increased to 1029, GGT 17, Phos 2.3

**The patient was sedated with Dexdomitor for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 prostate is enlarged (2.77 cm length x 3.24 cm width) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance. 1-2 small parenchymal cysts are visualized. The prostatic urethra is not overtly dilated.

The left kidney is normal size (6.06 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.61 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 hydronephrosis. Renal vasculature is normal.

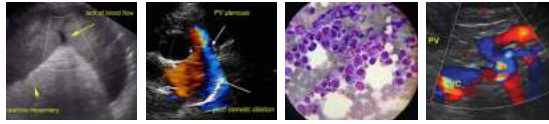
Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.48 cm at caudal pole) (1.10 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.

The caudal pole of the right adrenal gland is visualized and is normal size (0.41 cm in width) with a normal shape, glandular echogenicity, and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.00 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.



PATIENT

Liver

Samwise Baker

SPECIES

Canine

BREED

Goldendoodle

SEX

Male intact

AGE

4 years

WEIGHT

38.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

DATE

9/16/21

INVOICE
11838kk

The liver is subjectively 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. The intrahepatic biliary tracts are normal. Hepatic vasculature is mildly dilated. Portal vein branching is visible. The portal vein to caudal vena cava ratio is <1:1 however, the patient was sedated with Dexdomitor for the study. An ultrasound-guided fine needle aspirate was performed at the end of the study. There was no evidence of post-aspiration hemorrhage. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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 left limb of the pancreas is prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible (0.29 cm) in diameter 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 evidence of pericardial effusion.

The caudal vena cava is dilated.

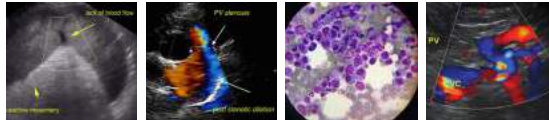
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune-mediated disease, Leptospirosis, hepatotoxicosis (i.e., copper), reactive hepatopathy, infiltrative neoplasia (unlikely) and other. A congenital portosystemic shunt is unlikely given the visible portal vein branching. The hepatic vascular congestion and caudal vena cava dilation are likely secondary to sedation with Dexdomitor.

Secondary Findings:

- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.



PATIENT

Samwise Baker

SPECIES

Canine

BREED

Goldendoodle

SEX

Male intact

AGE

4 years

WEIGHT

38.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

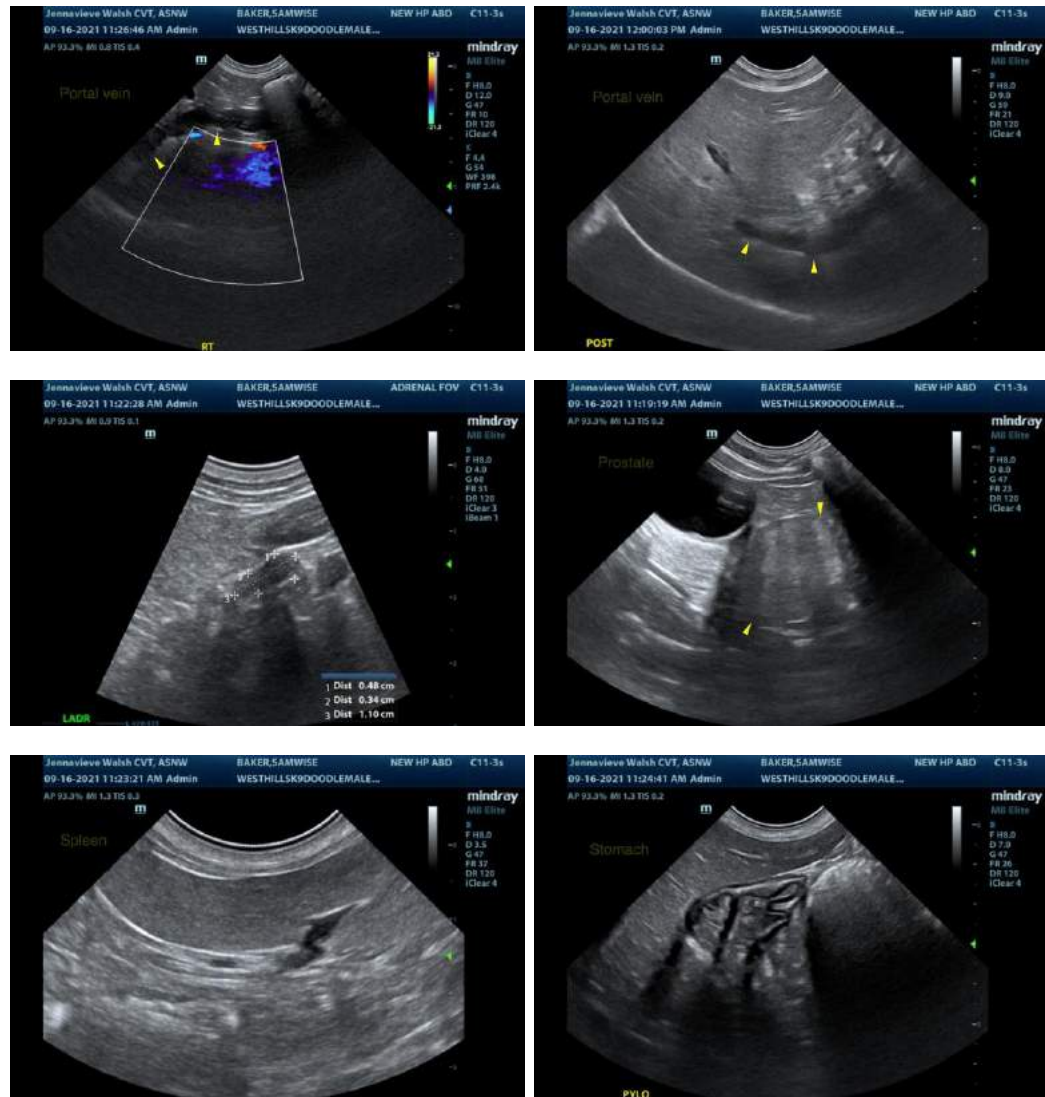
DATE

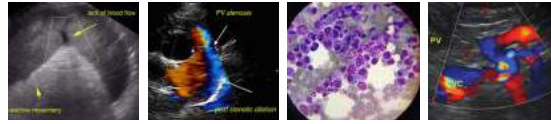
9/16/21

INVOICE
11838kk

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider pre- and post-prandial serum bile acids to assess hepatic function.
2. Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended.
3. Further diagnostics/treatments should be based on the cytologic evaluation. If results are inconclusive, a surgical biopsy with aerobic and anaerobic bile cultures and additional hepatic tissue sampling for potential copper quantitation should be considered.





PATIENT

Samwise Baker

SPECIES

Canine

BREED

Goldendoodle

SEX

Male intact

AGE

4 years

WEIGHT

38.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills Animal
Hospital

REFERRING VET

Dr. Remcho

DATE

9/16/21

INVOICE

11838kk



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

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
Andrea.nicastro@sonopath.com