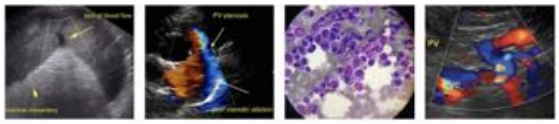

PATIENT

Daisie Myers

SPECIES

Canine

BREED

Dachshund

SEX

Female, spayed

AGE

12/5/2006

WEIGHT

12.96 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

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12907

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PRESENTING CLINICAL SIGNS

1. Elevated ALT (182), ALP (458), GGT (21)- cholestasis, hepatitis, neoplasia
2. 2. Diarrhea- secondary to metabolic, stress, dietary indecresion, other
3. Triheart, Frontline, Cerenina Inj administered 1/24
4. Radiographs obtained 11/15/2021

Radiographic Findings:
Abdomen 11.1521: 3 views are available for interpretation.

Serosal detail is within normal. The liver is enlarged with rounded margination. The spleen and kidneys are within normal limits for size and margination. The stomach contains a small amount of gas. The small intestines are well dispersed throughout the abdomen and are diffusely fluid and gas-filled and are uniformly and mildly distended. The colon cannot be well delineated from the small intestine with no distinct gas or feces. There are narrowed disc spaces of the caudal thoracic and TL spine and there is a mineralized disc at L5-L6. The remainder of the osseous and soft tissue structures associated with the abdomen are unremarkable.

Radiographic Conclusions/Recommendations:
The enlarged liver is likely associated with this patient's historic liver enzyme elevation. Further evaluation of the liver with an abdominal ultrasound could be considered if available.

The changes within the small intestine could be associated with a diffuse functional ileus as all of the intestines appear to be affected. There is no evidence of radiopaque foreign material or small bowel mismatch in the mechanical obstruction. Diffuse infiltrative disease within the GI tract could also be present. Further evaluation of the abdomen/GI tract with an abdominal ultrasound could be considered if available.

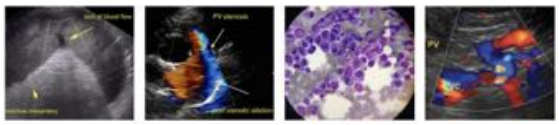
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (5.31 cm in length); normal shape and architecture with smooth peripheral margins. Numerous varying size cortical cysts are observed. The cortex is otherwise slightly heterogeneous in appearance. 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 or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.26 cm in length); normal shape and architecture with smooth peripheral margins. Numerous varying size cortical cysts are observed. The cortex is otherwise slightly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss



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of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.94 cm at cranial pole) (0.87 cm at caudal pole) (3.02 cm in length); with an irregular shape. A 0.49 x 0.39 cm irregular, hyperechoic nodule is observed at the cranial pole. In the remainder of the gland there is normal glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is prominent in the region of the cranial pole and normal in size at the caudal pole (1.11 cm at cranial pole) (0.56 cm at caudal pole) (2.28 cm in length) with a slightly irregular shape. A 1.15 x 0.76 cm irregular hyperechoic nodule is observed at the cranial aspect. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent to enlarged with slightly irregular peripheral contours. A 2.55 cm mass effect is observed at the cranial pole. Within the mass, an ill-defined hyperechoic area is present. The remaining parenchyma is slightly mottled in appearance. In the remainder of the spleen, there are several irregular hyperechoic nodules/masses. Splenic vasculature is normal with no evidence of thrombosis.

Liver

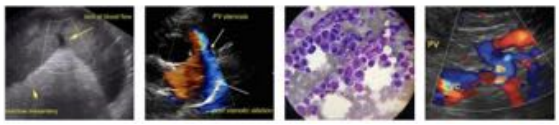
The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.37 cm ill-defined hyperechoic nodule is observed on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder is distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 segmentally dilated with chyme. The small intestinal wall is normal to borderline thickened (up to 0.40 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The wall of the descending colon is mildly thickened (up to 0.32 cm) with retention of the normal layering pattern. 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. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.



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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent jejunal lymph nodes are visualized, the largest measuring 2.56 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

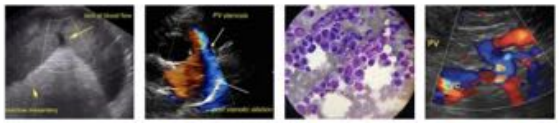
- The diffuse bowel wall thickening is most consistent with an inflammatory process. Differentials to consider include infectious/parasitic disease, inflammatory bowel disease, food allergy/intolerance, intestinal dysbiosis, infiltrative neoplasia (unlikely), other.
- The bilateral adrenal changes are most consistent with nodular hyperplasia. However, emerging bilateral tumors cannot be completely excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gallbladder changes are concerning for a developing mucocele.
- The splenic mass and hyperechoic nodules/masses trend toward the benign (i.e., myelolipomas) or regions of lymphoid hyperplasia. However, neoplasia, particularly at the cranial pole, cannot be completely exclude.

Secondary Findings:

- Bilateral, age-related renal changes with numerous cortical cysts.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gall bladder changes, consider initiation of Ursodiol therapy. Alternatively, a recheck ultrasound can be performed in 2-3 weeks, preferably 2 hours post-small meal. If gallbladder changes are similar to the current scan, Ursodiol can be initiated at that time.



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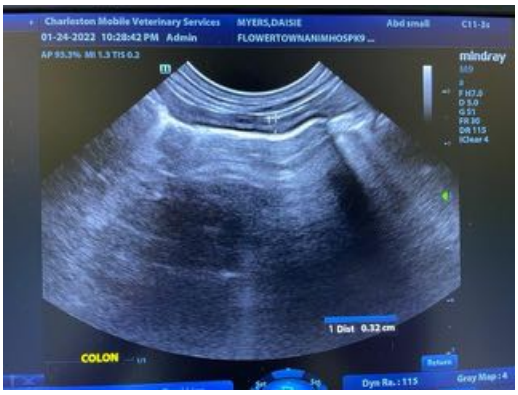
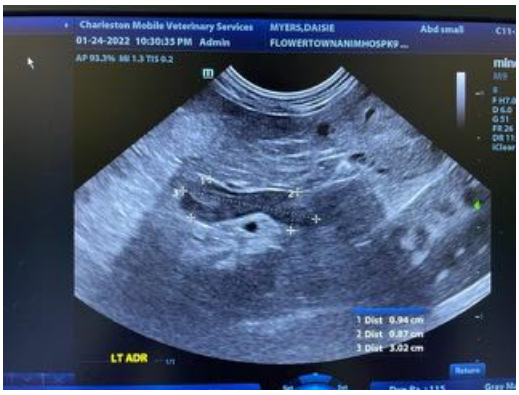
- Regarding the adrenal changes, if the patient develops clinical signs of Cushing's disease, further testing (i.e., low-dose dexamethasone suppression test or ACTH stimulation test) may be warranted.
- Regarding the gastrointestinal signs, consider the following diagnostic/therapeutics:
    1. A fecal evaluation for ova/Giardia
    2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
    4. A 6-week limited antigen diet trial to assess for food allergies
    5. Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
    6. Also consider a probiotic with a high colony count (i.e., Visbiome or Proviable Forte).
    7. Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. However, given the patient's age, anesthetic risk and concurrent problems must be taken into consideration.
- Regarding the splenic mass/nodules, fine needle aspirates can be considered (if clotting status is appropriate). 25-gauge needles should be used.
- Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease.





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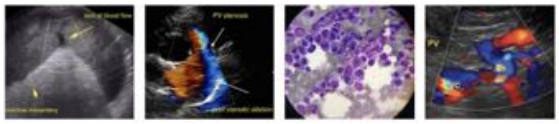

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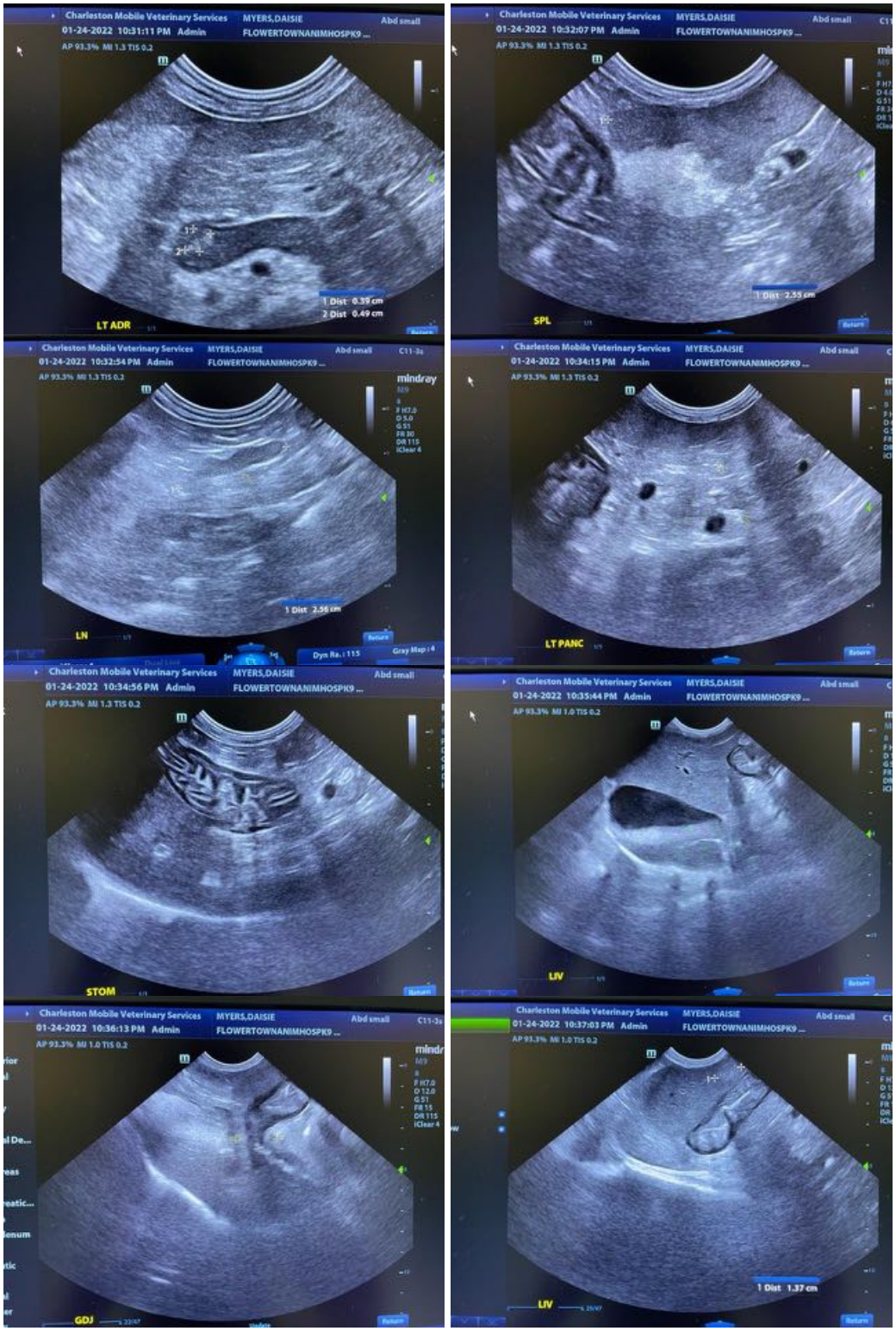

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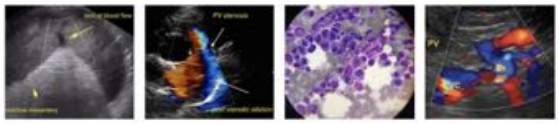

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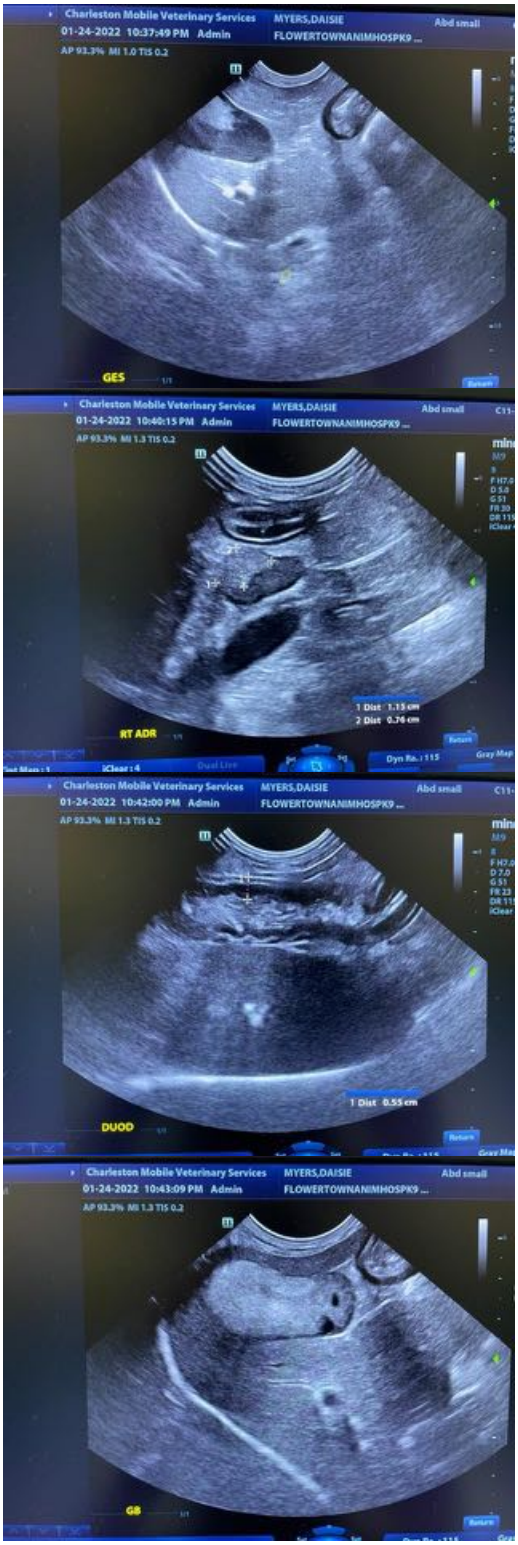
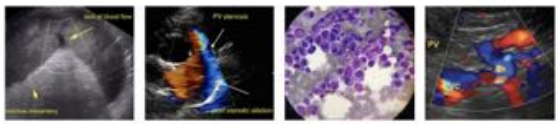


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

Andrea.Nicastro@CharlestonMobile.net