



PATIENT

Peaches Harshman

PRESENTING CLINICAL SIGNS

Presented 1/11/22 history of not having eaten for 3 days, vomited multiple times 1/10. Neoplasia suspected. Treated with doxycycline. Has been doing well since.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: bloodwork 1/11/22 Total bilirubin 10.9 mg/dl, ALT out of range, ALKP >2000, GGT 54U/L. Lyme disease positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Boxer X

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is normal in size (6.3 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

6 Years

The left kidney is normal in size (6.72 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

52 Pounds

Adrenal Glands

The left adrenal gland is enlarged in size (0.89 cm at the cranial pole and 0.78 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is enlarged in size (2.8 cm long x 1.3 cm at the cranial pole and 0.81 cm at the caudal pole). Normal shape and contour are maintained. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

HOSPITAL NAME

Valley Vet Services

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Peter Nelson

INVOICE NUMBER

34333

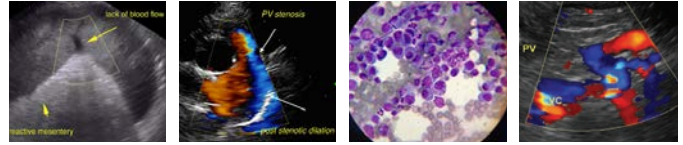
The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is mildly thick, measuring 0.39 cm with a hyperechoic irregular mucosa. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

1/18/22



PATIENT	<i>Gastrointestinal</i> The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Peaches Harshman	
SPECIES	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Canine	
BREED	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Boxer X	
SEX	<i>Pancreas</i> Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
Spayed Female	
AGE	<i>Free Abdomen</i> There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
6 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
52 Pounds	<ul style="list-style-type: none"> • Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes. • Bilateral adrenomegaly – consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
INTERPRETED BY	<ul style="list-style-type: none"> • Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
Beth Johnson, DVM DACVIM	
HOSPITAL NAME	<ul style="list-style-type: none"> • Thick irregular gallbladder – Consistent with cholangitis. • Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
Valley Vet Services	
REFERRING VET	<ul style="list-style-type: none"> • Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are less likely.
Dr. Peter Nelson	
INVOICE NUMBER	
34333	
DATE	
1/18/22	



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peaches Harshman

If this patient is not also anemic, differentials for the increased total bilirubin include intrahepatic and post-hepatic cholestasis. Recommendations for that include medical management with Ursodiol, Denamarin, as well as broad-spectrum long-term antibiotics to be continued until liver enzymes have normalized, as long as they are improving during the course. If there are clinical signs of Cushing's disease such as polyuria, polydipsia, polyphagia, etc., testing for hyperadrenocorticism with a low-dose Dexamethasone suppression test is also recommended, as hyperadrenocorticism may be partially contributing to the increased Alk Phos.

SPECIES

Canine

BREED

Boxer X

Other recommendations include a fine needle aspirate of the spleen and the liver given the increased liver enzymes if patient's coagulation status is appropriate. If therapy does not result in improvement, a liver biopsy may be warranted. If not already evaluated, testing for Leptospirosis is also indicated.

SEX

Spayed Female

AGE

6 Years

WEIGHT

52 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Valley Vet Services

REFERRING VET

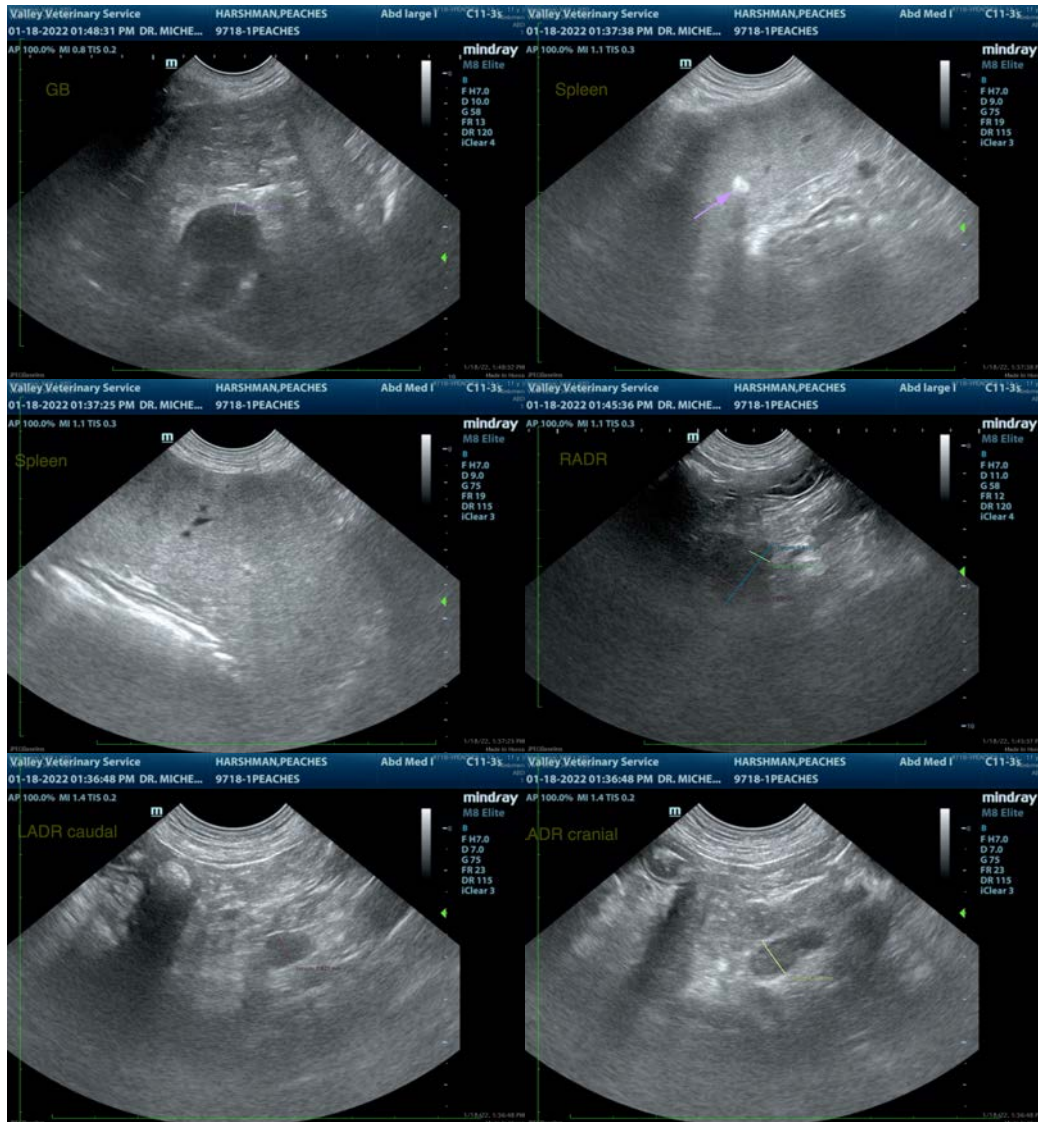
Dr. Peter Nelson

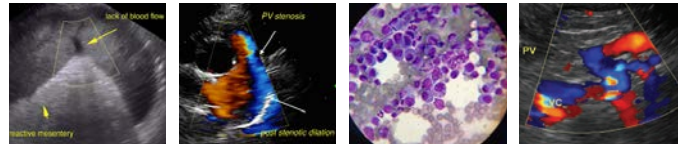
INVOICE NUMBER

34333

DATE

1/18/22





PATIENT

Peaches Harshman

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

6 Years

WEIGHT

52 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Valley Vet Services

REFERRING VET

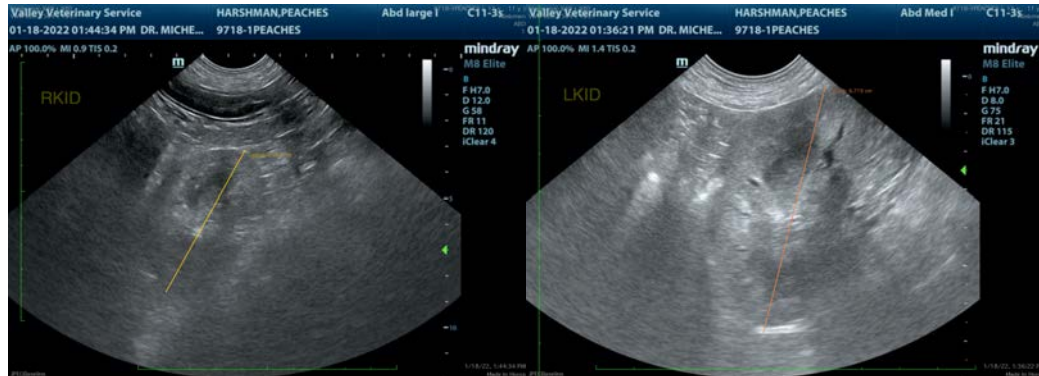
Dr. Peter Nelson

INVOICE NUMBER

34333

DATE

1/18/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com