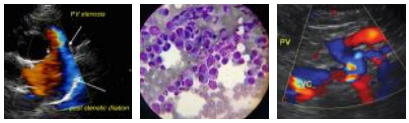
IMAGING PERFORMED BY

IntraPet.com



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DATE
1/2/23

PATIENT
Zoey Schaech

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
5/31/14

WEIGHT
67.1 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Hicks

INVOICE
20331

PRESENTING CLINICAL SIGNS

ATO Patient only ate half of her dinner last night then starting pacing, having diarrhea, no vomiting. Patient has a Hx of MCT removal x 2, dermal hemangioma removed, hypothyroid Left eye has been treated since summer for cut on cornea

Current Medications: Metronidazole, Levothyroxine, Gabapentin, Cerenia. Entyce, Buprenorphine.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (7.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (7.03 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 3.23 cm long x 1.15 cm at cranial pole and 0.98 cm at caudal pole. The right adrenal gland measures 3.27 cm long x 1.19 cm at cranial pole and 0.95 cm at caudal pole.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is difficult to fully visualize in these images.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. 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.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

The cranial abdomen, caudal to the stomach and medial to the right kidney, is subjectively diffusely enhanced/hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

- Subjectively hyperechoic enhanced mesenteric fat in the cranial abdomen- could suggest an inflammatory change secondary to mild pancreatitis or potentially gastritis or even secondary to hepatopathy/hepatitis vs normal patient variant. This finding should be interpreted in combination with supportive gastrointestinal clinical signs, abdominal pain, etc.

Secondary Findings

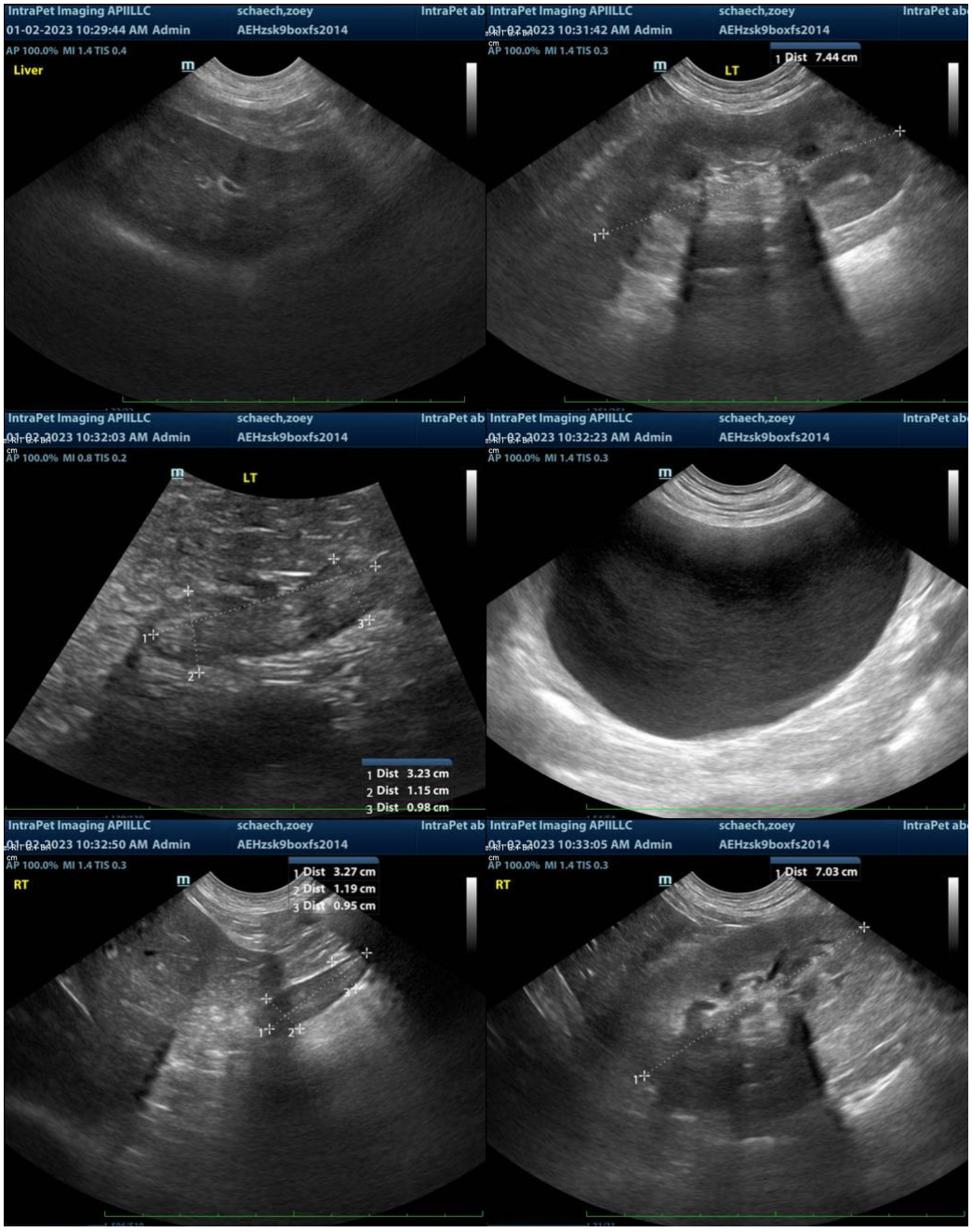
- Urinary bladder debris

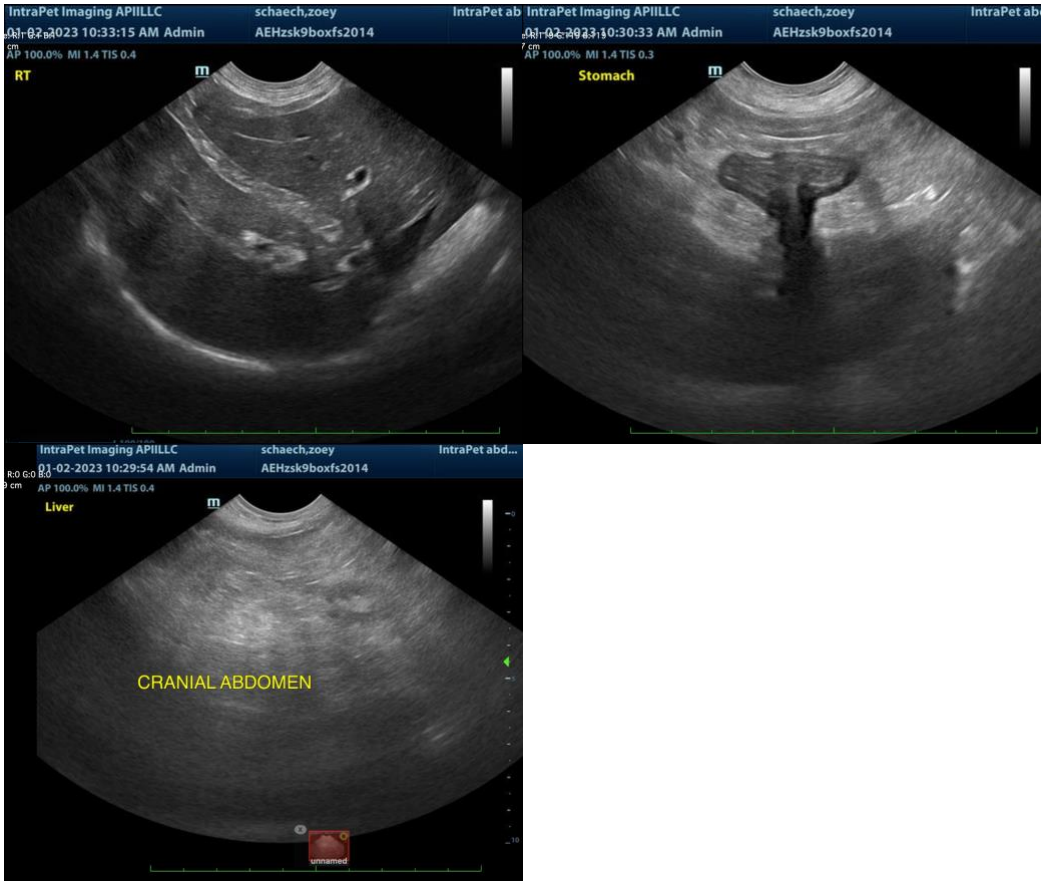
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported gastrointestinal signs, combined with the subjectively hyperechoic cranial abdominal mesenteric fat, etc., a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

The reported liver enzyme changes and adrenal gland appearance, etc., could indicate hyperadrenocorticism. If clinical signs of hyperadrenocorticism are present, testing in the form of a low dose Dexamethasone suppression test could be considered, however, hyperadrenocorticism does not typically result in decreased appetite, diarrhea, etc., therefore, testing is not recommended until patient is no longer clinically ill, and is only recommended if clinical signs of hyperadrenocorticism, including polyuria/polydipsia, polyphagia, etc., are present. Regardless of clinical signs, however, a blood pressure is recommended, if not recently evaluated, as is urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, other differentials for the increased liver enzymes, as well as the appearance of the liver, could include infectious disease, such as leptospirosis or other infiltrative disease affecting the liver, therefore, pending the results of other diagnostics, clinical response, etc., testing for leptospirosis could be considered, as could a fine needle aspirate of the liver, if patients coagulation status is appropriate.





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