

**DATE PRESENTING CLINICAL SIGNS**

1/24/2022

History: Doing well at home; increased liver enzymes found on pre op bloodwork; o feels increased appetite and water consumption; PE- mild decrease in weight (~5%) slight round abdomen, nonpainful, otherwise NSF.

**PATIENT**

Curly Barczak

Lab Results: increased ALT 135 (10-125), increased ALP 795 (23-212), scheduled for LDDS test.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Labradoodle

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**SEX**

Male, neutered

The prostate is normal for a neutered dog.

**AGE**

2/1/2010

Left kidney is normal in size (5.84 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. An incidental cortical cyst was noted. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.91 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**WEIGHT**

42 lbs.

**Adrenal Glands**

Left adrenal gland is normal in size (2.8 cm long x 0.5 cm at cranial pole and 0.76 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

Right adrenal gland is normal in size (2.39 cm long x 0.9 cm at cranial pole and 0.8 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**HOSPITAL NAME**

Jacksonville VC

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**REFERRING VET**

Dr. Thai

**Liver**

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**INVOICE**

12889

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### ***Pancreas***

The pancreas is prominent in size and mildly irregular in shape with a heterogenous, diffusely coarse echotexture.

### ***Free Abdomen***

Mild reactive mesenteric lymphadenopathy is noted.

## **ULTRASONOGRAPHIC FINDINGS**

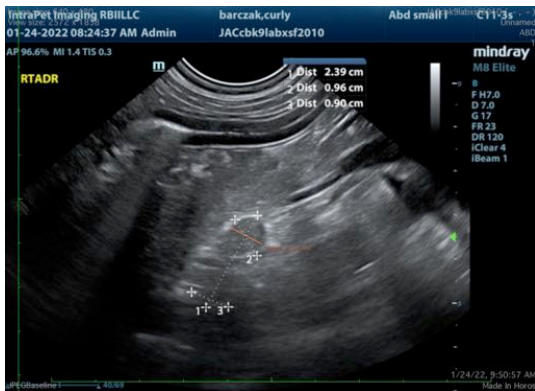
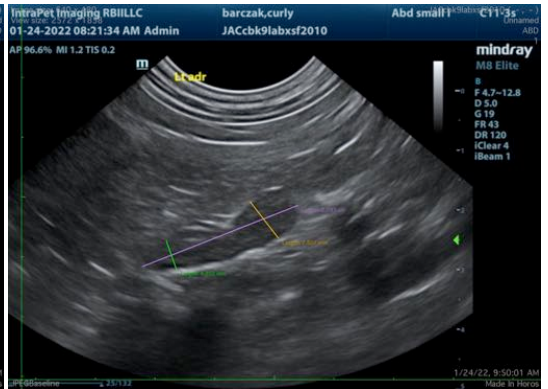
### **PRIMARY FINDINGS:**

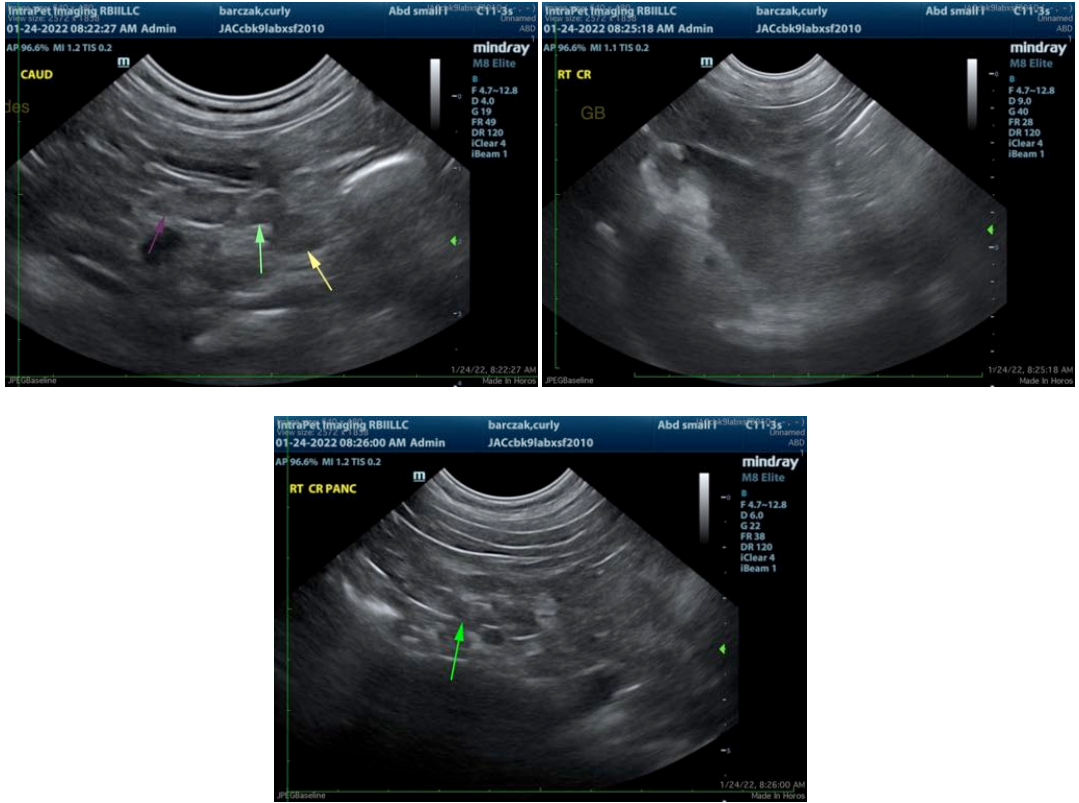
- Canine Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Incidental left renal cortical cyst.
- Reactive mesenteric lymphadenopathy.
- Prominent, heterogenous pancreas. This is most consistent with normal aging remodeling versus chronic pancreatitis, which cannot be ruled out.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations given this patient's clinical signs and laboratory changes include the reportedly already scheduled low-dose Dexamethasone suppression test. Other recommendations include a urinalysis if not already evaluated +/- urine culture if indicated based on urinalysis results. If the low dose Dexamethasone suppression test is diagnostic for hyperadrenocorticism, this ultrasound is supportive of pituitary dependent hyperadrenocorticism and blood pressure is also recommended. If low-dose Dexamethasone suppression test is not diagnostic for hyperadrenocorticism the more sensitive full adrenal panel to look for atypical hyperadrenocorticism to the University of Tennessee endocrinology lab, could be considered as could testing for Leptospirosis as well as a FNA of the liver.

Due to the reported weight loss a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended.





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

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