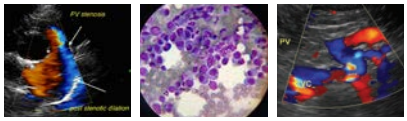
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

1/5/23

PATIENT

Ziti Mineart

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

4/3/12

WEIGHT

25 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Healing Paws VWC

REFERRING VET

Dr. Key

INVOICE

44001

PRESENTING CLINICAL SIGNS

Pet has new alkp elevation. Pet had splenectomy in 2019 post Intrapet U/s. Splenic lesion was benign. Currently being treated for IBD diagnosed via endoscopy at CVCA. IBD has been well controlled lately.

Current Medications: Pet has been on current protocol for months. If owner tries to reduce anything, diarrhea returns. AM: Endosorb tablet, 1 Cyclosporine capsule, and 1 Proviable capsule. Afternoon: 1 Endosorb
Dinner: 1 Proviable, 1 Budesonide 2.0mg, and 1 Purina Pro Plan Forta Flora SA Packet Bedtime: 1 Endosorb
Vitamin B12 shot monthly Frontline topical monthly and Revolution topical monthly
(alternate products every 2 weeks)
Lab Results: 11/18 showed AST low at 13, ALKP 351 and GGT 17. Recheck smaller panel on 12/22/22 showed alkp 373.
Date of Previous IntraPet Ultrasound: 7/1/19. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal in size (4.74 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.

The left kidney is normal in size (5.07 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

The right adrenal gland is normal in size (2.12 cm long x 0.54 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.7 cm long x 0.41 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen was removed in 2019.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

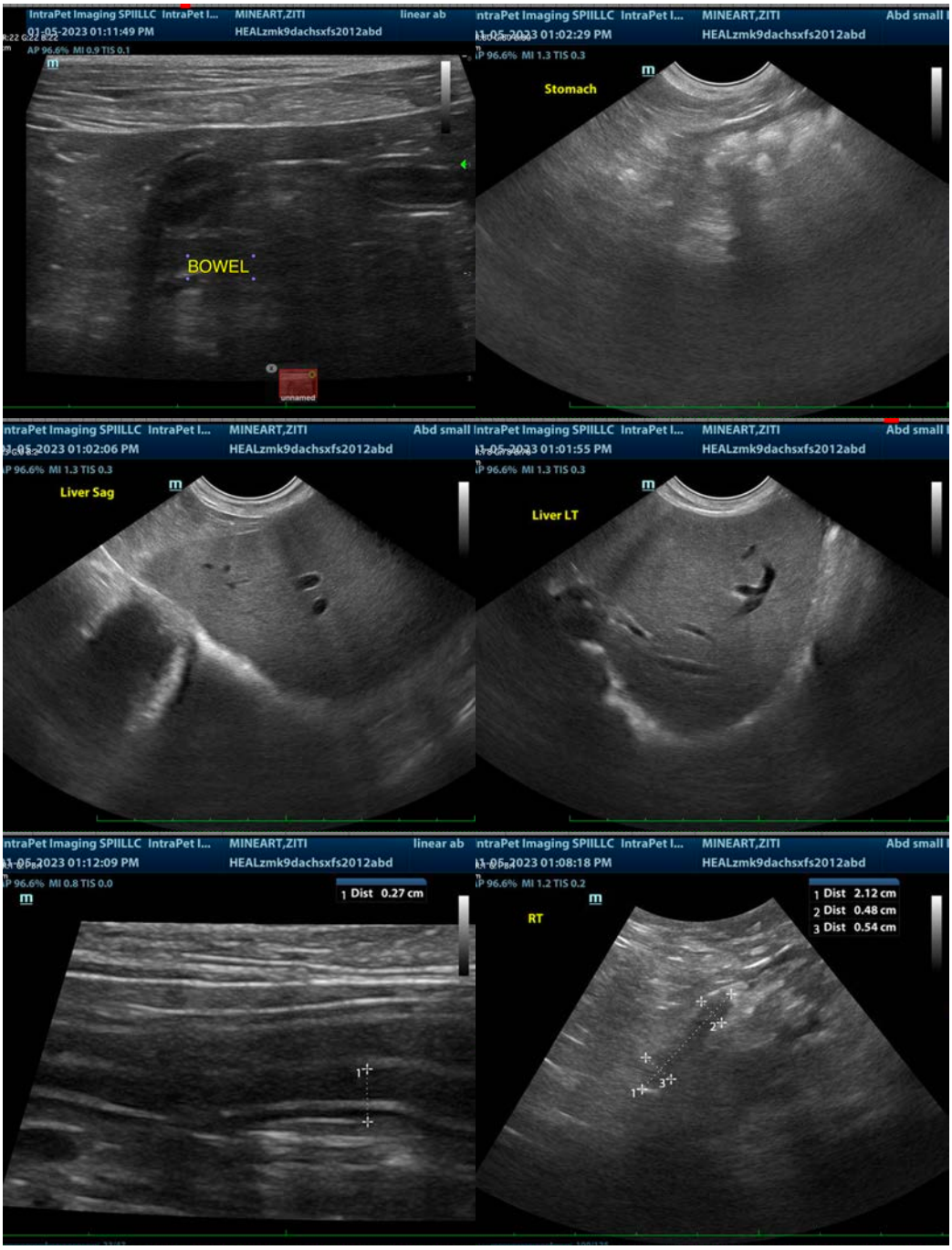
ULTRASONOGRAPHIC FINDINGS

- **Hyperechoic hepatomegaly -** This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.

- Spleen removed in 2019

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically visible explanation for this patient's mildly increased ALP. The appearance of the liver is consistent with steroid administration. Given this patient's steroid/Budesonide administration, the ALP is also likely related, and if it doesn't continue to increase and the patient is clinically doing well, further intervention is likely not warranted. If the value continues to increase and/or clinical signs change, then further intervention may be warranted in the future. If additional diagnostics are elected at this time, a fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.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BOWEL
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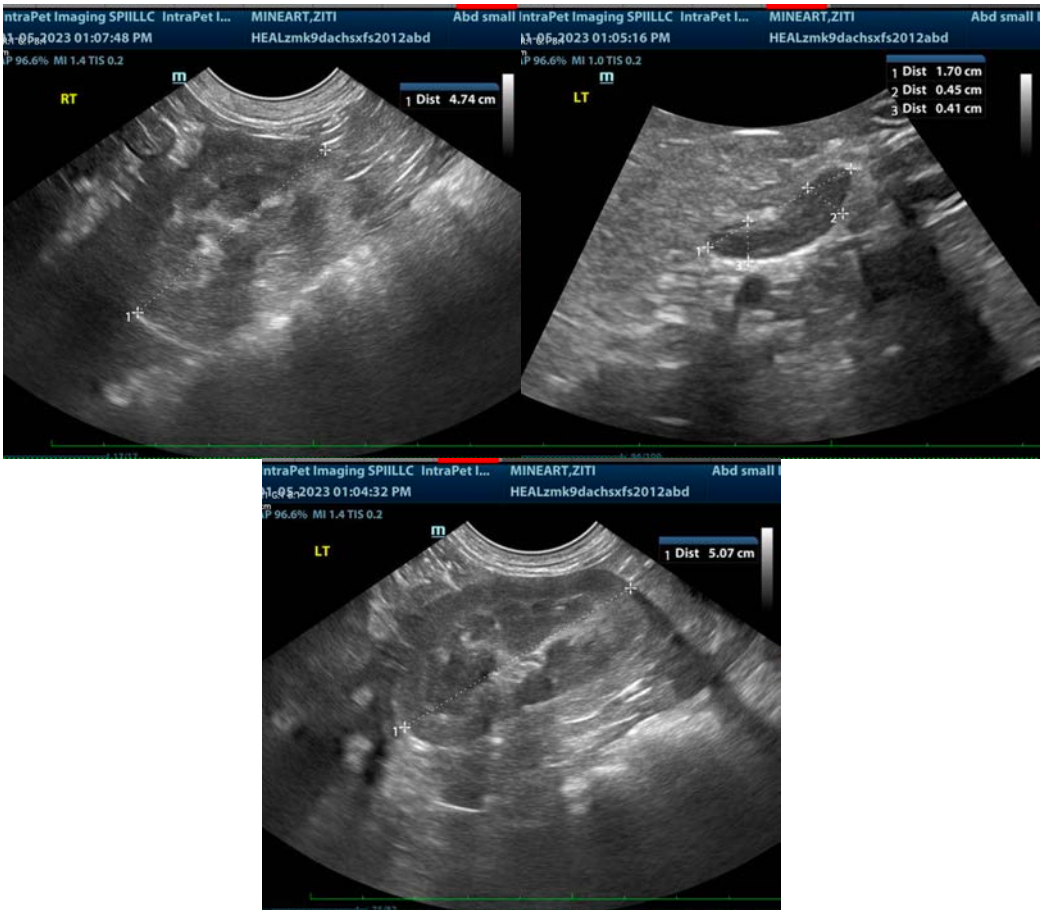
RT
1 Dist 2.12 cm
2 Dist 0.48 cm
3 Dist 0.54 cm



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.

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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