



PATIENT

Sydney Toner

SPECIES

Canine

BREED

Pit Mix

SEX

Spayed female

AGE

11 years

WEIGHT

54.8 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Toner

INVOICE

40055

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: 11YO FS Pit Bull presented for AHM + following trends in ALP. Pt doing well at home, but vision deficits progressing over about 1 year. Minor cataracts noted. Pt overweight. Otherwise, PE unremarkable. Elevations in ALT and ALP on lab work. 2021- ALT 74, ALP 1370. 2022- ALT 140, ALP 3663, cholesterol 514, triglycerides 1147, USG 1.033, but 4+ proteinuria w/ inactive sediment UPC 1.7. Hypertensive when BP obtained. Telmisartan initiated. LDDST not consistent w/ hyperadrenocorticism. Being referred for full AUS to look for cause of elevated liver enzymes. Planning on going to Animal Eye Clinic to further evaluate vision changes.
Abnormal PE/Chem/CBC/UA Results: see attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (6.51 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 (7.34 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

Left adrenal gland is normal in size (0.48 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No masses are observed. A 1.0 x 2.0 cm hypoechoic, non-capsular disrupting nodule was noted in the mid spleen. Splenic vasculature appears normal.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT	Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic with some echogenic debris noted. There is no evidence of cystic or common bile duct dilation.
Sydney Toner	
SPECIES	<i>Gastrointestinal</i>
Canine	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.
BREED	
Pit Mix	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.
SEX	
Spayed female	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
AGE	<i>Pancreas</i>
11 years	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.
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INTERPRETED BY	<i>Free Abdomen</i>
Beth Johnson, DVM DACVIM	There is no evidence of free peritoneal effusion noted in these images. There is no apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Harris	Primary Findings
HOSPITAL NAME	1. 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.
TotalBond VH	
REFERRING VET	Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia cannot be ruled out, but is considered less likely.
Dr. Toner	
INVOICE	2. Gallbladder debris (canine) - 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.
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DATE	3. Age related liver changes.
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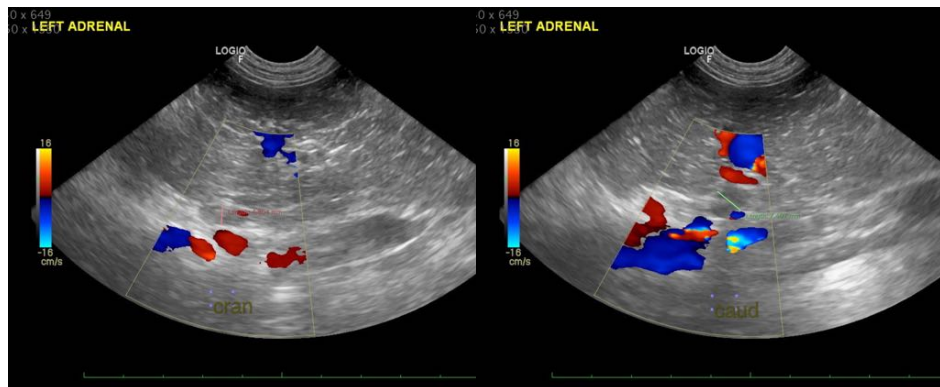
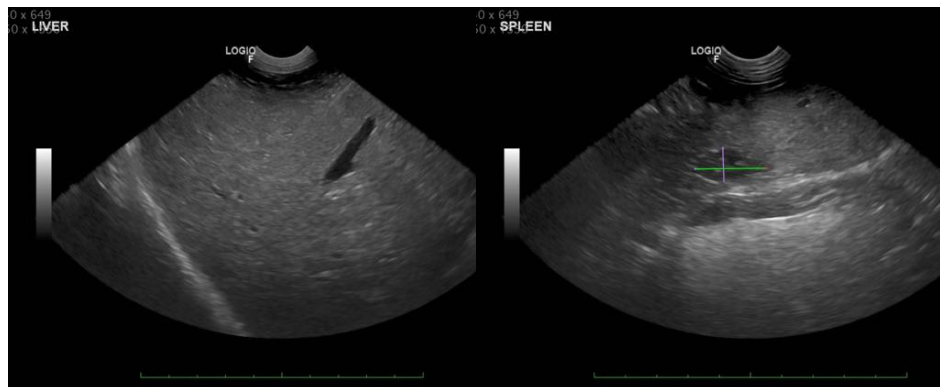
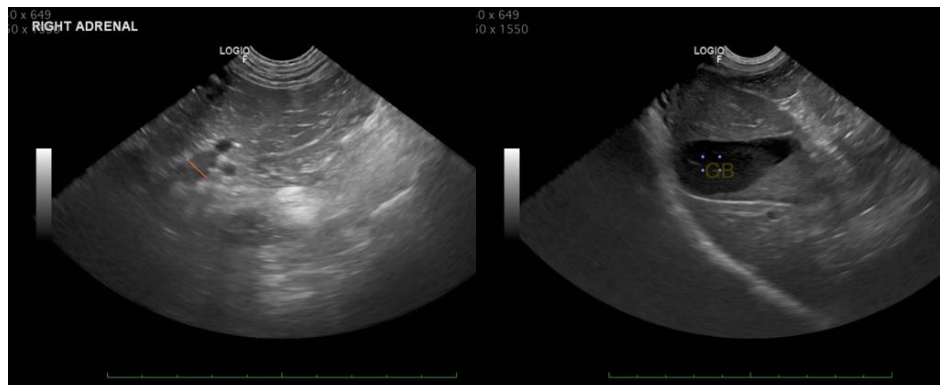
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A FNA of the spleen and liver is already reportedly pending. In the meantime, additional diagnostic considerations could include testing for Leptospirosis. If clinical signs of hyperadrenocorticism are present such as polyuria, polydipsia, polyphagia, skin infectious, etc. then testing for atypical hyperadrenocorticism with a full ACTH stimulation adrenal panel to Tennessee could still be considered. In the meantime, therapeutic recommendations include management of the reported hypertension and proceeding with cataract evaluation as planned. A course of hepatic nutraceuticals including Ursodiol could be started on a trial and error basis monitoring liver enzymes for improvement.





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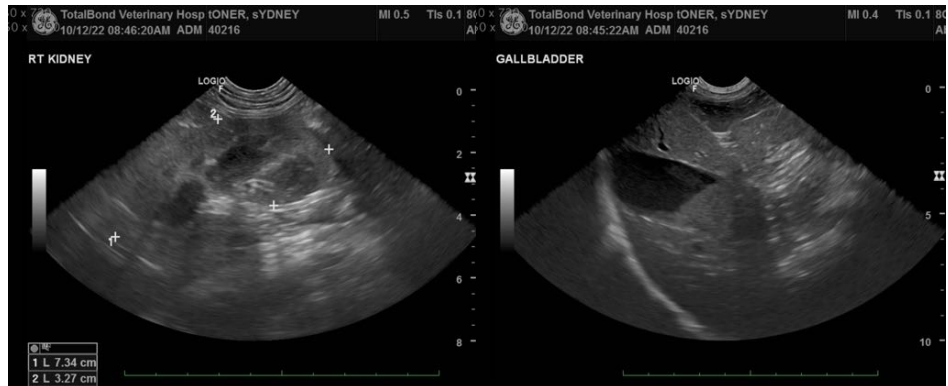
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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