



PATIENT PRESENTING CLINICAL SIGNS

Conan DePalmafarr Elevated liver values. PU/PD
Abnormal PE/Chem/CBC/UA Results: ALT 317, ALK PHOS 602, PSL 596. LYME POS in tx. LDDS pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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.

BREED

Pit Bull

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

SEX

Neutered Male

Right kidney is normal in size (7.93 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.

AGE

10 Years

Left kidney is normal in size (8.28 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.

WEIGHT

86 Pounds

Adrenal Glands

Right adrenal gland is normal in size (3.29 cm long x 0.78 cm at cranial pole and 0.78 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is enlarged in size (0.7 cm at the cranial pole, 1.1 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

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.

HOSPITAL NAME

Hamburg Vet Clinic

Liver

Liver is subjectively enlarged. Margins are smooth but round. 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Martens

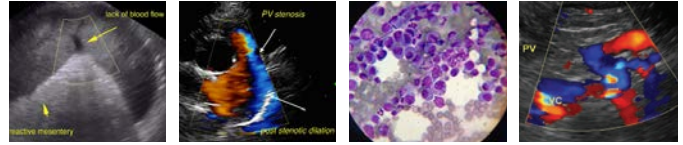
GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

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PATIENT *Gastrointestinal*

Conan DePalmafarr 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.

SPECIES

Canine 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.

BREED

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

Pancreas

SEX

Neutered Male 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.

AGE

10 Years

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

86 Pounds

- Hyperechoic hepatomegaly canine – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.
- Mild left adrenomegaly consistent with adrenal hyperplasia secondary to pituitary depending hyperadrenocorticism vs normal variant.
- Early mucocele – 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. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's increased liver enzymes as well as PU/PD include a low-dose Dexamethasone suppression test to rule out pituitary dependent hyperadrenocorticism as is reportedly pending. If the low-dose Dexamethasone suppression test is not diagnostic for hyperadrenocorticism, a course of empirical antibiotics and Ursodiol with monitoring of liver enzymes and gallbladder changes following a 3-4 week initial course could be tried, followed ultimately by an aspirate of the liver if previous recommendations do not result in improvement (if the patient's coagulation status is appropriate).

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Conan DePalmafarr

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

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10 Years

WEIGHT

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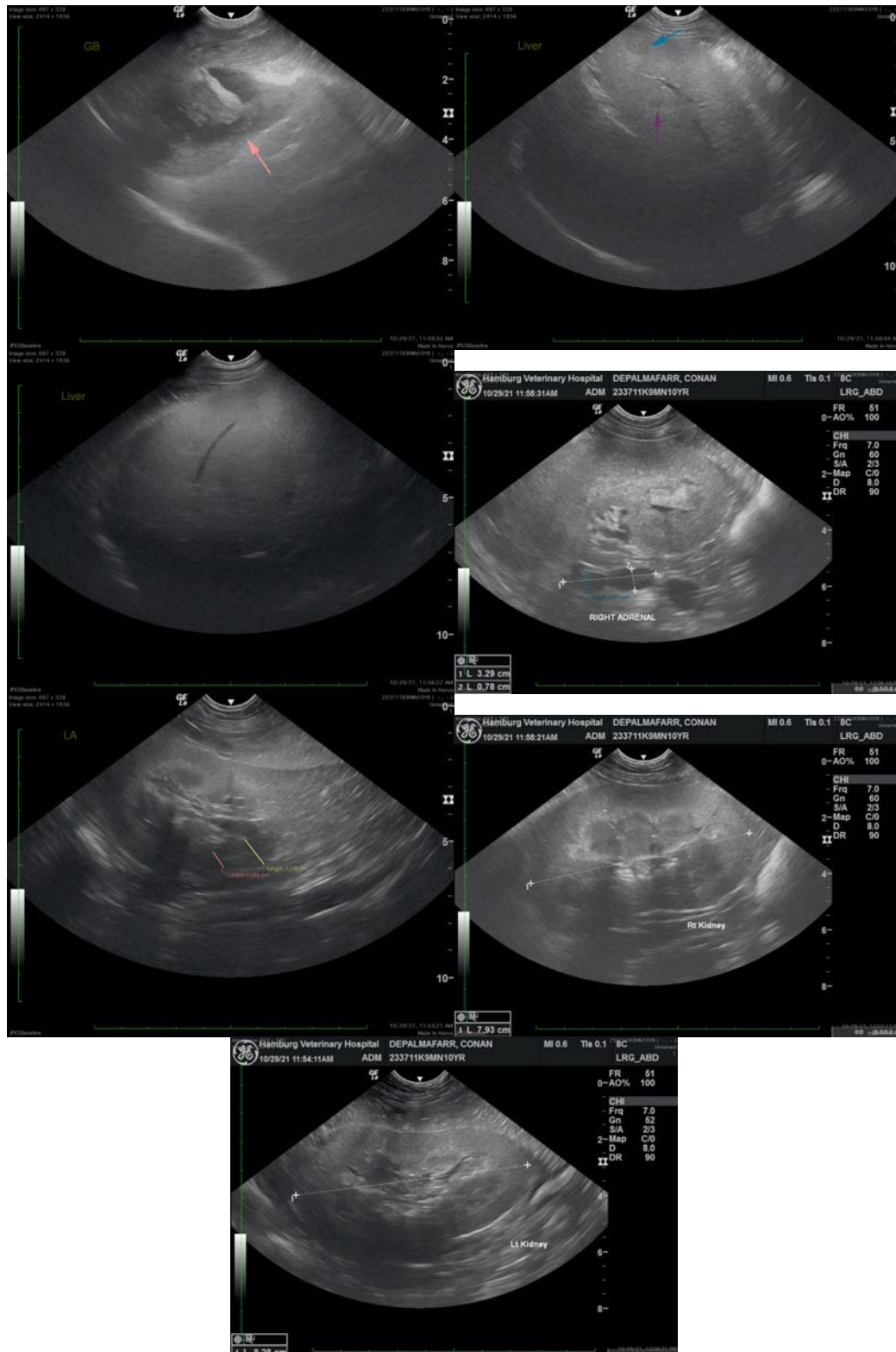
Dr. Martens

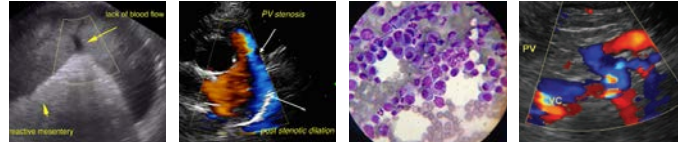
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PATIENT

Conan DePalmafarr

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.

SPECIES

Canine

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.

BREED

Pit Bull

Beth Johnson, DVM, DACVIM
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SEX

Neutered Male

AGE

10 Years

WEIGHT

86 Pounds

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