**DATE**

10/5/22

PRESENTING CLINICAL SIGNS

Recheck AUS. Previously diagnosed with Addison's dz and hypoalbuminemia about 6 weeks ago. Recently was at another clinic for vomiting and rads showed a hazy abdomen

Current Medications: zycortal, prednisone

PATIENT

Boh Drumm

Radiographs: decreased detail, no obvious masses

Date of Previous IntraPet Ultrasound: 8/10/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Labrador Mix

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.

SEX

Neutered male

The prostate is unable to be well visualized in these images.

AGE

9/23/13

Left kidney is normal is size (5.89 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

40 lbs

Right kidney is normal is size (5.96 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The adrenal glands are unable to be well visualized in these images, which is consistent with the previous flat appearance and diagnosis of hypoadrenocorticism.

HOSPITAL NAME

Northwind AH

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.

REFERRING VET

Dr. Miller

Liver

Liver is small in size with slightly undulating or scalloped capsular contour or margins. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. No overt nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

39934

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 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 (< 0.2 cm) 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy, yet there is a large amount of primarily anechoic free fluid with some echogenic debris within the fluid noted.

ULTRASONOGRAPHIC FINDINGS

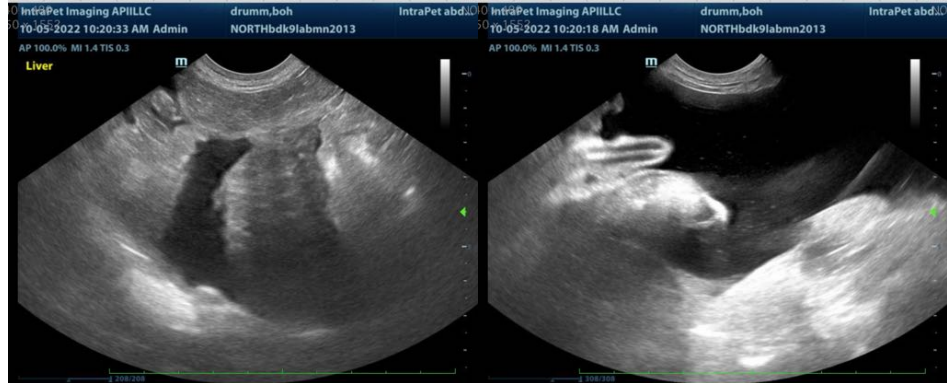
Primary Findings

- **Hepatic Fibrosis Pattern** – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).
- **Large amount of free fluid**, likely secondary to portal hypertension or hypoalbuminemia if present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Bile acids are recommended if total bilirubin is normal.
2. Liver biopsy including copper level assessment is recommended.
3. Coagulation status should be evaluated and managed if necessary prior to performing a liver biopsy.
4. In the meantime, in addition to continuing management of the recently diagnosed hypoadrenocorticism, management for suspected end stage liver disease/hepatic failure and portal hypertension 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
Beth.Johnson@SonoPath.com