

PATIENT PRESENTING CLINICAL SIGNS

Oreo Renaud

SPECIES

Canine

BREED

Chihuahua Cross

SEX

Spayed Female

AGE

12 Years

WEIGHT

15.3 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis, OR

REFERRING VET

Jessica Bailes

INVOICE

13616

DATE

10/7/21

History: has always had elevated liver values since the age of 5; been under the care of a holistic vet and saw improvement with values. Been doing well. Energy level WNL. Did have a few vomiting episodes - thought it could be related to a gallbladder issue but has improved w/ a low fat diet. U/S has been done in the past but no liver bx done. Was tested for cushing's disease in the past and was tested negative; asymptomatic for cushing's dz (not Pu/Pd). Examined 9/29/21 for evaluation of mass behind R stifle - appears to be very enlarged popliteal LN. Aspirates performed - came back as reactive lymph node. All other lymph nodes palpate WNL.

Abnormal PE/Chem/CBC/UA Results: Enlarged R popliteal LN, otherwise NSF on exam BW done 9/30/21: CHEM: increased ALT (148), increased ALP (1065), increased triglycerides (330) CBC: thrombocytosis (428) Urinalysis pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. The urinary bladder measures 0.46 cm thick at the apical wall.

Left kidney is normal is size (4.17 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed. Cortical cysts noted.

Right kidney is normal is size (4.67 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed. Cortical cysts noted.

Adrenal Glands

Left adrenal gland is normal in size (1.62 cm long x 0.49 cm at cranial pole and 0.59 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

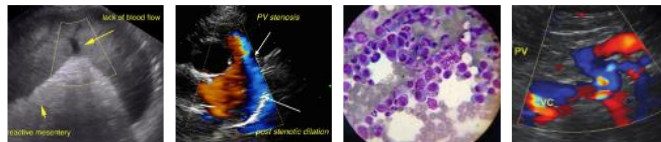
Right adrenal gland is normal in size (1.73 cm long x 0.45 cm at cranial pole and 0.65 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

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.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. Visible vasculature appears normal. Multifocal hyperechoic nodules of varying sizes noted (all <1.0 cm in diameter). Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.



PATIENT

Gastrointestinal

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

SPECIES

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.

Canine

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

BREED

Pancreas

Chihuahua Cross

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SEX

Free Abdomen

Spayed Female

No appreciable intraabdominal lymphadenopathy noted.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Bilateral incidental renal cortical cysts
- Multifocal small hyperechoic well-defined liver nodules, differentials for which include benign changes such as nodular hyperplasia, most likely infiltrative neoplasia such as round cell neoplasia or metastatic neoplasia can't be ruled out but is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

Give this patients' popliteal lymphadenopathy with a reactive cytology, recommendations include further examination of the localized area including the skin and the paw pads. If no focal disease is visibly evident, CT scan of the limb could be considered. A fine needle aspirate of the liver could be considered if patients' coagulation status is appropriate. However, given the chronic nature of the increased liver enzymes and the mild changes, primary hepatopathy is considered unlikely.

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Differentials are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

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There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.

REFERRING VET

Jessica Bailes

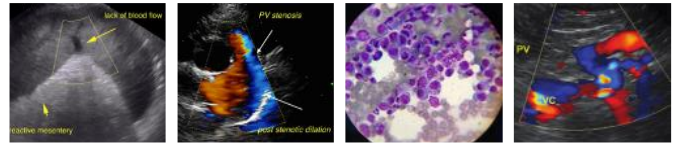
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Urinalysis and urine culture, if indicated, based on the urinalysis are also recommended given the urinary bladder wall changes.

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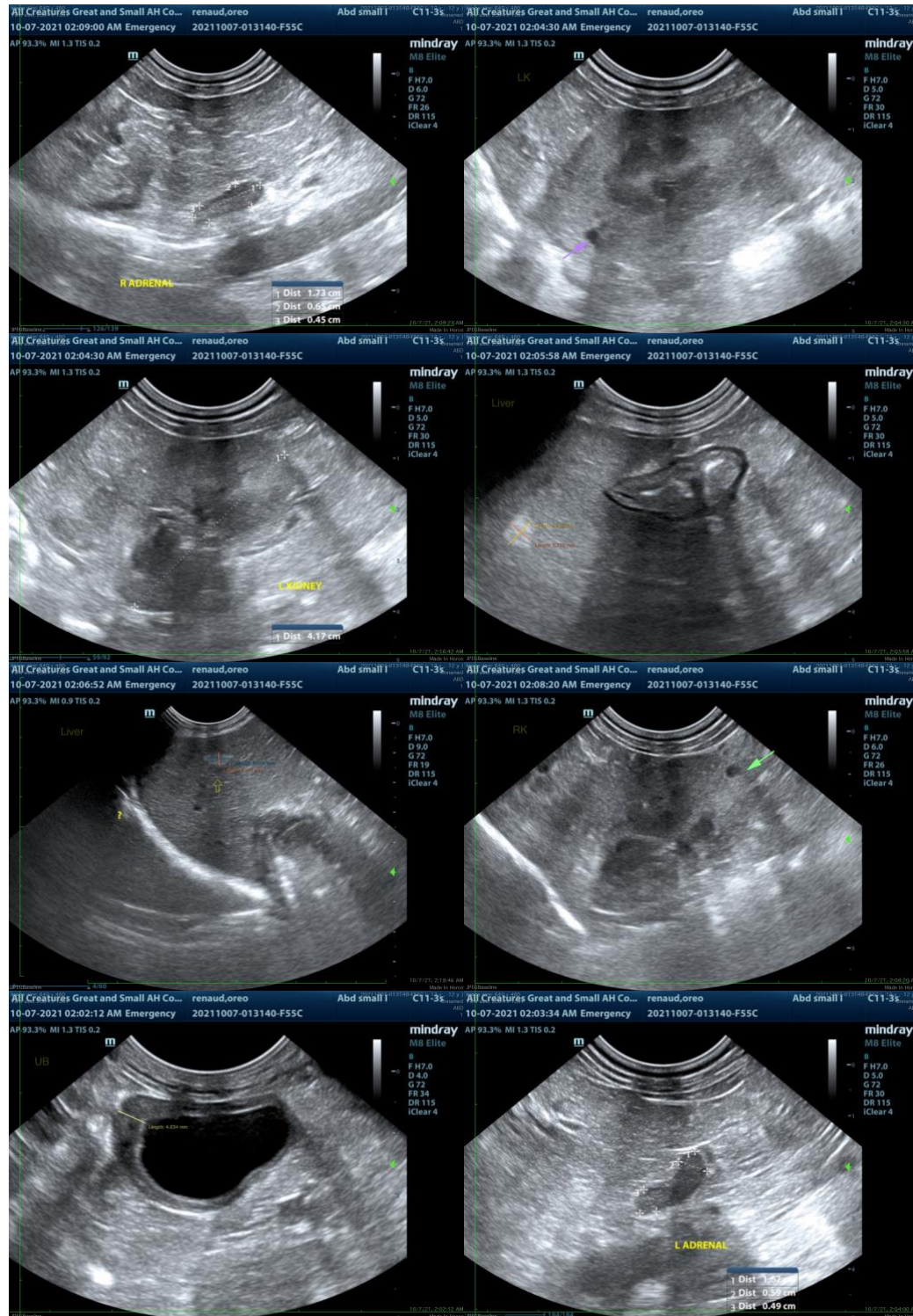
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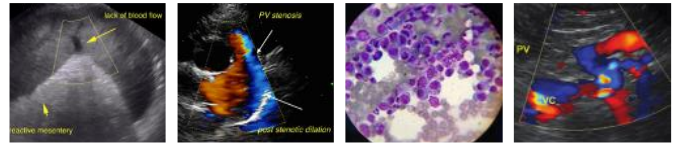
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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