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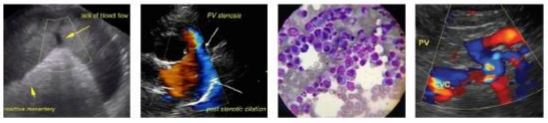

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Widget Padelford

SPECIES

Canine

BREED

Lab Mox/Dwarf

SEX

Spayed Female

AGE

9 Years

WEIGHT

40 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT LVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr. Kris Moger

INVOICE

18869

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: Sedation 0.05ml dex/torb each IV- No abnormal symptoms reported by owner. Hx of arthritis, pt receives glucosamine, Omega-3s, Vertex nutritional supplement, and occasionally Meloxicam (1-2x monthly). Pt seen for annual wellness exam on 11/21/22, a broken mandibular incisor was noted and a COHAT recommended. Lipoma on ventral thorax. No other abnormalities noted on PE. Pre-anesthetic bloodwork was ran, showed elevated liver values: ALT 382, Alk Ph 488, GGT 58, TBili 2.0 Rest of chem panel and CBC were WNL abd US was recommended

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 in size (5.9 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 in size (5.7 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 (0.52 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.61 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 1.3 cm x 1.0 cm mildly heterogenous, primarily hypoechoic nodule is noted in the left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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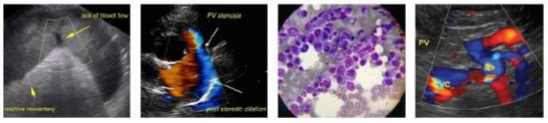

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness 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 peritoneal effusion.

A very mildly prominent hypoechoic pancreaticoduodenal lymph node is noted, measuring 0.69 cm in diameter.

A right sublumbar lymph node is visualized, normal in shape and isoechoic, measuring 0.63 cm thick.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Liver nodule – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

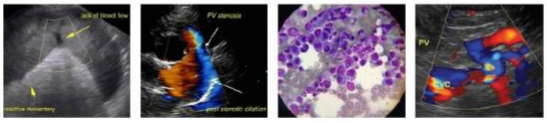
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

Secondary Findings

- Reactive pancreaticoduodenal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients reported liver enzyme increase, testing for leptospirosis is indicated if not recently evaluated. The appearance of the liver nodule trends toward the benign, however, liver sampling in the form of a fine needle aspirate if patients coagulation status is appropriate, could be considered.



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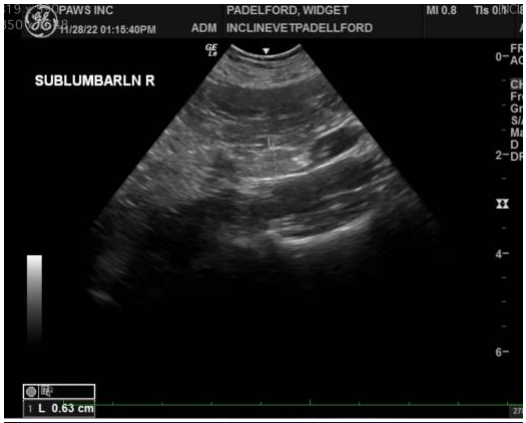
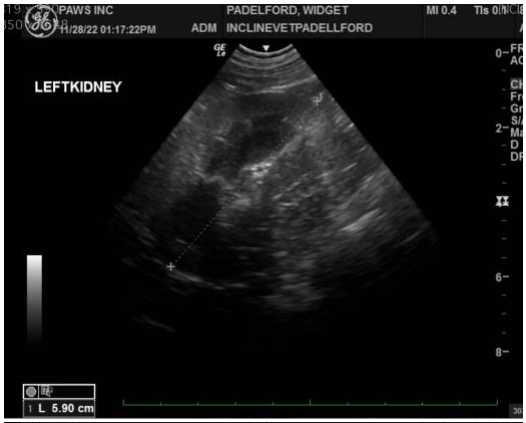
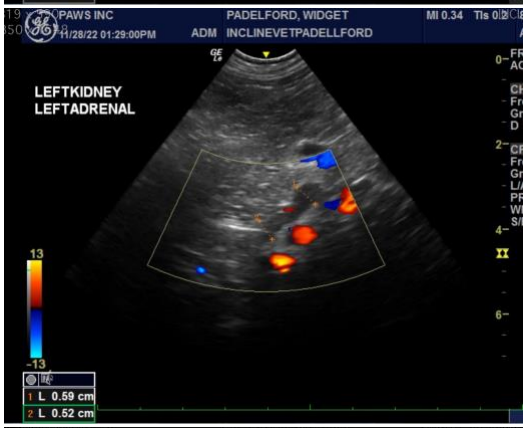
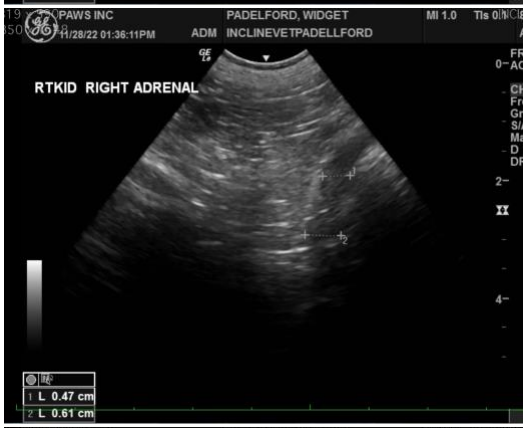
In the meantime, empirical management with hepatic nutraceuticals including ursodiol, given the reported gallbladder debris +/- empirical antibiotics with monitoring of liver enzymes for improvement could be considered. If liver enzymes improve on antibiotics, antibiotics should be continued until they either normalize or plateau, however, if improvement is not noted, antibiotics should not be continued.

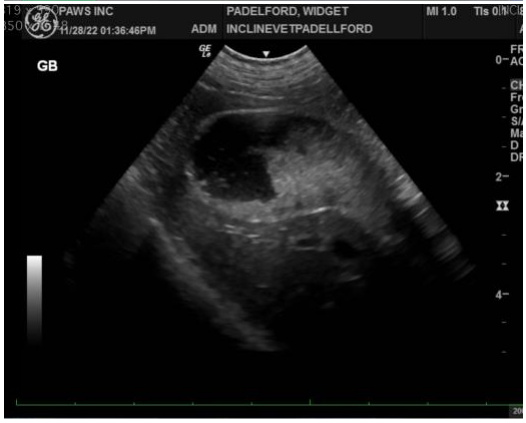
Ultimately, pending results and response, etc., a liver biopsy, being sure to include tissue for copper level assessment may be necessary to definitively determine the cause of the increased liver enzymes.

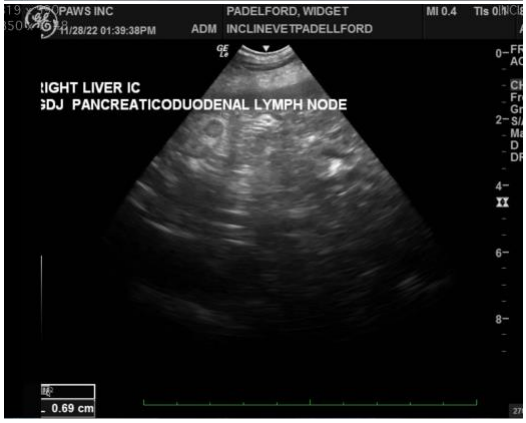












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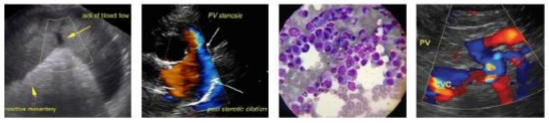

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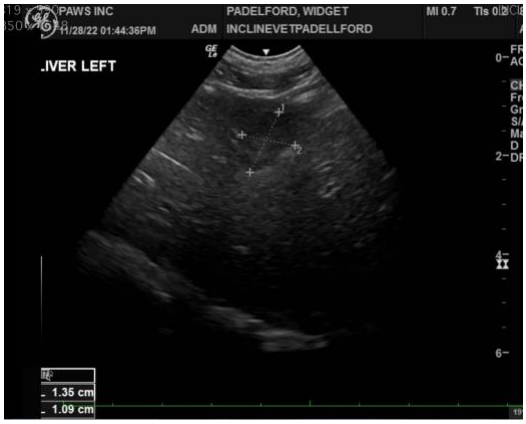

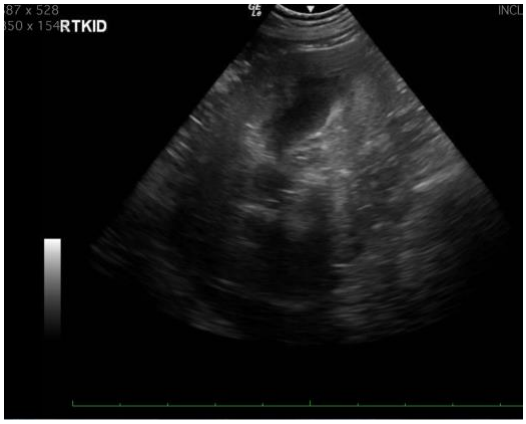

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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