

**DATE PRESENTING CLINICAL SIGNS**

12/20/22

History of GI sensitivity with chronic soft stool to diarrhea (possibly IBD). On a Salmon based food and probiotics which has benefitted the dog but not completely resolved the issues. 12/13-12/15/2022, the dog has been ADR with a "warm" feeling per owner and injected gums, lethargy, and diminished appetite and thirst. No V or D. PE (12/15)- Temp. 101.9 with a unremarkable exam. Labs done and dog started on meds (see below) and continue with probiotics and either bland diet or regular limited ingredient diet (12/16) Blood panel results- elevated liver values/pancreatic enzyme: ALT - 135 (18-121), ALKP - 693 (5-160), T Bili - 1.4 (0.0-0.3), Amylase - 1523 (337-1439). Concern with liver issues and possible biliary tract disease, pancreatitis, etc. Owner noted no improvement in dogs general behavior - still lethargic and not interested in food. The dog would drink inconsistently. Began Amoxicillin 750 mg BID and continue with the current meds. 12/18 - Update, owner reports dog still not normal in appetite or behavior but drinking better and eating some of the bland diet (ground turkey or chicken and rice)

PATIENT

Zar Schaffer

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

Current Medications: Amoxicillin 750 mg BID, Pepcid 20 mg BID
Cerenia 60 mg QD (last dose -12/18)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

AGE

8/19/15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The 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.

WEIGHT

81 Pounds

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

INTERPRETED BYBeth Johnson, DVM
DACVIM

The right kidney is normal in size (7.31 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.

IMAGING PERFORMED BYStephanie Warga
RDCS, RVT

The left kidney is normal in size (7.65 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.

HOSPITAL NAME

Fork Vet Hospital

Adrenal Glands

The right adrenal gland is normal in size (2.84 cm long x 0.56 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Doherty

The left adrenal gland is normal in size (3.03 cm long x 0.61 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INVOICE

43587

Spleen

The 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 enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is subjectively prominent and mildly hyperechoic in appearance. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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.

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.

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

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Subjectively mildly prominent, hyperechoic gallbladder wall** – Rule outs include normal patient variant versus chronic, resolved, or even active cholangitis/cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of gastrointestinal disease/sensitivity, there is some concern for an ascending bacterial infection affecting the liver and gallbladder as the result of chronic gastrointestinal disease. Therefore, further diagnostic recommendations include:

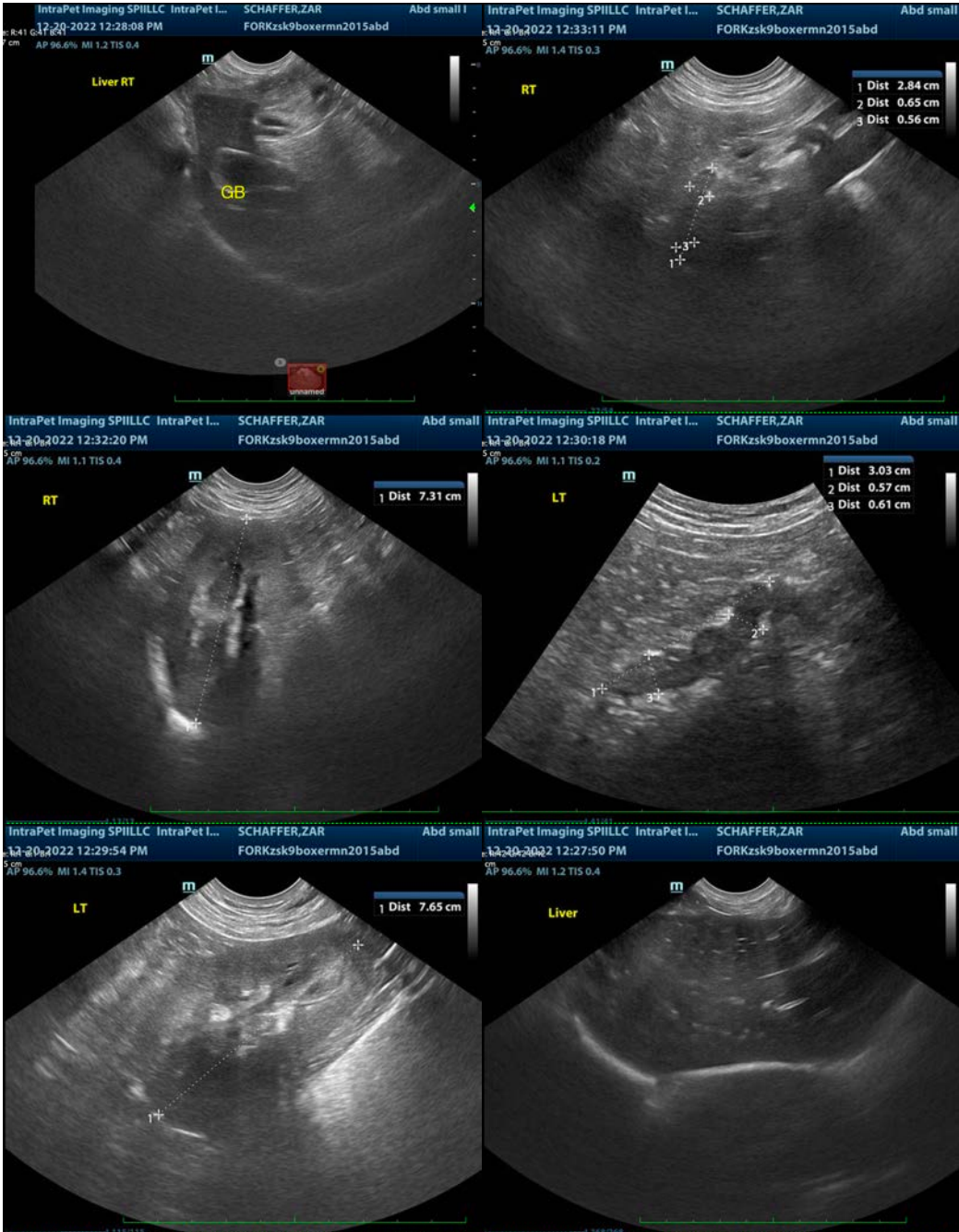
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal exam is recommended if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, an antibiotic such as Metronidazole or Tylosin in addition to hepatic nutraceuticals and an appetite stimulant could be added to the therapies currently being administered, with monitoring for improvement. However, if clinical signs persist and/or especially liver enzymes progress, sampling of the liver, beginning with a fine needle aspirate if patient's coagulation status is appropriate, may be warranted.

Additionally, if not recently evaluated, testing for Leptospirosis is warranted.



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.

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