

PATIENT PRESENTING CLINICAL SIGNS

Roma Mixsell

History of chronic dental disease. Pre op BW showed elevated liver values. Proceed with COHAT and started liver support medications. Recheck BW showed persistent liver elevation. US to investigate further. Physical exam findings: Thin coat. Chronic dental disease that was addressed. Abnormal CBC values: NSF Abnormal Chemistry Values: ALT @ 227, ALP @ 866. T4 @ 0.9 (previous full thyroid panel showed low to low normal TT4 and FreeT4 and cTSH was at high normal but still normal.) Abnormal UA Values: NSF Radiograph Findings(email radiographs if available): Reason for Ultrasound: Work up for persistent elevated liver values.

SPECIES

Canine

BREED

Labrador Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

AGE

10 years

Left kidney is normal in size (6.68 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (7.51 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

70 Pounds

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.46 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.69 cm thick), shape and contour. Corticomedullary structure is unremarkable. No over pathology is present in the remaining area of the adrenal gland.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Alpine AH

Spleen is subjectively large in size with rounded margins. Parenchyma is normal and homogenous in echotexture and diffusely hyperechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Sjoloin

Liver

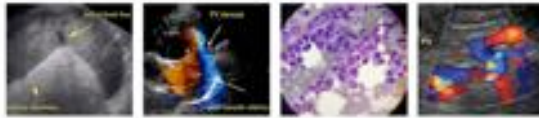
Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. A 0.73 x 1.37 cm hypoechoic liver nodule. Visible vasculature appears normal. GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

96070

DATE

2/14/22



PATIENT *Gastrointestinal*

Roma Mixsell The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 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

Labrador Mix

Pancreas

Pancreas is visible and mildly hyperechoic to the surrounding tissue. The visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation and no evidence of active peri-pancreatic inflammation.

SEX

Spayed Female

AGE

10 years

Free Abdomen

Mild jejunal/mesenteric lymphadenopathy is noted.

WEIGHT

70 Pounds

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Hypoechoic liver nodule. This is most consistent with a benign change such as nodular hyperplasia. Infiltrative neoplasia cannot be ruled out, but is considered much less likely.

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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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Mildly hyperechoic pancreas. Rule out normal variant versus aging remodeling versus chronic pancreatitis.

HOSPITAL NAME

Alpine AH

Splenomegaly can be associated with congestion caused by sedation if the patient was sedated, but can also be associated with diffuse infiltrative disease or benign condition such as extramedullary hematopoiesis or lymphoid hyperplasia as well as infiltrative neoplasia such as round cell neoplasia (especially mast cell tumor given the slightly hyperechoic appearance) should be considered.

REFERRING VET

Dr. Sjoin

Mildly reactive mesenteric/jejunal lymphadenopathy.

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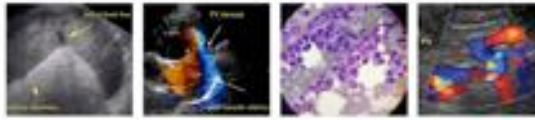
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommendations for this patient given the reported increased liver enzymes and ultrasound findings include a FNA of the liver nodule if possible as well as the spleen if the patient's coagulation status is appropriate. I recommend to premed the patient with diphenhydramine prior to aspirating the spleen in the unlikely, but possible chance that the spleen has mast cell tumor in it. Testing for Leptospirosis is recommended given the mildly prominent mesenteric lymph nodes if there are any concurrent



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gastrointestinal signs a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin is recommended to further assess gastrointestinal tract and pancreas. Given the mild cholecystic debris empirical therapy with Ursodiol, Denamarin and broad spectrum antibiotics can also be considered with close monitoring of the liver enzymes for improvement.

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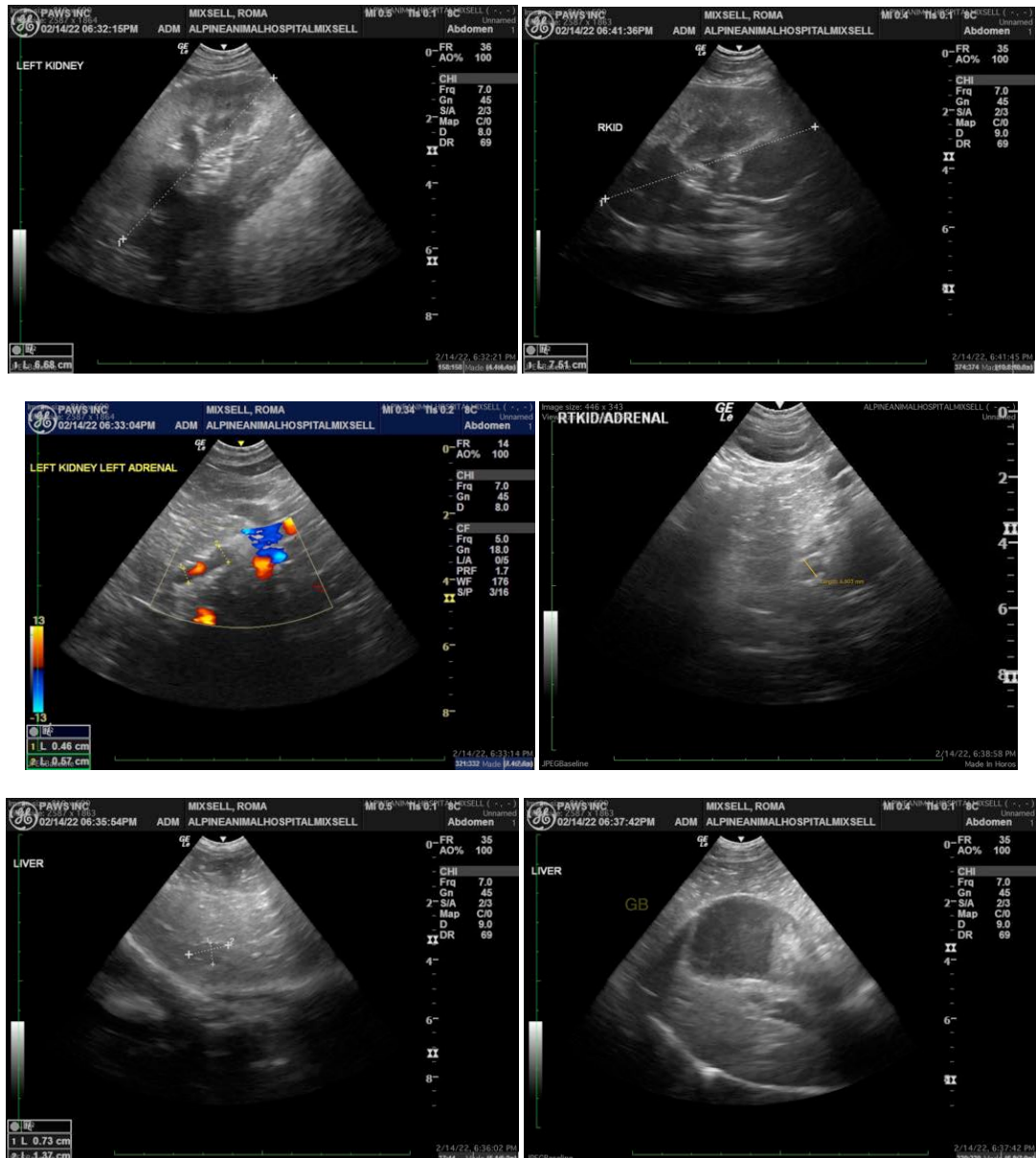
Dr. Sjoloin

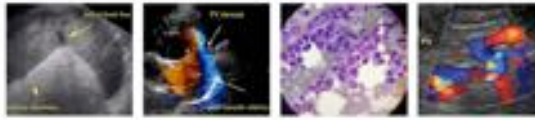
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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