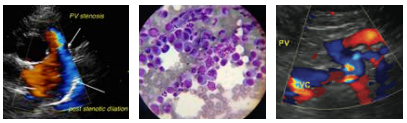
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
2/15/22

PATIENT
Captain Charlye Tang

SPECIES
Canine

BREED
Poodle

SEX
Neutered male

AGE
4/5/14

WEIGHT
71.6 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Schmidt

INVOICE
96087

PRESENTING CLINICAL SIGNS

History: 2/5/22: hemorrhagic diarrhea, chem showed elevated liver enzymes, weight loss- 8lbs in 1 month, has lost 16lbs since June 2021. 2/9/22: rechecked chem- liver values still elevated.
Current Medications: Metronidazole 500mg 1 by mouth every 12 hours, started 2/5/22 & stopped 2/12/22. Proviable 1 by mouth once daily, started 2/5/22 & stopped 2/20/22. Sucralfate 1 gram every 8hrs, started 2/5/22 & stopped 2/8/22. Prilosec (over the counter) 1 by mouth every 12 hours, started 2/5/22 & stopped 2/10/22.
Lab Results: 2/5/22: ALT- 380, ALK P.- 520, GGT-35. 2/9/22: ALT- 335, ALKP- 556, GGT-40. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The region of the prostate is evaluated with no evidence of pathology.

Left kidney is normal in size (7.95 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 (6.33 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (3.4 cm long x 0.87 cm at cranial pole and 1.03 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.39 cm long x 0.91 cm at cranial pole and 0.94 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 enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. 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.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas and ingesta. Due to the gas pattern and acoustic shadowing foreign body cannot be definitively ruled out. However, there is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

Pancreas

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

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

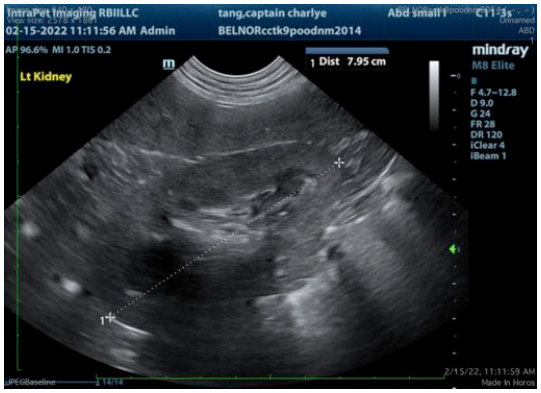
Hyperechoic hepatomegaly– most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

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.

Gas/ingesta shadowing in the stomach. This makes it difficult to definitively ruled out foreign material/debris such as dirt or other. If vomiting is present a recheck of the stomach when it is empty should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A FNA of the liver is recommended if the coagulation status is appropriate as well as testing for Leptospirosis. Given the weight loss and diarrhea a gastrointestinal and malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended. In the meantime, given the increased liver enzymes and Cholecystic debris empirical therapy with Ursodiol, broad spectrum antibiotics and Denamarin is recommended with a recheck of liver enzymes while the patient is on medications in 3 weeks. If the liver enzymes improve I recommend to continue therapy until they full normalize.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Abd small f
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Lt Kidney
1 Dist 7.95 cm
mindray
M8 Elite
F 4.7~12.8
D 9.0
G 24
FR 28
DR 120
iClear 4
iBeam 1
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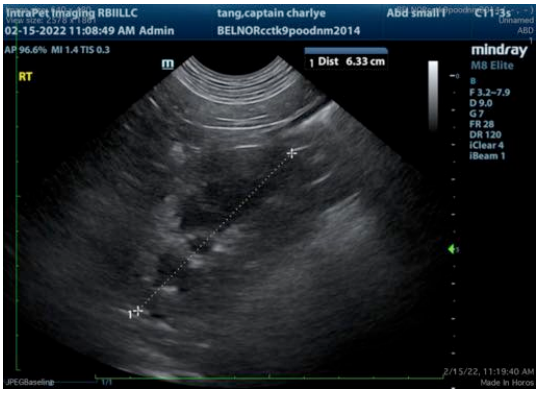
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1 Dist 6.33 cm
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M8 Elite
F 3.2~7.9
D 9.0
G 7
FR 28
DR 120
iClear 4
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C11-3s
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Lt adr
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M8 Elite
F 4.7~12.8
D 7.0
G 19
FR 34
DR 120
iClear 4
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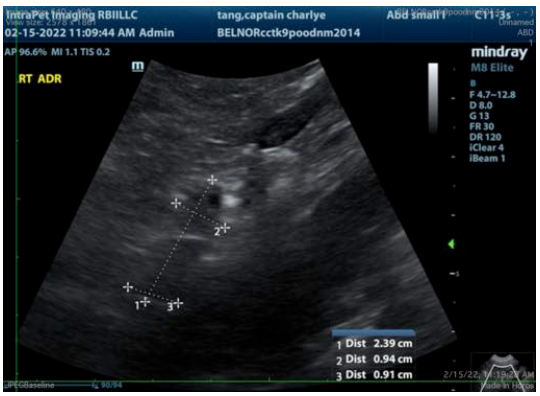
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RT ADR
mindray
M8 Elite
F 4.7~12.8
D 8.0
G 13
FR 30
DR 120
iClear 4
iBeam 1
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2 Dist 0.94 cm
3 Dist 0.91 cm
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IntraPet Imaging RBIILLC
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Abd small f
C11-3s
AP 96.6% MI 1.4 TIS 0.3
Liver
GB
mindray
M8 Elite
F 2.6~6.5
D 12.0
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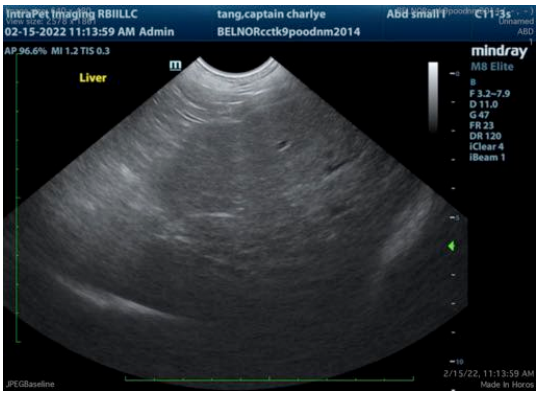
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Liver
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D 11.0
G 47
FR 23
DR 120
iClear 4
iBeam 1
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The information and recommendations provided are based on the images presented by the referring 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