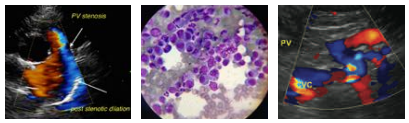
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/7/22

PATIENT
Jax Martin

SPECIES
Canine

BREED
Plott Hound

SEX
Neutered male

AGE
5/1/11

WEIGHT
73.4 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. DelFavero

INVOICE
95844

PRESENTING CLINICAL SIGNS

History: P presented on 02/03/2022 for acute vomiting. Otherwise normal. PE largely unremarkable other than possible hepatomegaly on abdominal palpation. No pain on palpation. Elevated liver enzymes.
Current Medications: Meds started on 02/03/2022: 120mg Cerenia SID x 2 days (after initial Cerenia injection), 437.5mg Clavamox BID x 14 days, Denamarin Advanced SID x 30 days.
Lab Results: PCV 58%/TS 8.8, ALT 669, GGT 24.
Radiographs: Hyperechoic area in liver on AFAST scan.
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 prostate is normal for a neutered dog.

Left kidney is normal in size (7.23 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 (7.6 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 (2.17 cm long x 0.56 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.2 cm long cm x 0.74 at cranial pole and 0.95 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. A hyperechoic nodule/small mass was noted near the neck of the gallbladder measuring 1.5-2.5 cm with a homogenous echotexture. 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. Hyperechoic tissue/area surrounding the neck of the gallbladder was inflamed.

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 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 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

The pancreas is visible. The visible capsule is smooth with normal contour. There is no visible pancreatic duct dilation. However, the pancreatic parenchyma is mildly hypoechoic to the surrounding tissue with mildly hyper reactive mesentery around the pancreas.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

PRIMARY 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. A focal, discrete hyperechoic nodule/small mass near the neck of the gallbladder. This may represent nodular hyperplasia or even primary hepatic neoplasia, round cell neoplasia or metastatic neoplasia; however, given the changes in the neck of the gallbladder this may represent hyper reactive inflamed tissue and should be monitored for changes.

- Gallbladder debris with evidence of hyper reactive/inflamed fat/tissue around the neck of the gallbladder. 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.

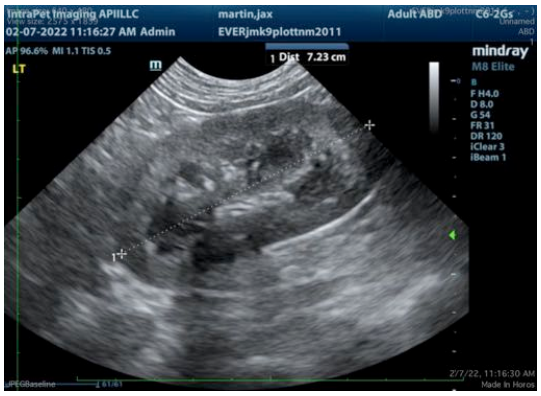
- Mild pancreatitis.

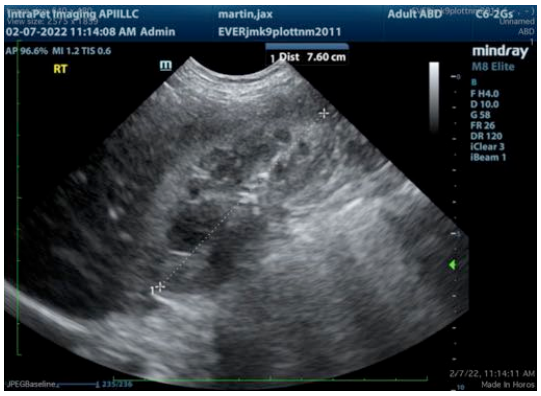
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

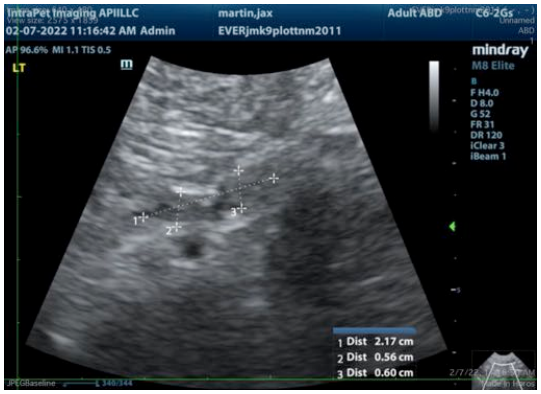
Recommendations for this patient include supportive medical management of clinical signs/pancreatitis with antiemetics, gastroprotectants, pain management as needed as well as broad spectrum antibiotics. Diagnostics could include a PLI for further assessment of the pancreas as well as testing for Leptospirosis if not already performed and a FNA of the liver if the patient's coagulation status is appropriate.

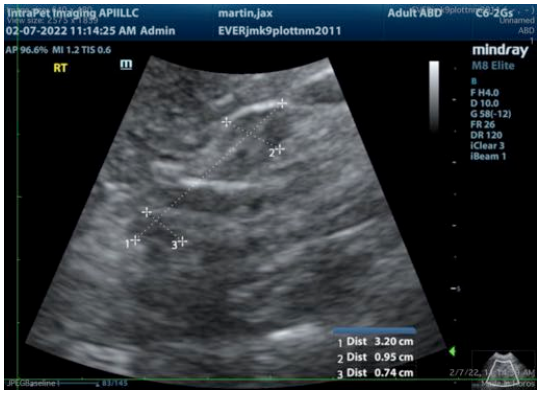
Recommendations include monitoring the ALT as well as the hyperechoic tissue/nodule near the neck of the gallbladder throughout and following medical management for resolution/progression. If after medical resolution of pancreatitis and clinical signs the nodule appears static and/or progressive. A FNA and/or biopsy/excisional biopsy of the nodule/mass may be necessary to definitively diagnose the underlying pathology. Other medical management to be considered while managing pancreatitis include Ursodiol and

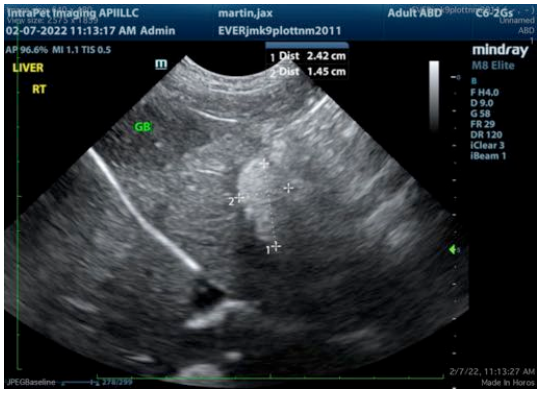
Denamarin. If not already performed three view thoracic radiographs are also recommended.

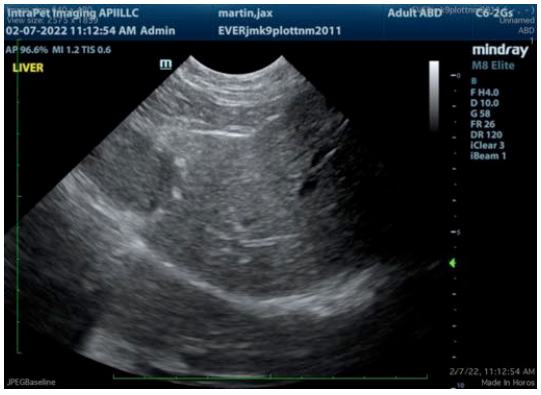


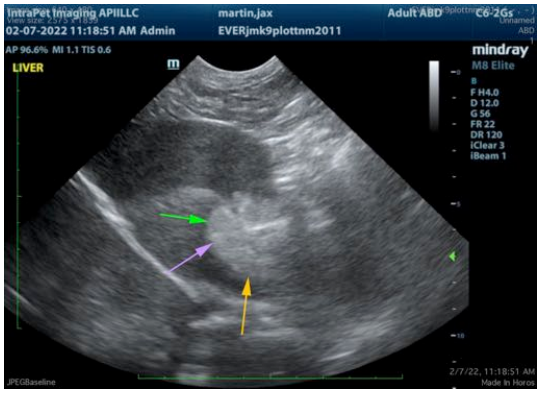


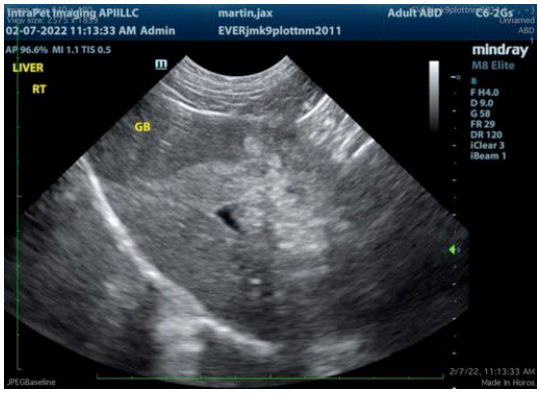


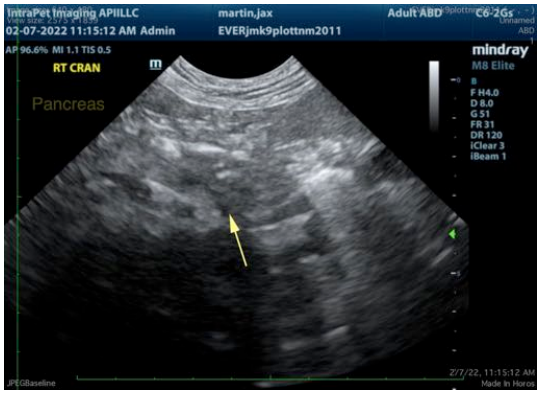












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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