



PATIENT

Scarlet Grimshaw

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

7 Years

WEIGHT

18 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

35569

DATE

2/9/22

PRESENTING CLINICAL SIGNS

V+, retching, not eating, ADR. Suspect severe hepatitis vs liver mass vs other. Possible small pyometra noted on in-house u/s. 1 mos post estrus. Current meds: Ondansetron, Ampicillin, Metoclopramide, Famotidine.

Abnormal PE/Chem/CBC/UA Results: ALP 902, ALT >2000, TBili 5.1, neuts 12.2

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.

The right kidney is normal in size (5.45 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.

The left kidney is normal in size (4.93 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

The right adrenal gland is normal in size (2.07 cm long x 0.61 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.86 cm long x 0.53 cm at the cranial pole and 0.52 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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. 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is an ovoid echogenic density that appears to be attached to the mucosa in some views. 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.



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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.

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

Pancreas

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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.

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Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

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There is a cystic structure caudal to the left kidney, presumed to be the left ovary. The uterus is visible. It appears as a solid, slightly heterogeneous, hypoechoic linear structure within normal size for a non-gravid dog with scant amount of fluid to no fluid in some views in the lumen.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18 Pounds

- 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.
- Echogenic density within the gallbladder that appears to be attached to the gallbladder wall in some images – Differentials include a cholelith settled against the dependent wall versus mucus/sludge versus a polyp, most of which are benign in dogs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The gallbladder in this patient is not distended. There is no evidence of a post-hepatic obstruction. Therefore, the gallbladder sludge/non-shadowing cholelith/polyp is considered likely an incidental finding. Since there is no evidence of post-hepatic obstruction, recommendations include a CBC to rule out anemia causing the increased total bilirubin, and if the patient is not anemic, then intrahepatic cholestasis is the most likely cause for the increased total bilirubin.

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Given the high ALT, recommendations include testing for Leptospirosis, evaluating for possible toxin exposure, and beginning aggressive medical management of an acute hepatopathy with IV fluids, broad-spectrum antibiotics, antiemetics, appetite stimulants (if necessary), and once the patient is eating, adding Denamarin. A fine needle aspirate of the liver is recommended. If that doesn't yield a diagnosis, and liver values do not improve with supportive care, next recommended step is a liver biopsy, at which time the gallbladder can be further assessed, and the polyp/cholelith removed and/or biopsied.

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This patient's uterus appears normal for an intact dog with no significant dilation to indicate pyometra, etc. If clinical signs change indicating otherwise, further evaluation would be recommended.

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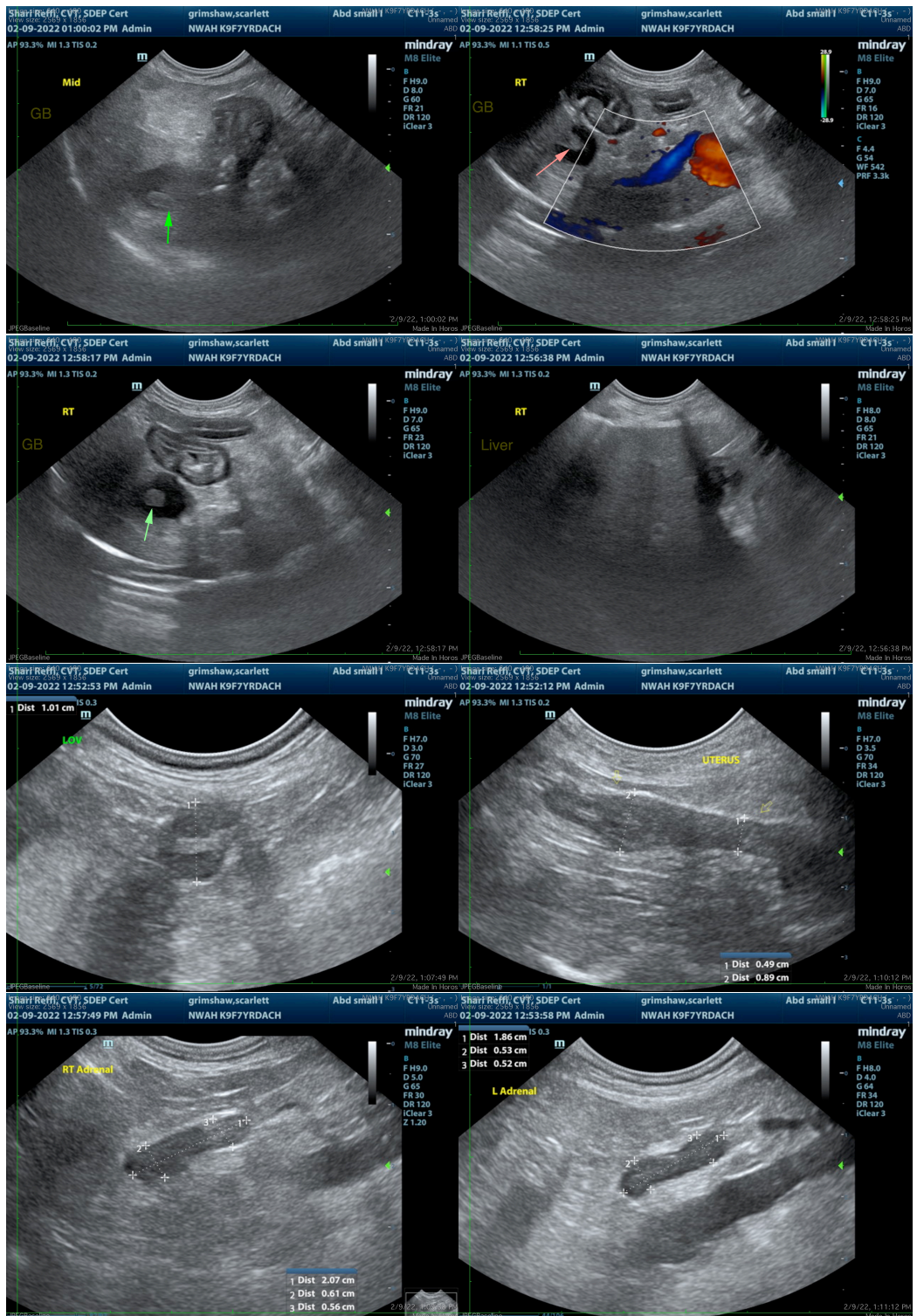
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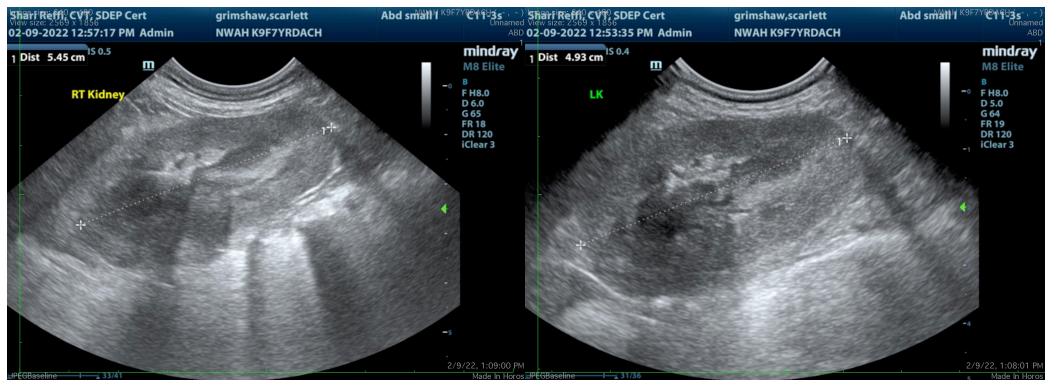
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com