



PATIENT PRESENTING CLINICAL SIGNS

Shadow Howard History: Persistent elevation of ALT since 2021. Has lost some weight without trying. Physical exam otherwise unremarkable. Multiple lipomas. NO meds.

SPECIES Abnormal PE/Chem/CBC/UA Results: Last bloodwork Feb 2023 ALT 241 (18-121) ALP 246(5-160)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Weimaraner Urinary bladder is adequately 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.

SEX

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

Neutered Male

AGE

Left kidney is mildly small in size (6.71 cm) and mildly irregular and diffusely echogenic with mildly decreased corticomedullary distinction and mild loss of internal architecture. There is no pyelectasia noted and no mineral is observed.

10 Years

Right kidney is normal in size (5.9 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.

WEIGHT

80 Pounds

Adrenal Glands

Left adrenal gland is normal in size (2.77 cm long x 0.76 cm at cranial pole and 0.78 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (2.24 cm long x 1.56 cm at cranial pole and 0.66 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Spleen

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.

HOSPITAL NAME

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Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Velez

INVOICE

21624

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

DATE

3/13/23

Gastrointestinal



PATIENT	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Shadow Howard	
SPECIES	The visible small intestines are normal in wall thickness and layering. 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.
Canine	
BREED	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Weimaraner	
SEX	Pancreas
Neutered Male	The area of the pancreas contains irregular hyperechoic pancreatic remodeling.
AGE	Free Abdomen
10 Years	There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
80 Pounds	<ul style="list-style-type: none"> Hyperechoic hepatomegaly- This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely. Mild 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. Hyperechoic pancreas- This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present. Mild chronic left kidney disease- The appearance of the left kidney is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
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REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Velez	Given the mild kidney changes, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
INVOICE	Due to the reported liver enzyme changes, recommendations include an “antigen search” for sources of reactive hepatopathy (including testing for Leptospirosis), followed by a course of empirical antibiotics and hepatic nutraceuticals, with monitoring of ALT for improvement. If improvement is noted, antibiotics should be continued until liver enzymes either normalize or plateau (recheck every 2-3 weeks); however, if improvement is not noted and/or enzyme increase progresses, antibiotics should not be continued long term and sampling, beginning with a FNA of the liver if patient’s coagulation status is appropriate or progressing to a liver biopsy (including copper level assessment) may ultimately be warranted.
21624	
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PATIENT

Shadow Howard

Given the pancreatic changes and the reported weight loss, 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.

SPECIES

Canine

In the meantime, in addition to the empirical management recommended above, for the increased liver enzymes, empirical deworming with a 5-day course of Panacur is recommended.

BREED

Weimaraner

SEX

Neutered Male

AGE

10 Years

WEIGHT

80 Pounds

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REFERRING VET

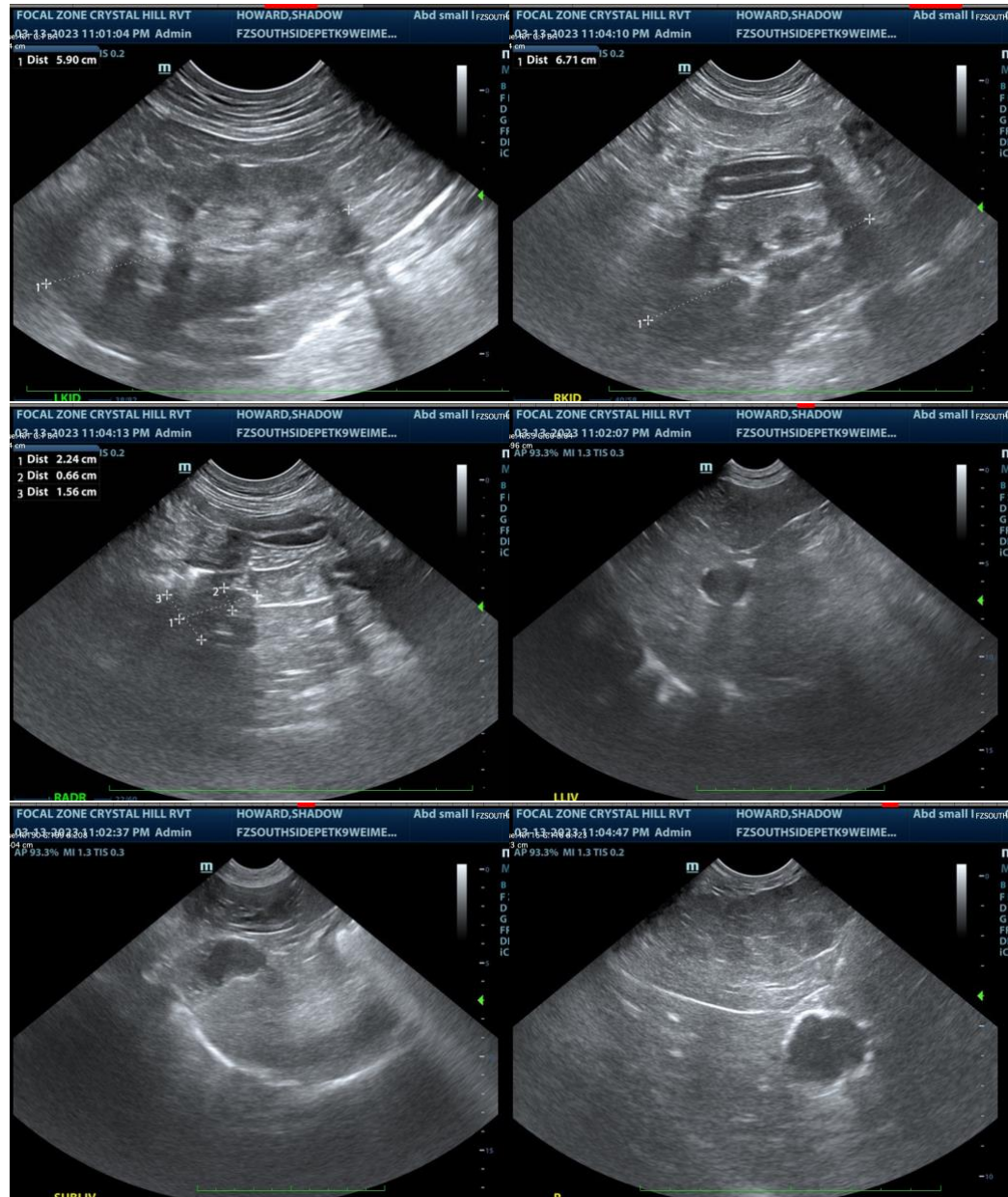
Dr. Velez

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SEX

Neutered Male

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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

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