


PATIENT PRESENTING CLINICAL SIGNS
PATIENT
 Grover Romano

Recheck echo, Prev echo Feb 22 Presented Feb 27, 2023- lethargic, depressed, not eating since their other dog passed away earlier in the month History of pancreatitis fall 2022- on Gastro Low Fat food Bloodwork showed mild ALT elevation, Moderate ALP elevation, increased lipase. Treated with Cerenia, Sulcrate, Omeprazole- no response. Spec cPL was 520 (0-200) Added Mirtazepine- still hardly eating Tried IV fluid therapy during clinic hours for 2 days- no difference Current Medications Mirtazepine 7.5 mg q 24 hours

SPECIES

Canine

BREED

Havanese

Abnormal PE/Chem/CBC/UA Results: Mild ALT, Moderate ALP, Mild Lipase all increased- labwork emailed separately Spec cPL elevated at 520 (0-200)

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
AGE

14 Years

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses are observed. Punctate mineral foci are noted, and small non-shadowing cystoliths can't be ruled out. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

WEIGHT

7.3 kg

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

INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.53 cm. The left kidney measured 4.48 cm.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The right adrenal gland is normal in size (1.74 cm long x 1.2 cm at the cranial pole and 0.62 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Simcoe Animal Hospital

The left adrenal gland is normal in size (1.63 cm long x 0.43 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Kennedy

Spleen
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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.

DATE

3/16/23

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. 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 no evidence of cystic or common bile duct dilation.



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Gastrointestinal

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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.

AGE

14 Years

Pancreas

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.

WEIGHT

7.3 kg

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Age related kidney changes
- Urinary bladder debris with some mineral debris and small cystoliths unable to be ruled out.
- Otherwise, this is an unremarkable/normal abdomen without an evident reason for the reportedly increased liver enzymes and/or decreased appetite.

IMAGING PERFORMED BY

Kelly Reschny

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 not noted and/or enzyme increase progresses, a liver biopsy may be warranted.

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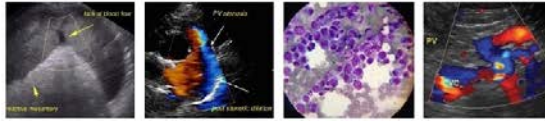
Further evaluation of non-intraabdominal causes for decreased appetite are recommended, including oral or dental pain/lesions, orthopedic and/or neurologic disease, central nervous system disease, etc.

In the meantime, transitioning from Mirtazapine to Entyce could be considered.

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Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.



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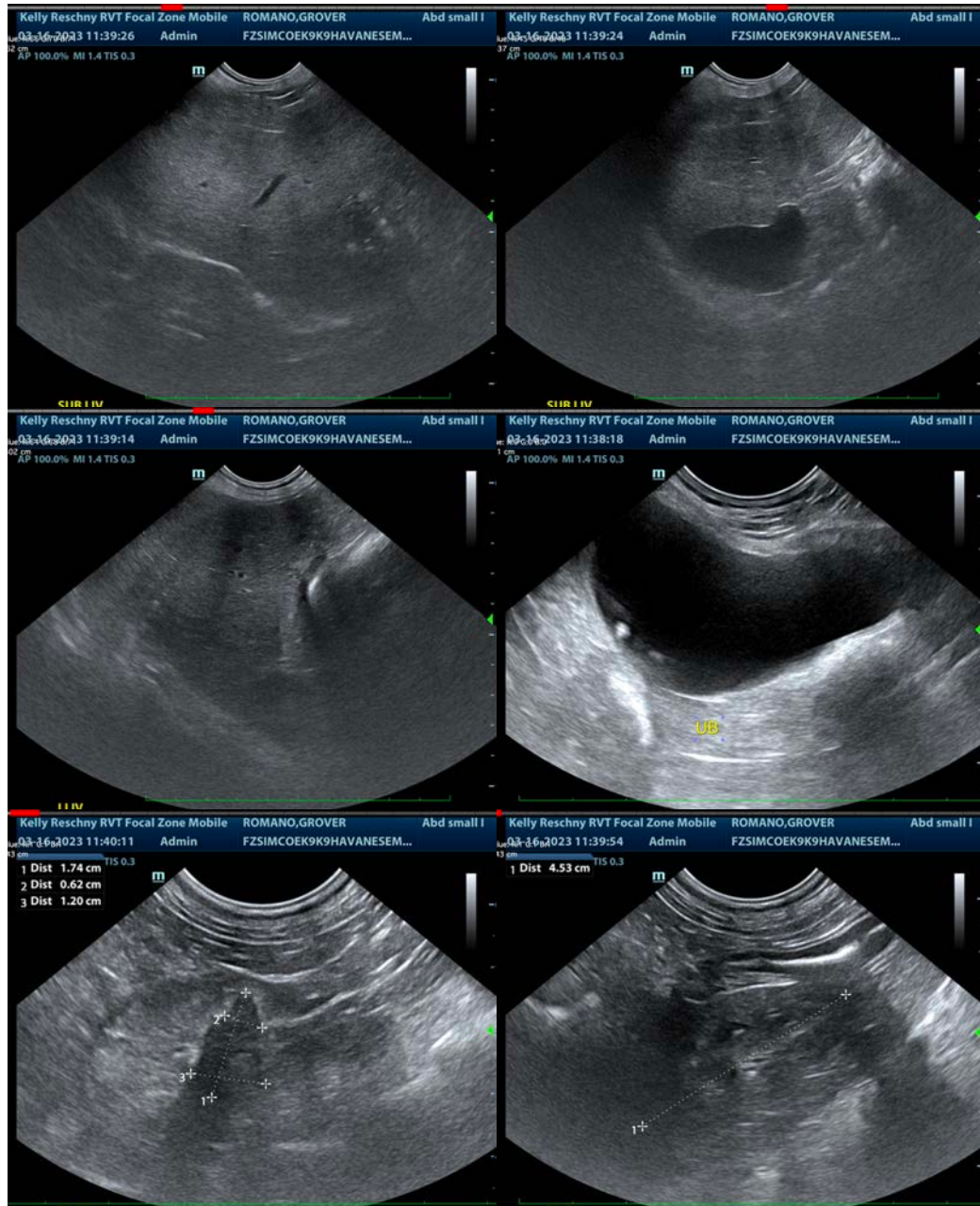
Dr. Kennedy

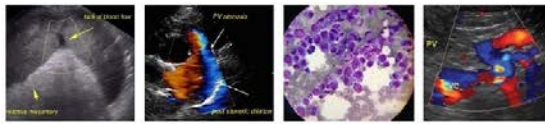
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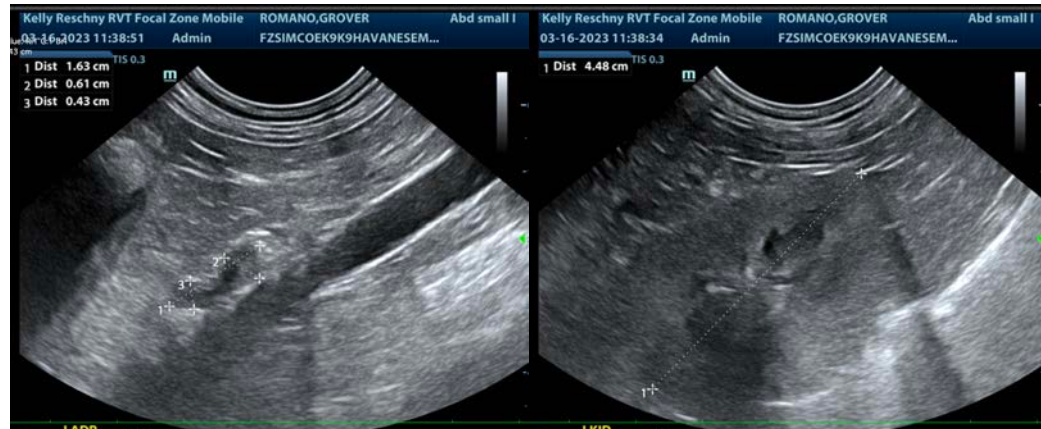
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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