



PATIENT

Oatie Krouse

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

42.7

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Kristen Levine

INVOICE

46029

DATE

3/21/23

PRESENTING CLINICAL SIGNS

elevated liver enzymes over past 2 years; were getting better but has gotten worse over past 4-5 months. appetite down, noticed ascites in January.

Abnormal PE/Chem/CBC/UA Results: ALT 315, alp 346, GGT 15, bilirubin 1.8; fluid ballottement in abdomen; muscle loss generalized.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a very large amount of echogenic non-shadowing and some mineral/sand 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 or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

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

The right kidney is normal in size (6.8 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 (6.5 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 (1.0 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.

The left adrenal gland is unable to be well visualized in these images.

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 normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Patchy ill-defined areas of increased echogenicity are present with reduced visualization of vessels. No overt nodules or masses 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.

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.

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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

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A large amount of anechoic free fluid is present.

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There is no apparent lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- **Hepatic Fibrosis Pattern** – This appearance is most consistent with chronic hepatitis with fibrosis and/or early cirrhosis. These changes can occasionally be seen with resolved past inflammatory episodes and should therefore be interpreted in combination with clinical signs and/or associated laboratory changes (including bile acids).

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- Large amount of anechoic free fluid

SECONDARY FINDINGS

- Large amount of urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this patient's liver is concerning for chronic hepatitis with fibrosis and/or even early cirrhosis and possibly portal hypertension causing the free abdominal fluid. Bile acids would be helpful but are not reliable if the total bilirubin is increased. However, an ammonia level could be checked.

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Coagulation profile is recommended if not recently evaluated.

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Sampling of the free abdominal fluid for fluid analysis, cytology +/- culture and sensitivity, etc. based on cytology results is recommended.

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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 ration is recommended.

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Pending the results of all of the above, ultimately a liver biopsy, being sure to include copper level assessment is likely warranted to definitively diagnose and therefore help direct management of this patient's suspected hepatopathy.



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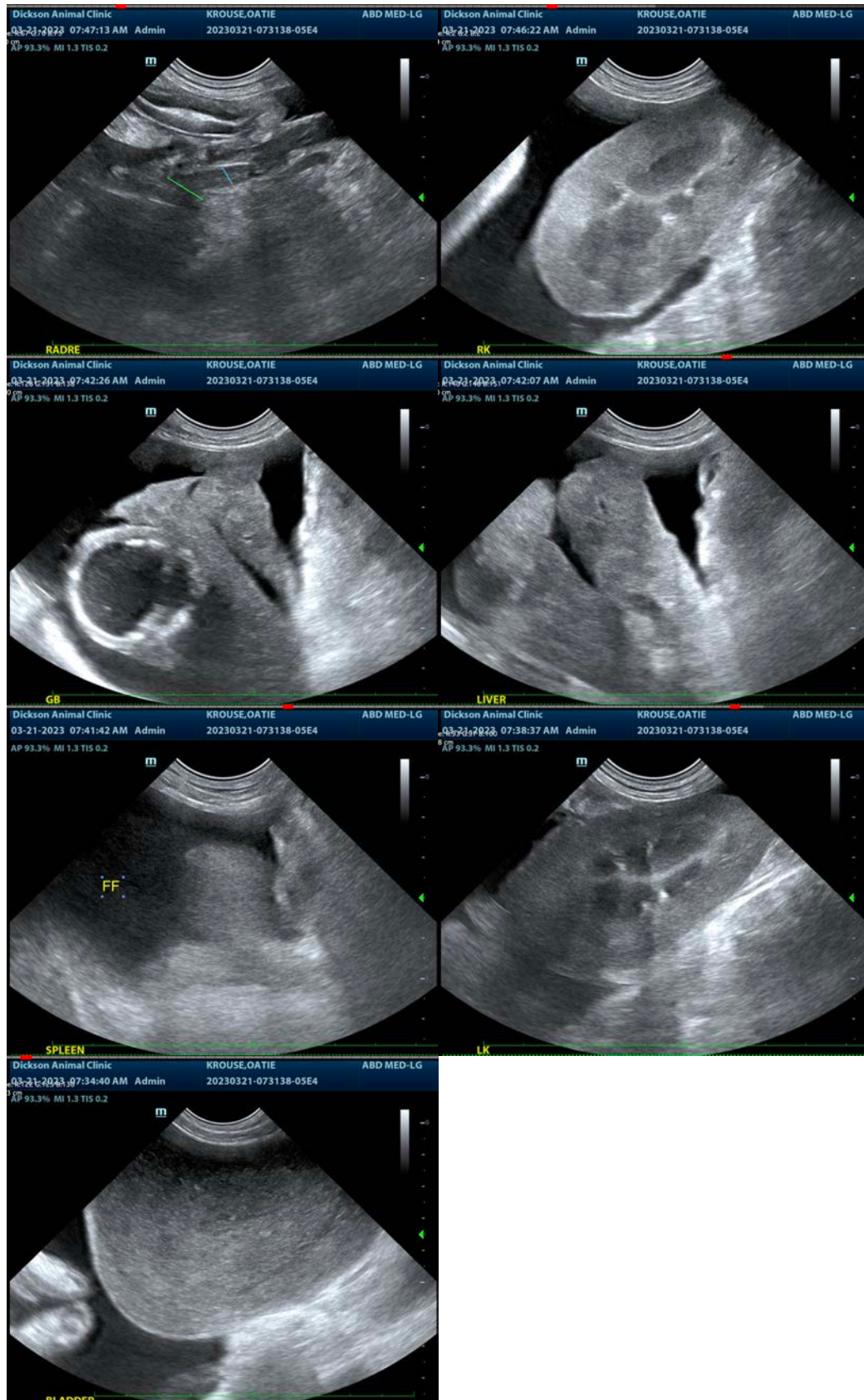
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Beth.Johnson@sonopath.com

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