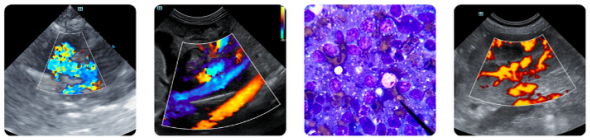

PATIENT

Wall-E Nicholson

SPECIES

Canine

BREED

Wheaten Terrier

SEX

MN

AGE

10 years 11 months

WEIGHT

21.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Claire McNicol

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PRESENTING CLINICAL SIGNS

- Losing weight, inappetance and shaking/ataxia. O reports Wall-E appears thinner than normal since this was done. He has not been eating well over the past few weeks. O reports he has not been drinking a lot. No vomiting or diarrhoea.
- Wall-E has been standing with his hips slightly tucked and shaking intermittently.
- QAR, anxious. BCS 3/5. Very mild cachexia along spine. Chest: no murmurs/arrhythmias, pulses matching, no adventitious lung sounds, normal effort. Abd: slightly tense, non-reactive.
- Problems: Hyporexia, Weight loss/mild cachexia, Episodes of standing with hips tucked and shaking, Reactive to palpation of thoracolumbar spine with spondylosis of the thoracic and lumbar spine, Hx of struggling on stairs for some time.
- Mild non-regenerative anaemia (HCT 34.9, RBCs 5.28), Mild thrombocytopaenia (114), Mild azotaemia (BUN/Urea 10.8, Creatinine 140), Hyperkalaemia (6.2), Mild liver enzyme elevation (ALT 276, Alk Phos 306)
- POCUS No pleural/pericardial/peritoneal effusion. Normal glide sign. No B-lines. Subjectively normal LA: Ao. Gall bladder appeared enlarged with partially organised debris and surrounding anechoic contents.
- Lateral radiographs were taken of the spine and hips with a VD view obtained of the pelvis. Mild spondylosis was noted between T4-5, T5-6 and T9-10 with more severe emerging bridging spondylosis at L1-2, L2-3, L3-4 and L5-6. No visible masses in the visible lungfield on lateral thoracic spinal radiographs.

Abnormal PE/Chem/CBC/UA Results: CBC revealed mild non-regenerative anaemia with HCT 34.9, low HGB 12.9 and low RBCs 5.28 and lymphopaenia 0.83. Platelets were mildly low at 114. Blood smear revealed some platelet clumping with 4-5/hpf (likely truely slightly low). There was polychromasia of the red blood cells. Chemistry revealed mild azotaemia with BUN/Urea 10.8 and Creatinine 140, mild liver enzyme elevation with ALT 279, Alk Phos 306 and mild hyperkalaemia 6.2. USG on free-catch urine sample was 1.020. Suspect early renal disease as cause for azotaemia. Fresh blood was pulled to be sent for CBC for pathologist interpretation. Advised O results should be back tomorrow afternoon. SNAP Cortisol was normal at 66nmol/L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

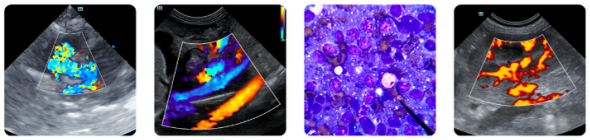
Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder and trigone are normal in thickness with a smooth mucosal surface. Just beyond the prostate, the urethra appears subjectively symmetrically mildly thick, measuring 0.36 cm to 0.38 cm thick. However, definitive detail from surrounding tissues is difficult to differentiate and overlying tissue versus true urethra can't be definitively ruled out.

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

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Multiple cortical cysts are present bilaterally. Trace pyelectasia is noted bilaterally. There is no mineral observed. Left kidney measures 6.2 cm in sizer, and the right kidney measures 6.4 cm.

Adrenal Glands



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The right adrenal gland is normal in size (0.71 cm at cranial pole and 0.46 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

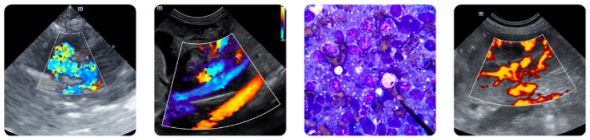
Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.



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ULTRASONOGRAPHIC FINDINGS

- A mildly thick urethra can't be ruled out. In which case both benign inflammatory and/or infiltrative neoplastic disease would be differentials. This finding, however, should be interpreted in combination with patient's clinical signs, potentially a rectal exam, re-check or follow up imaging, monitoring, etc.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Moderate 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.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild bilateral chronic kidney disease changes with trace pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Submission of urine to look for BRAF gene mutation is recommended.

Sampling of the liver, and spleen could be considered via fine needle aspirate if patient's coagulation status is appropriate. Having said that, the changes described above are very specific and largely trend in appearance toward benign.

A routine fecal/giardia exam is recommended if not recently evaluated.

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.

A blood pressure is recommended if not recently evaluated.

Given the azotemia and concern for possible early or emerging chronic kidney disease, as well as the liver enzyme changes, testing for leptospirosis could also be considered.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

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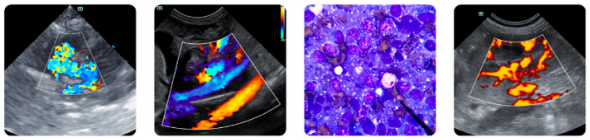

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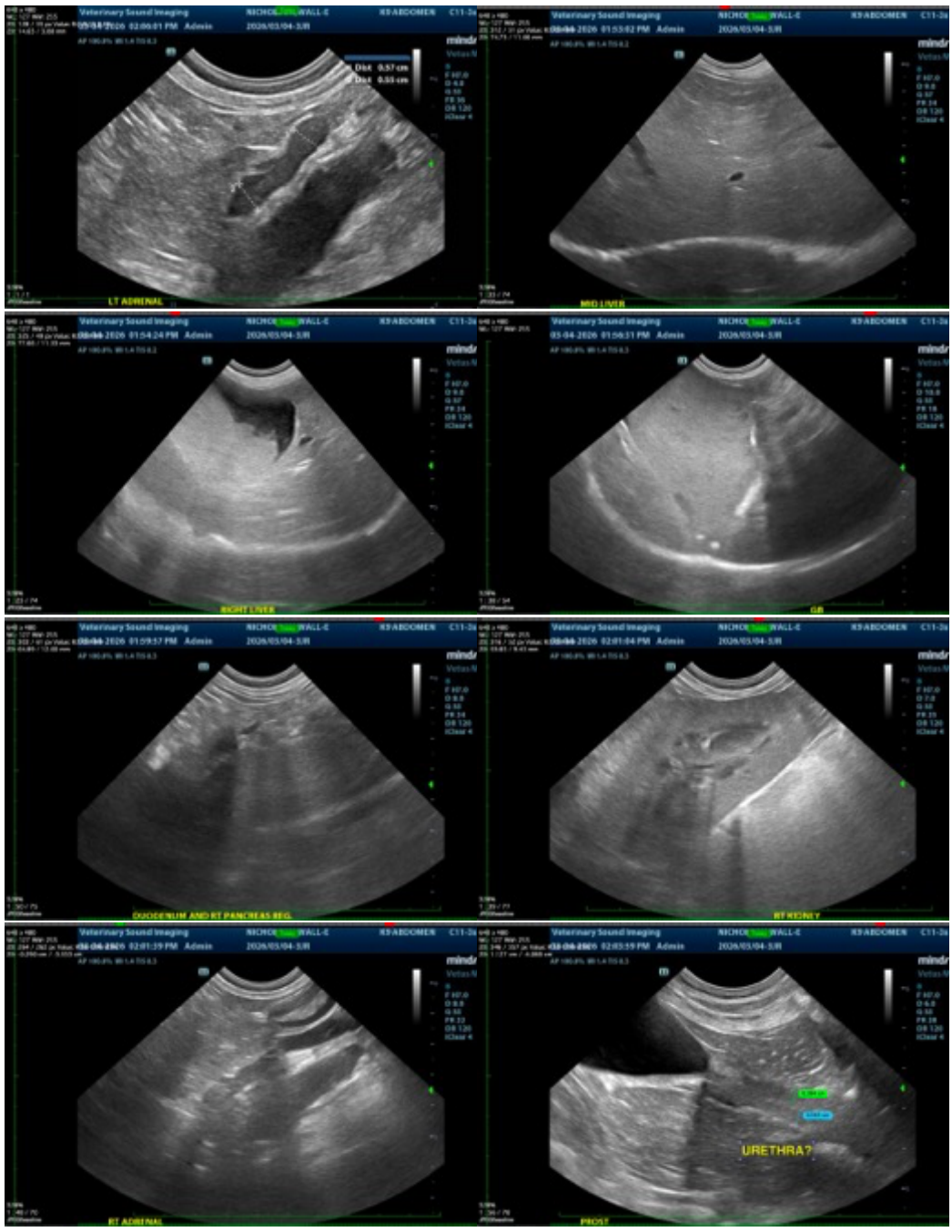

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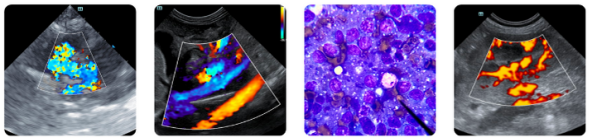

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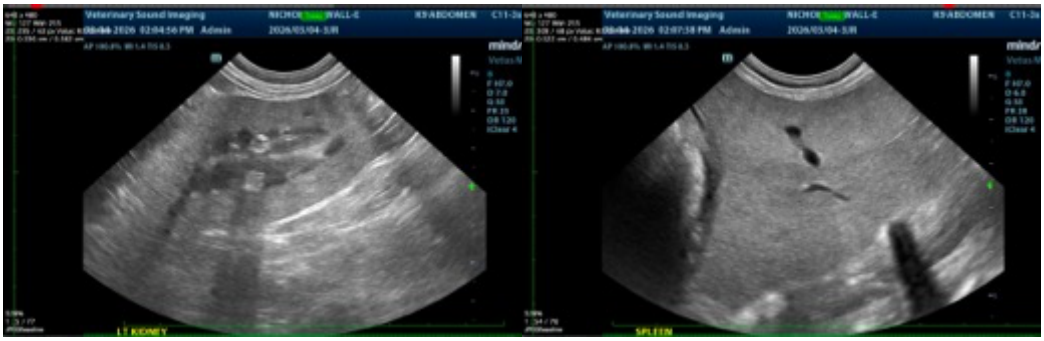

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com