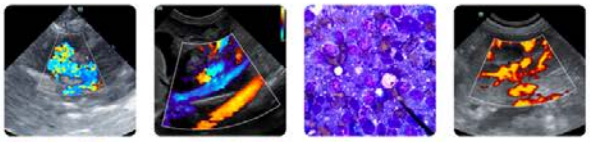

PATIENT

Sadie Marie Milne

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

12.75 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

75286

DATE

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PRESENTING CLINICAL SIGNS

Both knees have inflammation, which appears worse on the right side. The right knee also has a medial patellar luxation. The left patella has a grinding sensation, suggesting a possible acute soft tissue injury. Injury to the left knee happened jumping out of the truck. PreSx workkup

Abnormal PE/Chem/CBC/UA Results: Xrays 1. Moderate bilateral stifle effusion and mild arthritis, worse on the right, likely compatible with an intra- articular injury such as a partial/complete cruciate ligament rupture and/or meniscal damage. 2. Medial patella subluxation on the right. This does not rule out the possibility of a medial patella luxation on the left. 3. Moderate bilateral arthritis of the tibiotarsal joint. 4. Mild rounding of the hepatic margins in absence of hepatomegaly likely due to fatty infiltrates, endocrinopathies, nodular regeneration or nonspecific hepatopathy. 5. Mild cardiomegaly likely due to valvular degenerative disease. 6. Disc disease at C3-4. Blood work: CBC: -High MPV -High PCT CHEM: ALB 42 (N 22-39) ALKP 915 (N 23-212) SDMA 13 (N 0-14) TT4 39 (N 13-51)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

The right kidney is normal is size (6.2 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 or infarcts observed. A small non-obstructive nephrolith is noted.

The left kidney is normal is size (5.8 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.

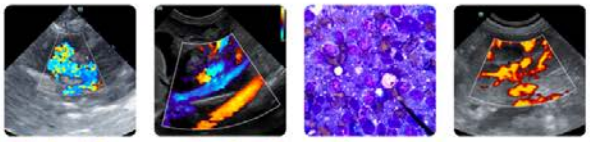
Adrenal Glands

The right adrenal gland is normal in size (0.50 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is plump/swollen in size, measuring 1.1 cm at the cranial pole and 1.3 cm at the caudal pole. Normal shape and contour are maintained without evidence of capsular invasion. Some likely age related parenchymal heterogenicity is present. 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.



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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 lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. 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.

PRIMARY FINDINGS

- Left adrenomegaly with normal right adrenal gland – This finding can be a normal or incidental patient variant, especially given the lack of a contralateral small/flat gland. Other differentials to consider include adenoma (vs adenocarcinoma), pheochromocytoma and/or adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. Interpret in combination with clinical signs of hyperadrenocorticism or other adrenal disease.

- Mild 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.

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SECONDARY FINDINGS

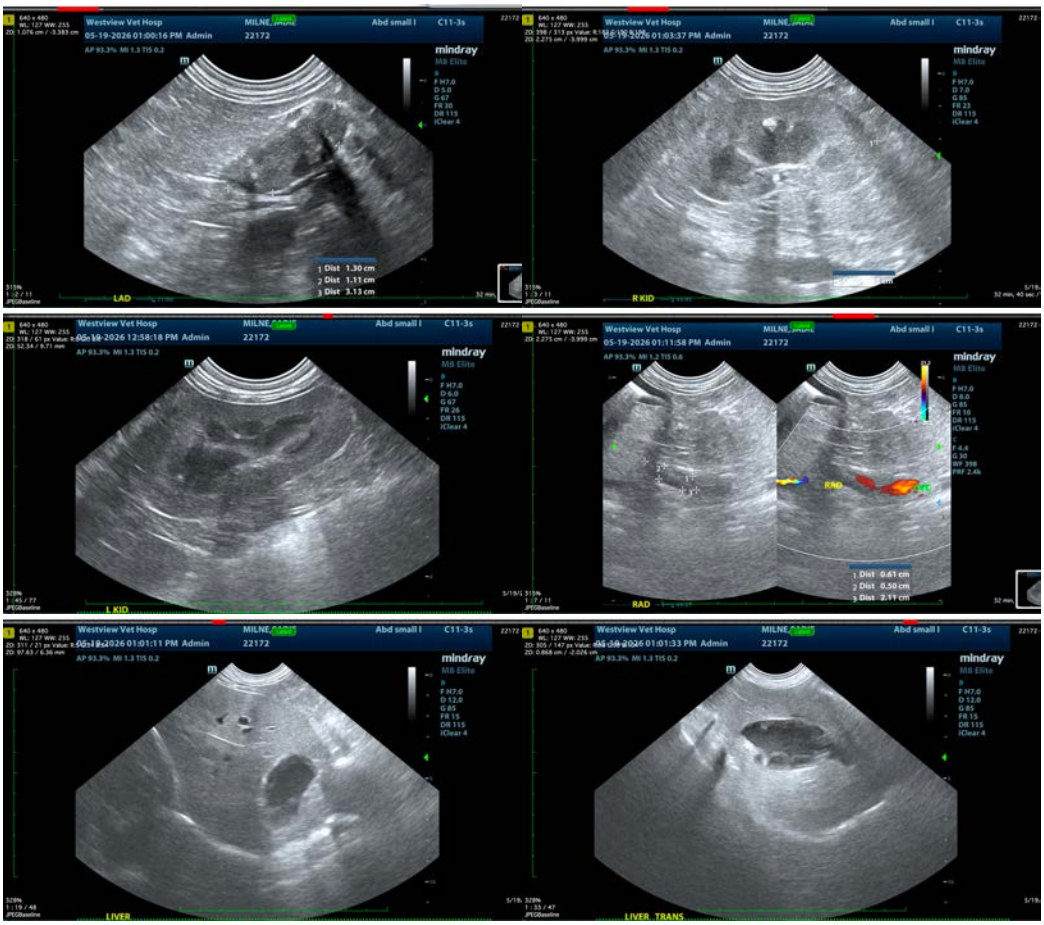
- Small non-obstructive nephrolith in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the appearance of this ultrasound, differentials for patient's reportedly increased ALP include emerging adrenal disease/hyperadrenocorticism, or potentially a concurrent hepatopathy, the gallbladder sludge, other, and should be interpreted based on patient's clinical history. If patient has clinical signs consistent with hyperadrenocorticism, testing in the form of a low-dose Dexamethasone suppression test could be considered.

In the meantime, empirical hepatic nutraceuticals including Ursodiol could be considered while monitoring ALP for improvement.

Additionally, if not recently evaluated, a 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 ratio is recommended.



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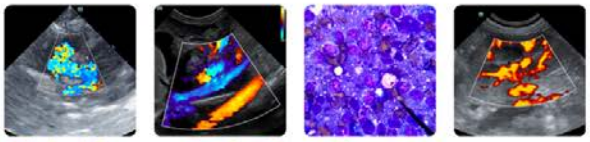

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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