PATIENT

Olivia Cantwell

SPECIES

Canine

BREED

Labrador Retriever x

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Sturbridge Veterinary Hospital

REFERRING VET

Thomas Hamilton, DVM

INVOICE

74972

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Olivia had presented with lethargy and inappetance despite appropriate doxycycline therapy for tick-borne disease. Repeat bloodwork - elevated liver and renal values. Leptospirosis negative. Patient has exposure to wetlands and stagnant water. Anaplasma +. Amoxicillin instituted. Clinical signs resolved - now has a good appetite and normal energy level.

ALt 220, ALP 1680, GGT 3, SDMA 18, creat 19, BUN 31.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses or inflammatory changes are observed. One sizable cystolith is noted measuring approximately 1.5 cm in diameter. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.4 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 infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Mild pyelectasia is noted measuring 0.20 cm in the transverse view.

The left kidney is normal is size (5.71 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The caudal pole of the right adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. The cranial pole is difficult to fully visualize/isolate for measurement .Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.53 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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. Multifocal mineral foci are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately 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.

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Gastrointestinal

Fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. No evidence of masses/nodules or foreign material present.

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 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.

Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- Gastritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other. Microulceration cannot be ruled out. Infiltrative neoplasia, while considered less likely, can't be ruled out.

- 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.

- Mildly reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Moderately 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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- Spleen mineralization – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.

SECONDARY FINDINGS

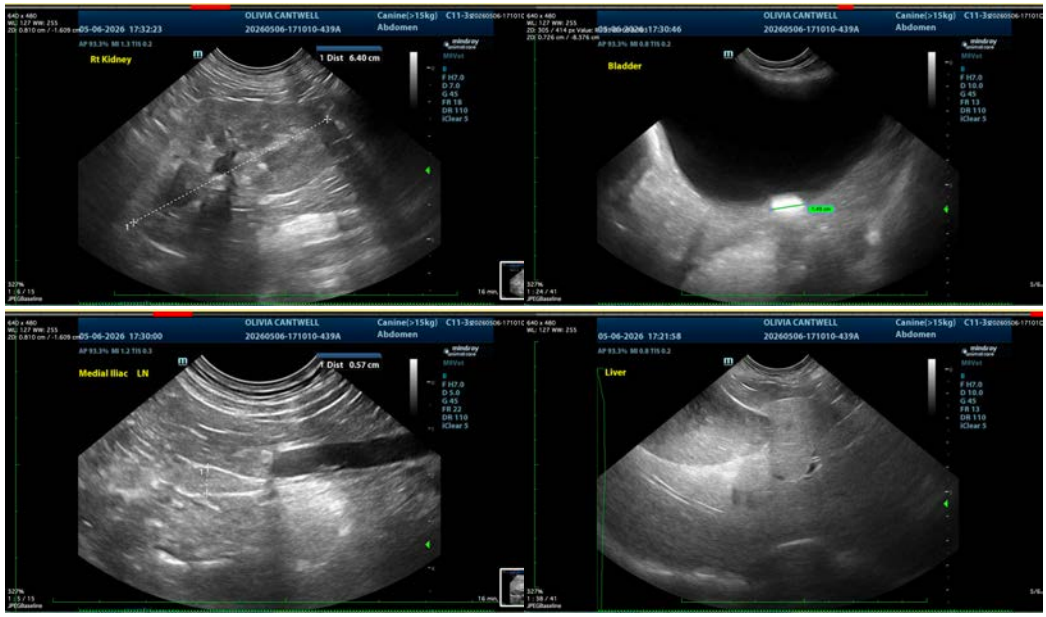
- Non-obstructive dystrophic mineralization bilaterally in the kidneys, with mild pyelectasia noted in the right.

- Urinary bladder cystolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the geographical differences and units for lab work submissions, for the lab work values to be used in interpretation, please provide units, normal reference ranges, or at least a high, norma, or low for provided lab results. Having said that, if patient is azotemic, and urinalysis has not already been performed, 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.

Based on patient's history, some of the reported gastrointestinal signs +/- liver enzymes could potentially have been a reaction to Doxycycline, which sounds like it has clinically resolved, so potentially supportive/symptomatic medical management and hepatic nutraceuticals, etc. could be continued while monitoring liver enzymes for improvement and continuing to treat the anaplasma. If either organ appears to be affected beyond treatment full treatment course and supportive/symptomatic care, additional workup would be indicated, including potentially bile acids if patient's total bilirubin is not increased, further infectious disease evaluation, and/or even sampling, beginning with fine needle aspirates of the liver if patient's coagulation status is appropriate.



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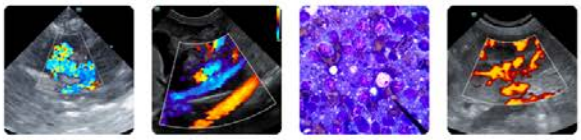

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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