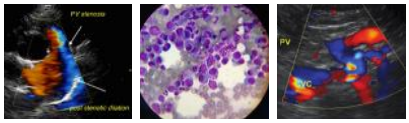
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
6/13/22

PATIENT

Zoey Eichelberger

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

5/1/10

WEIGHT

42 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Thai

INVOICE

16077

PRESENTING CLINICAL SIGNS

History: Decreased appetite for 1 and a half months. Turned jaundice this week. On PE decreased mild weight, 3 pounds over the past month, icteric scelera/gums, abdomen soft, non-painful, no obvious mass. Temp is 101.8.

Current Medications: Denamarin Advanced just started; amoxicillin400mg BID and Metronidazole 250mg SID.
Lab Results: Increased ALT 832 (10-125), Increased ALP 858 (23-212, Increased GGT 21 (0-11), Increased total bilirubin 9.9 (0-0.9), HCT 51%.
Radiographs: No obvious masses noted.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (6.0 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.

Right kidney is normal is size (5.66 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

Left adrenal gland is normal in size (2.19 cm in length x 0.6 cm at cranial pole and 0.61 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.93 cm in length x 0.87 cm at cranial pole and 0.72 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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. Splenic vasculature appears normal.

Liver

Liver is diffusely hypoechoic and heterogeneous in appearance with increased portal markings and a coarse architecture. The capsule is scalloped in contour. Caudal to the gallbladder, a liver lobe has a rounded, almost mass like appearance, measuring 3.0 cm x 5.0 cm. Vasculature is unremarkable.

Gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 (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.

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 is prominent in appearance and diffusely mildly coarse in architecture and hypoechoic to surrounding tissue with mildly enhanced peripancreatic fat. No duct dilation is appreciated.

Free Abdomen

Enlarged cavitated hypoechoic hepatic lymph nodes are noted. No free fluid or pericardial effusion is noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hypoechoic heterogeneous liver with irregular margins, differentials for which include chronic active hepatopathy with nodules versus infiltrative neoplasia, cannot be ruled out. The enlarged cavitated lymph node could occur with either.
- Mild acute versus acute on chronic smoldering pancreatitis

Secondary Findings

- 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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

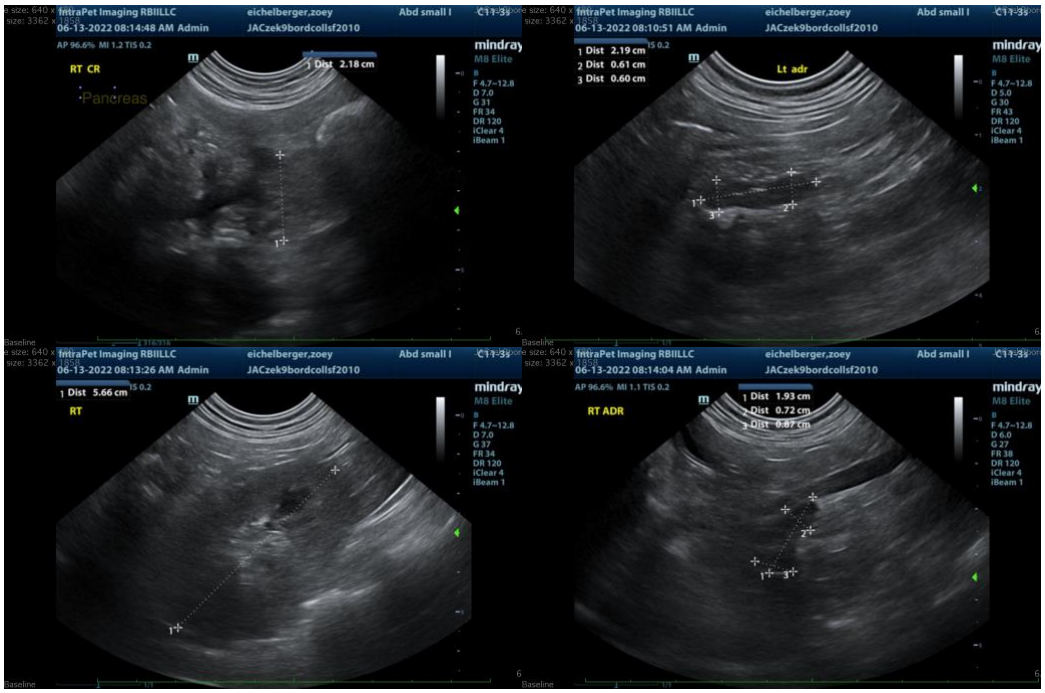
Recommendations for this patient include:

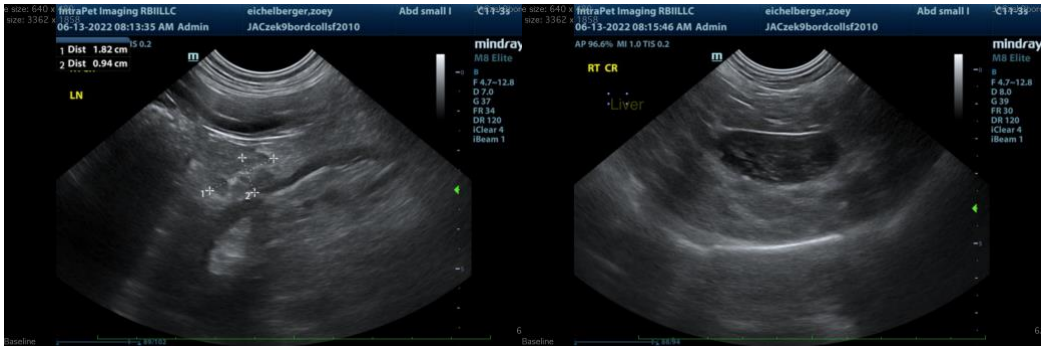
1. A fine needle aspirate of the liver, if patients coagulation status is appropriate, including PT and PTT prior to aspirating the liver.

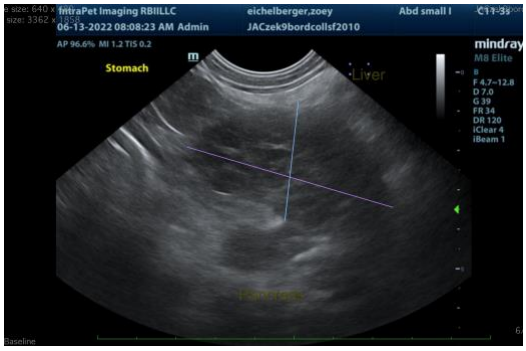
2. Testing for leptospirosis is warranted, if not already evaluated.

3. In the meantime, therapy for hepatitis with liver support, fluid support, gastrointestinal supportive medical management, as needed, and broad-spectrum antibiotics, is recommended with monitoring of liver enzymes for improvement.

Ultimately, if cytology is nondiagnostic and clinical signs and liver enzymes don't improve, a liver biopsy may be necessary.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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