



PATIENT PRESENTING CLINICAL SIGNS

Zoey Stoll Slight ALT elevation, sometimes drools excessively/licks her lips, gags, episodes of lethargy. Back legs give out occasionally. Current meds: Cosequin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 175 (120 H); Mono 0.06 (0.14 L)

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

SEX

Spayed female

The right kidney is normal in size (4.92 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.

AGE

5 Years

The left kidney is normal in size (4.87 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.

WEIGHT

44.3 Pounds

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.6 cm long x 0.45 cm at the cranial pole and 0.40 cm at the caudal pole. The left adrenal gland measures 2.08 cm long x 0.46 cm at the cranial pole and 0.46 cm at the caudal pole.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Shari Reffi, CVT

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

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

DATE

6/14/23

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.

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.



PATIENT

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

SPECIES

Pancreas

Canine

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.

BREED

Mix

Free Abdomen

SEX

There is no evidence of free peritoneal effusion noted in these images.

Spayed female

There is no apparent lymphadenopathy noted in these images.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

44.3 Pounds

- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- **Mild 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.
- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Newton Vet Hospital

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

REFERRING VET

Dr. Kim

Pending results, other recommendations include an “antigen search” for sources of reactive hepatopathy (including testing for Leptospirosis), followed by a course of empirical antibiotics and hepatic nutraceuticals, with monitoring of ALT for improvement. If improvement is not noted and/or enzyme increase progresses, a liver biopsy may be warranted.

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Given the concurrent drooling, possible mild nausea, etc., other empirical therapies could include empirical deworming with a 5-day course of Panacur as well as treatment for possible GERD with antacids while monitoring for improvement.

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Additionally, a transition in diet could be considered with trials of a bland easy to digest or low-fat diet, or potentially a hydrolyzed protein diet based on trial and error response.



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Zoey Stoll

SPECIES

Canine

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Spayed female

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HOSPITAL NAME

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REFERRING VET

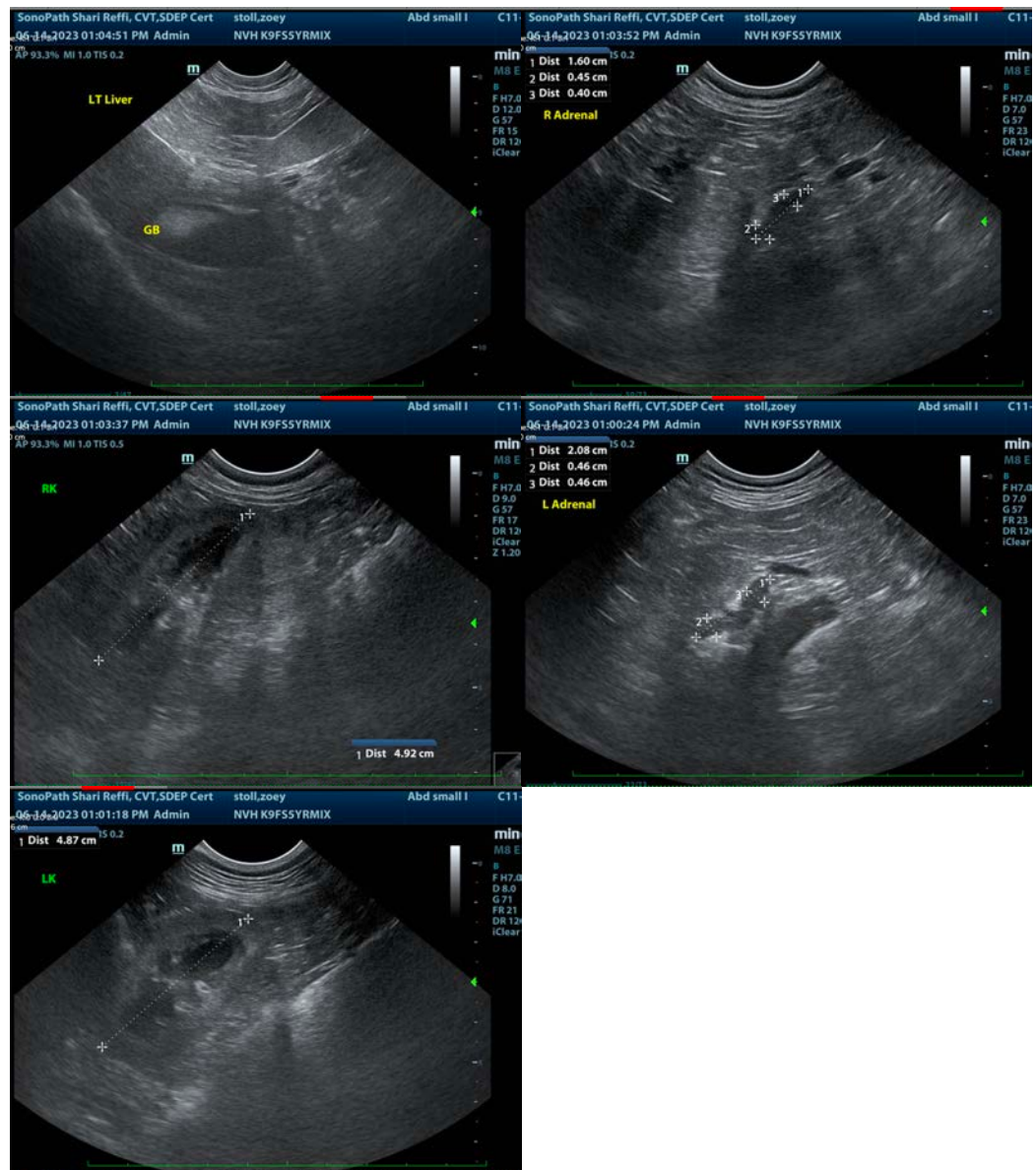
Dr. Kim

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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
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