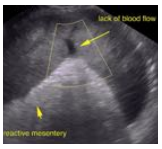
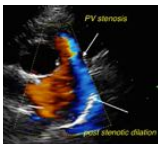
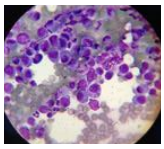
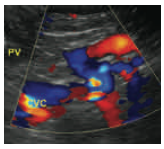
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Nikita Keyser

**SPECIES**

Canine

**BREED**

Central Asian Shepherd

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

100 lbs

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Brian Klug

**HOSPITAL NAME**

Sondel Family VC

**REFERRING VET**

Dr. Wallisch

**INVOICE**

31098

**DATE**

6/20/22

## PRESENTING CLINICAL SIGNS

History: Started acting lethargic and inappetant. BW showed high liver values. P then began having seizure-like head bobbing/jerking episodes (ddx neck pain, partial loss of eyesight, liver related, or primary neurologic). Pending thyroid panel. History of lucoid oncodystrophy, on niacinamide. Also on Fluoxetine, Gabapentin, and Denamarin.
Abnormal PE/Chem/CBC/UA Results: ALT 491, AST 353 K 6.7 (high), Mg 1.1 (low), Ca 6 (low), Na/K ratio 22 (low)... unsure if lab error for electrolytes, pending superchem recheck today T4 0.7

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (7.03 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (6.49 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.52 cm at cranial pole and 0.61 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.72 cm at cranial pole and 0.68 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

### *Spleen*

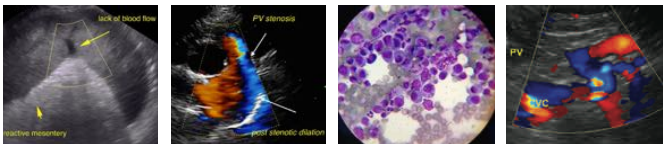
Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

### *Liver*

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

### *Gastrointestinal*

The visible gastric wall is normal in thickness. The stomach is empty.

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The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness and layering.

### *Pancreas*

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### *Free Abdomen*

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. But I'd like to change it to "In these images, there is no evidence of peritoneal effusion. There is no apparent lymphadenopathy."

## ULTRASONOGRAPHIC FINDINGS

**PRIMARY FINDINGS:**

- Splenic micronodular hyperplasia – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.
- Otherwise, unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's historical liver enzyme elevations and neurologic signs include:

1. Blood pressure measurement if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended for further evaluation of possible underlying cause leading to a possible stroke/vascular event.
2. Bile acids are recommended if not recently evaluated.
3. Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
4. Confirmation of the electrolyte abnormalities is recommended as is reportedly pending.
5. FNA of the spleen could be considered if the patient's coagulation status is appropriate.
6. Given the concurrent AST increase, further recommendations include infectious disease evaluation including Leptospirosis, toxoplasma, neospora, etc. followed by further evaluation of neuromuscular diseases and potentially consultation with a neurologist.

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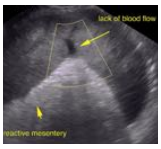
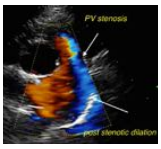
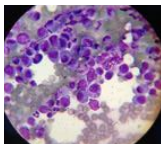
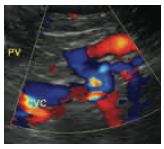

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**

Beth.Johnson@SonoPath.com