

**DATE PRESENTING CLINICAL SIGNS**

6/21/23 P appetite has been on/off. Pt is asymptomatic for liver elevations but rec AUS to r/o hepatopathy vs cirrhosis vs neoplasia.

PATIENT

Lexie Pickett
 Current Medications: None listed.
 Lab Results: ALT elevated (has been in the past however more elevated today) as well as ALP.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV: Torb.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

1/9/15

WEIGHT

85 Pounds

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

HOSPITAL NAME

Eldersburg Vet

REFERRING VET

Dr. Alper

INVOICE

43347

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.

The right kidney is normal in size (5.91 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.

The left kidney is normal in size (6.69 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 (2.74 cm long x 1.3 cm at the cranial pole and 1.1 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.62 cm long x 0.55 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. 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.

Liver

Liver is normal to subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogenous with increased portal markings and coarse architecture. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is mildly thick, measuring between 0.9-1.0 cm with some subtly heterogeneous decreased mural detail. 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.

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 evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Chronic inflammatory hepatopathy pattern – 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.
- Mild gastric wall thickening with decreased mural detail – This is of unknown clinical significance and may be a benign secondary inflammatory gastritis related to a chronic hepatopathy. However, concurrent infiltrative benign and/or malignant disease (i.e., round cell neoplasia) cannot be definitively ruled out.

SECONDARY FINDINGS

- Pancreatic age-related remodeling – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

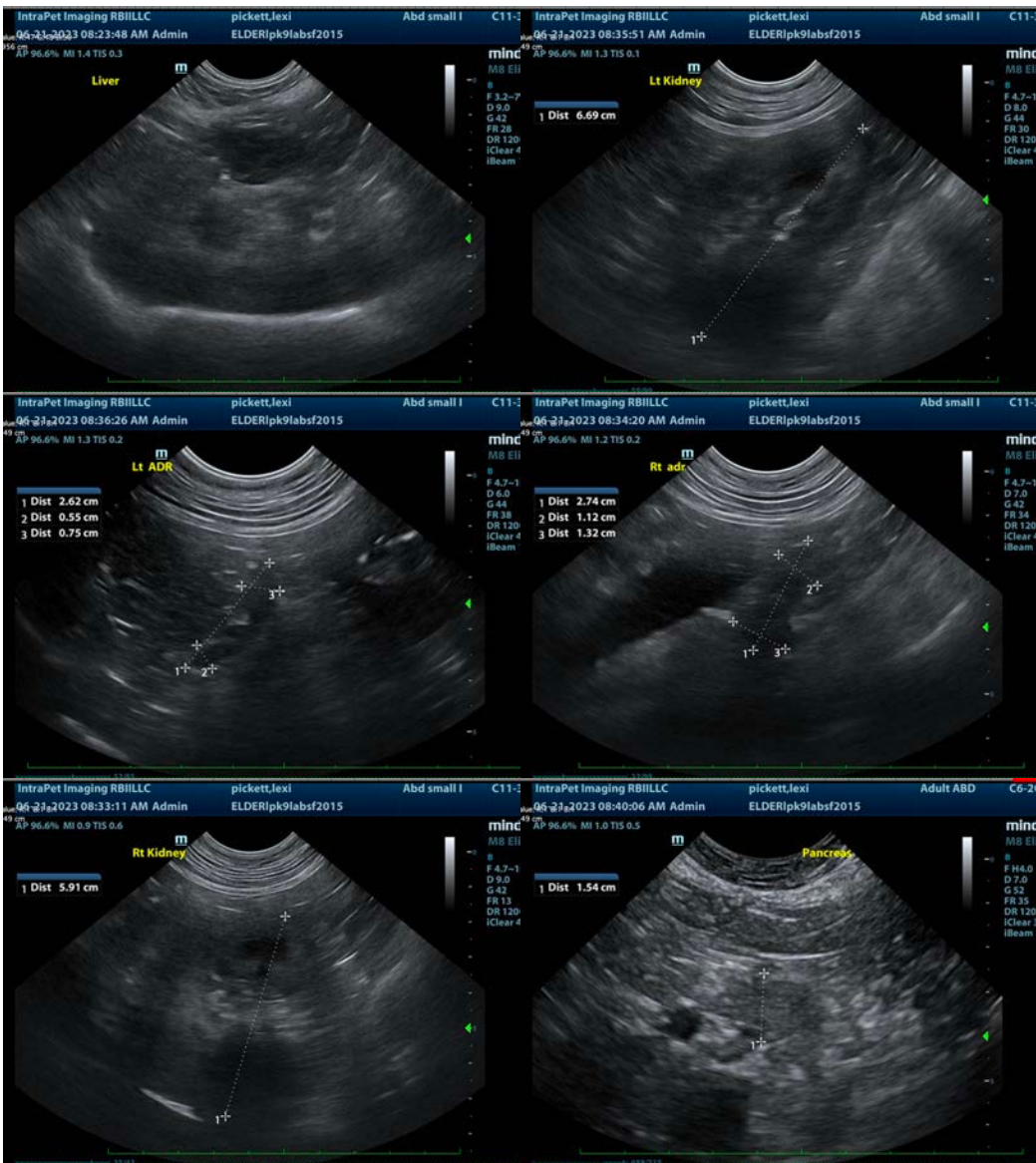
A concurrent hepatopathy and gastrointestinal workup is recommended, beginning with testing for Leptospirosis as well as bile acids if patient's total bilirubin is not increased.

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

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Pending results, sampling of the stomach and/or liver may be considered beginning with fine needle aspirates if patient's coagulation status is appropriate, to assess inflammatory cell type, rule in/out round cell neoplasia, etc. However, if round cell neoplasia is not diagnosed and clinical signs and/or liver enzymes progress, ultimately a liver (including copper level assessment) +/- gastric wall biopsies may ultimately be necessary to diagnose the underlying disease.

In the meantime, supportive/symptomatic medical management of gastritis is recommended in the form of antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, +/- a concurrent empirical helicobacter protocol, as well as hepatic nutraceuticals, broad-spectrum antibiotics, etc.





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.

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