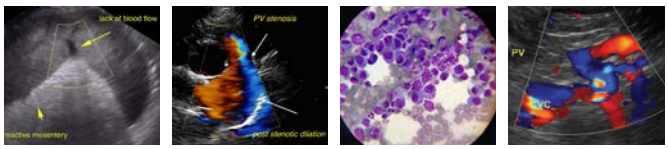
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rocky Wayne

SPECIES
Canine

BREED
Havanese

SEX
Neutered Male

AGE
11 Years 2 Months

WEIGHT
20 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Kitz

HOSPITAL NAME
Woodlands AH

REFERRING VET
Dr. Danielle Kitz

INVOICE
39008

DATE
6/23/22

PRESENTING CLINICAL SIGNS

Patient has intermittent bouts of picky appetite, but is otherwise doing ok. He has history of stable mitral valve and tricuspid valve endocardiosis (last echo 6/2021) and hypertension - managed with benazepril...no other heart medications at this time based on echo results
Abnormal PE/Chem/CBC/UA Results: patient had senior labwork panel with his annual exam, and it showed significant elevations in GGT (39), ALT (711), and milder elevations in ALKP(501), and TBIL (0.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***Most of this interpretation is based on still images.**

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.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (4.6 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 (4.3 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 (0.53 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.38 cm at the cranial pole and 0.64 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.

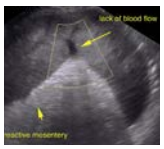
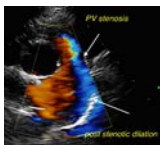
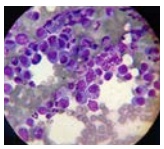
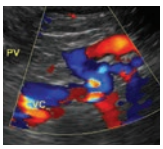
Liver

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.

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 normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas . There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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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 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.

Other

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

The vena cava and hepatic veins are dilated, suggestive of potential cardiac disease or other condition cranial to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient, especially given its breed and high ALT, include:

- Bile acids, if the total bilirubin is normal and they have not already been evaluated.
- Testing for Leptospirosis is also indicated.
- Given the intermittently decreased appetite, 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 +/- baseline cortisol with a follow up ACTH stimulation test if the baseline cortisol is <2.0.
- There is no visible evidence in these images of an extrahepatic portosystemic shunt. However, given the patient breed, if bile acids are increased, recommendations would include re-evaluation of the porta hepatis ultrasonographically with color doppler to help establish a portal vein to vena cava ratio, or an abdominal CT scan for further evaluation of a possible shunt.
- Otherwise, in the meantime, empirical therapy with liver protectant, nutraceuticals, and broad-spectrum antibiotics with monitoring of the ALT for improvement is recommended.
- Due to the dilated vessels, thoracic radiographs and follow up echocardiogram, if not recently evaluated, are also recommended .

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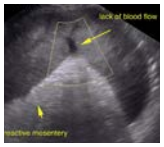
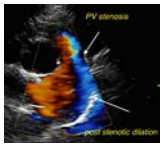
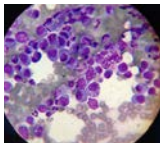
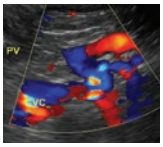

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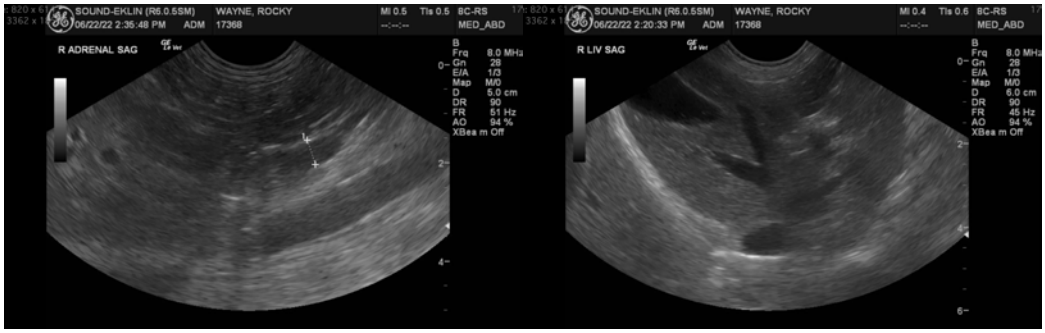

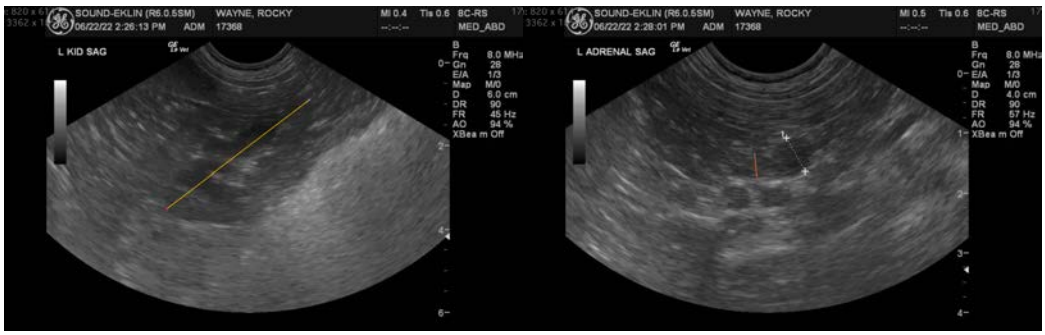

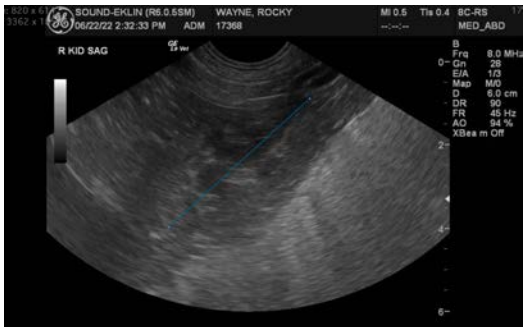

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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