

**DATE**

8/8/22

PRESENTING CLINICAL SIGNS

P initially presented on 8/5 for lethargy, vomiting, and decreased appetite. Petechia present on abdomen and gums. Liver values significantly elevated. Started IVF/supportive care on 8/5 with continuous IVF through today 8/8 (no fluids overnight). P clinically improving (no longer vomiting, increase in appetite, but still not normal, and increase in activity level).

PATIENT

Jasmine Corning

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

Current Medications: 5mg Prednisone BID (started on 8/5 - possibly contributing to increasing ALP?)25mg, Zonisamide BID 50mg, Doxycycline BID 90mg, Metronidazole BID 135mg, Ampicillin BID 6.1mg, Cerenia SID. Lab Results: 8/5/22: ALT > 1000, ALP 486, GGT 61, PLT 91, Lepto NEG 8/8/22: ALT 776, ALP 1256, GGT 108, PLT 51.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS..

AGE

5/26/14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately 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.

WEIGHT

13 Pounds

Left kidney is normal is size (4.11 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

Right kidney is normal is size (4.83 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 or infarcts observed. Non-obstructive areas of mineralization/nephroliths are noted

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The area of the left adrenal gland is examined without pathology.

The right adrenal gland is small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.0 cm long x 0.22 cm thick.

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Delfavero

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.

INVOICE

16790

Liver

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.

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 visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

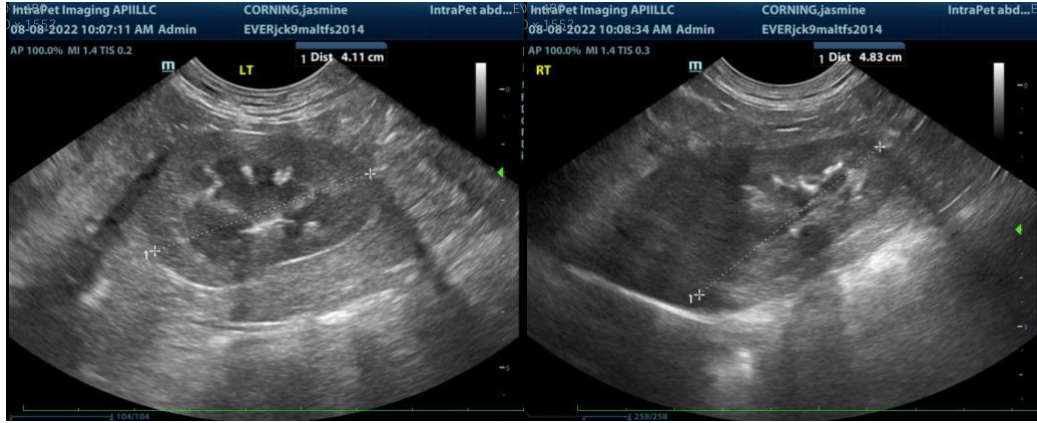
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nonobstructive nephrolithiasis
- Flat right adrenal gland, possibly consistent with this patient's reported steroid administration
- Non-specific hepatopathy – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported thrombocytopenia, comprehensive infectious disease testing is recommended, if not recently evaluated. Leptospirosis is reportedly negative. Therefore, given the reported improvement both clinically and ALT, etc. on current medical management, continued care is recommended with the additional of hepatic nutraceuticals, such as Denamarin, etc. recommended.



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