



PATIENT

Skipper Marr

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8.3 Years

WEIGHT

125.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Kristin Cody

INVOICE

44542

DATE

8/9/23

PRESENTING CLINICAL SIGNS

Sedated with Butorphanol Patient has chronic hx of DJD and OA changes as well as atopy. Hx of Carprofen toxicity (overdose) in 2021 with transient Creat elevation that has since returned to normal. Patient received appropriate diuresis and supportive care. Bloodwork in 2021 showed ALP elevation 797 (H) and ALT 70 (N). Recent recheck June of 2023 ALP 1,816 (H) ALT 127 (H). Patient was treated with empiric course of amoxi/metro. Recheck ALP 1,553 (H), ALT 155 (H). Total T4 0.9, michigan state panel consistent with euthyroid sick. LDDST pending. Here for AUS for further work-up. Current meds - Gabapentin, Amantadine, Chinese Herbal- body sore, arnica, Wellactin.

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 area of the prostate is examined without evident prostatic pathology.

Kidneys are normal in size but bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measures 7.86 cm. The right kidney measures 8.58 cm. Trace pyelectasia is noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.96 cm at the cranial pole and 0.76 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 (0.49 cm at the cranial pole and 0.59 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 subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. 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 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.



PATIENT

There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Skipper Marr

SPECIES

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.

Canine

BREED

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

Labrador Retriever

Pancreas

SEX

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.

Neutered Male

AGE

Free Abdomen

8.3 Years

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

WEIGHT

There is no apparent lymphadenopathy noted in these images.

125.8 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Trace Bilateral Pyelectasia** – Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Kristin Cody

INVOICE

44542

DATE

8/9/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for an elevation in ALP are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.



PATIENT

Skipper Marr

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8.3 Years

WEIGHT

125.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Penridge AH

REFERRING VET

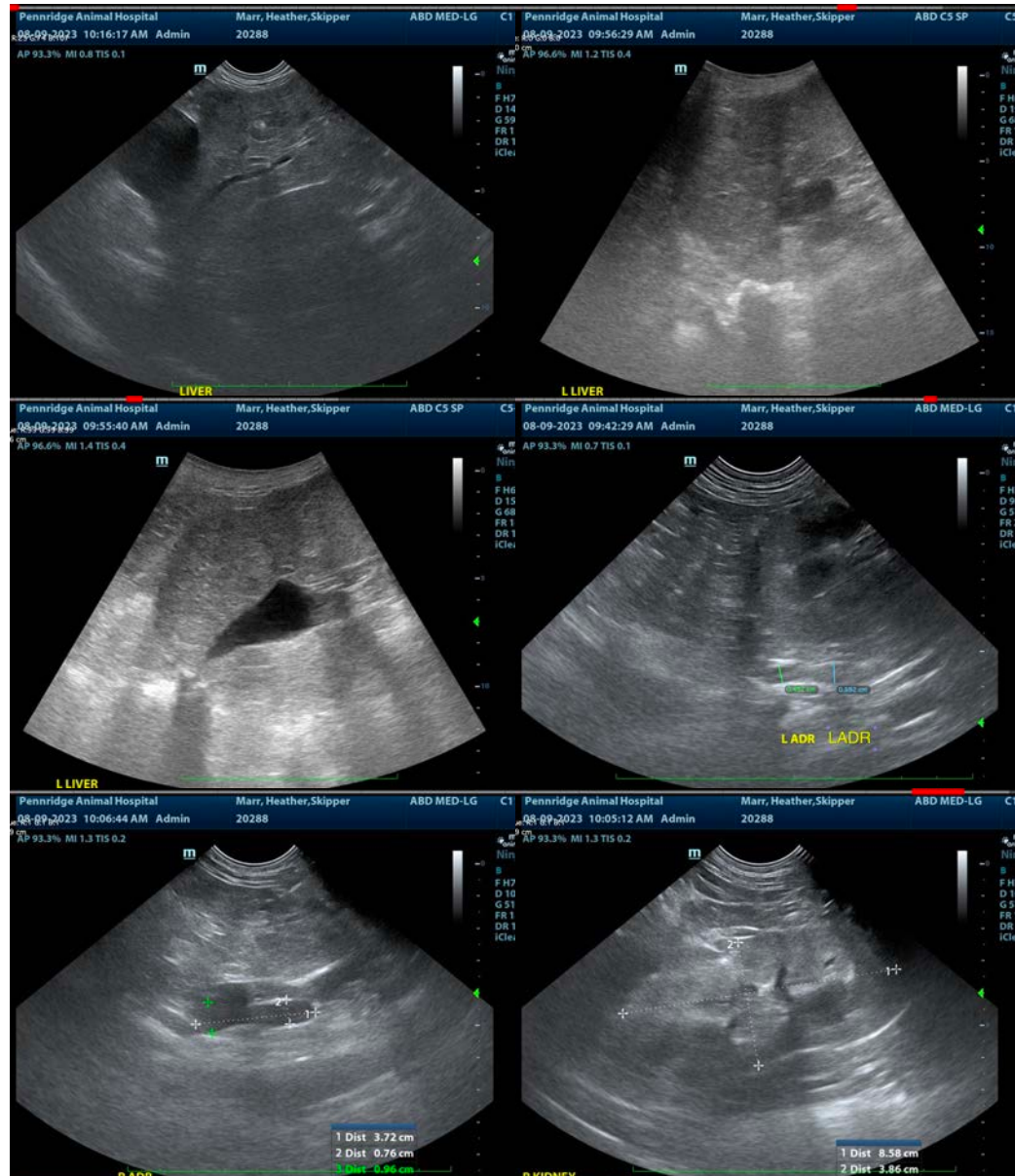
Dr. Kristin Cody

INVOICE

44542

DATE

8/9/23





PATIENT

Skipper Marr

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8.3 Years

WEIGHT

125.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Kristin Cody

INVOICE

44542

DATE

8/9/23



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
info@sonopath.com