



PATIENT

Tucker Grant

SPECIES

Canine

BREED

Greyhound Mix

SEX

Neutered Male

AGE

12 Years 1 Month

WEIGHT

42 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rita Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Rita Kivircik

INVOICE

17288

DATE

9/12/22

PRESENTING CLINICAL SIGNS

History: Tucker presented for abdominal ultrasound to look for cause of increasing ALP. Last value was 625 (23- 212); was 365 in May 2022 when in for annual exam. Urine cortisol:creatinine ratio was normal at 29 (>34 is suspicious of Cushing's). Tucker drinks a lot at home; doesn't appear to be more than usual, however, as he has done this for a long time. Tucker had Gabapentin and Trazodone for the exam today. Given his temperament; he was held on owner's lap as best way to keep him still.

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.

The prostate is unable to be well visualized in these images.

Only one kidney is well visualized and believed to be the right, which is normal and measures 5.2 cm.

Adrenal Glands

The adrenal glands are unable to be well visualized.

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.

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 and echogenic fluid. 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



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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.

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Free Abdomen

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

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- The provided images appear to be a normal/unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

Differentials for increased 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.

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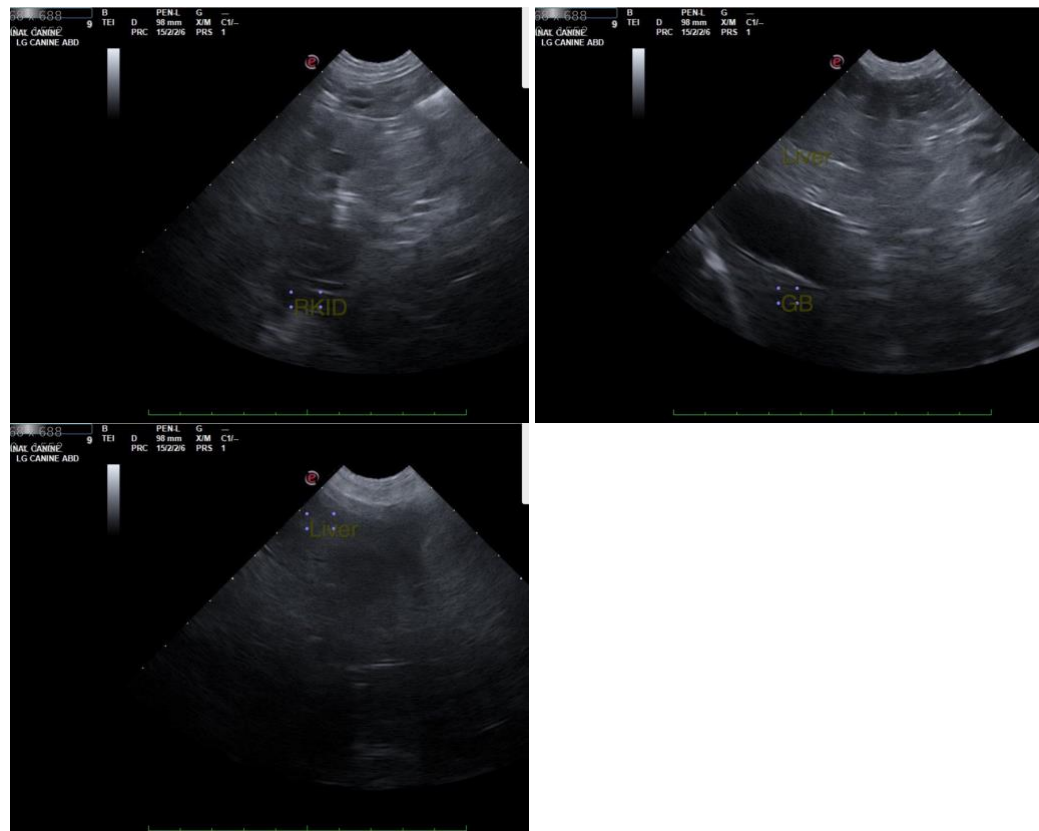
There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could 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.

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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.

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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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Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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