



PATIENT

Blanche Old Dog
Haven

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

16 years

WEIGHT

6.75 lbs

PRESENTING CLINICAL SIGNS

History: Pet presented for senior exam and bloodwork. No significant changes found. Continued treatment for DJD with gabapentin and galliprant. Pet has been doing well at home. Elevated ALP, ALT, GGT and AST found on screening bloodwork. USG 1.021 without protein. DDx: chronic active hepatitis, cholangiohepatitis, cholestasis, neoplasia, open.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (3.8 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (3.0 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Preston

HOSPITAL NAME

All Creatures AH South
Hill

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Adrenal Glands

Left adrenal gland is normal in size (0.46 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.52 cm at cranial pole and 0.4 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged in size. Margins are smooth, but round. It has normal homogenous echotexture. The parenchyma is diffusely hypoechoic characterized by more prominent than normal vein walls. No nodules or masses are evident. Visible vasculature appears normal. Gallbladder contains a mild amount of non-dependent, mildly aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

Early mucocele – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.

Hypoechoic hepatomegaly. Differentials include hepatitis/cholangiohepatitis most likely. Infiltrative neoplasia such as round cell neoplasia cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given the urinary bladder sediment include urinalysis and urine culture. Testing for Leptospirosis is also recommended in the form of PCR if the patient has not been on antibiotics or serology is adequate if they have been on antibiotics due to the increased liver enzymes.

Treatment recommendations include an empirical course of broad spectrum antibiotics, Denamarin and Ursodiol to address potential cholangiohepatitis pending Leptospirosis results with monitoring of the liver enzymes for improvement/progression. If improvement does not occur the next steps could include a FNA of the liver if the patient's coagulation status is appropriate. Thoracic radiographs are recommended to further assess cardiopulmonary status/metastatic disease are also recommended.



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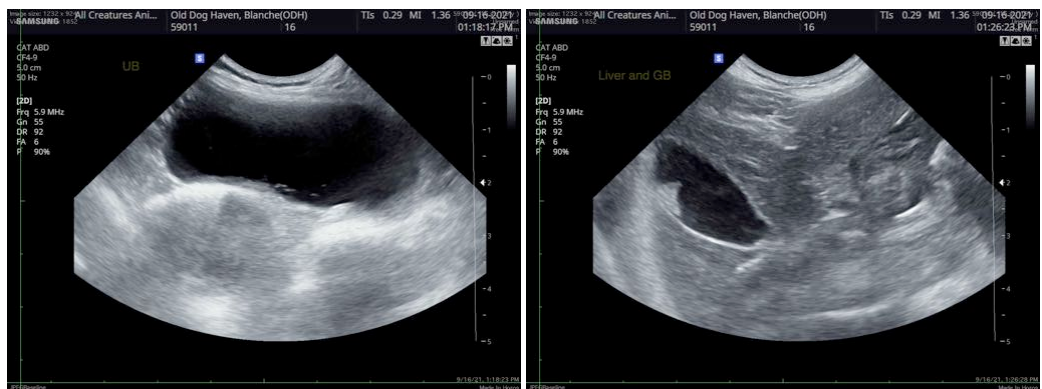
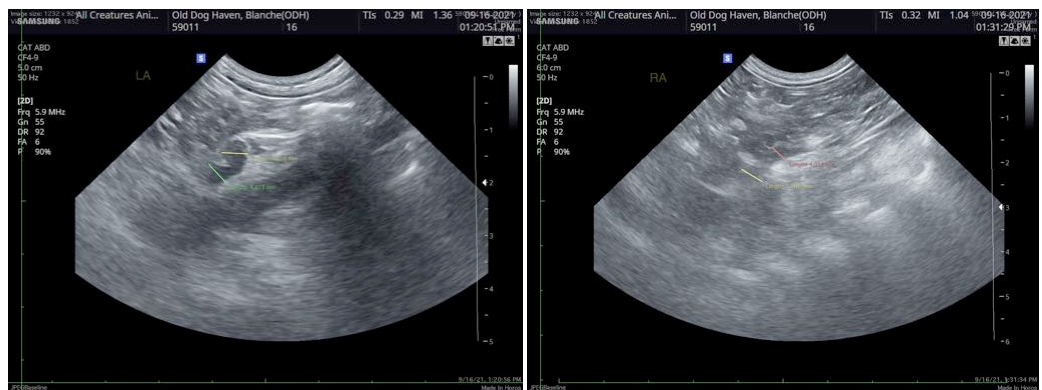
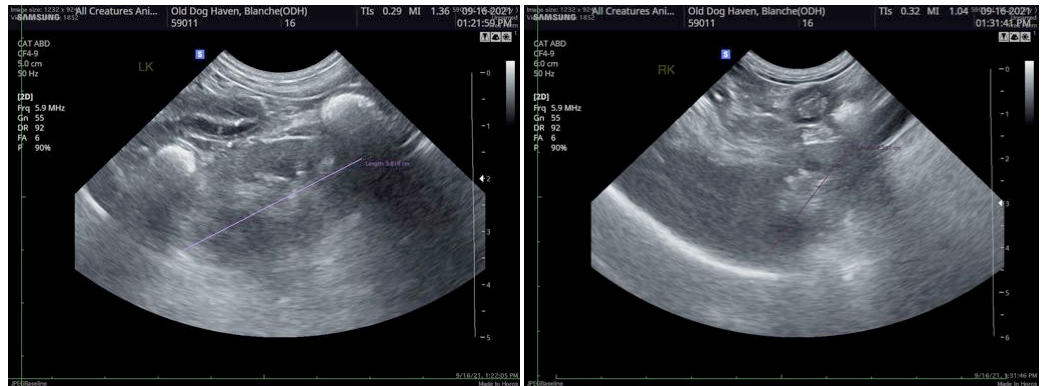
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The information and recommendations provided are based on the images presented by the referring



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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.

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