



PATIENT

Luna Moore

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed female

AGE

4 ½ years

WEIGHT

84 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Dr. Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Goldfield

INVOICE

45008

DATE

6/27/23

PRESENTING CLINICAL SIGNS

History: Patient presented initially on 6/23 for lethargy and inappetence. BW performed on 6/23 showed liver elevations. Patient is now eating, presented for ultrasound today. Patient is still PUPD.

And still not eating treats.

Abnormal PE/Chem/CBC/UA Results: Chem AST (SGOT) 322 HIGH 15-66 IU/L ALT (SGPT) 1388 HIGH 12-118 IU/L Alk Phosphatase 649 HIGH 5-131 IU/L GGT 20 HIGH 1-12 IU/L Total Bilirubin 1.4 HIGH 0.1-0.3 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 7.9 cm. The left kidney measured 7.9 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not definitively visualized. The left adrenal gland measured 3.35 cm in length and 0.72 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The left liver contains multifocal variably sized hyperechoic patches and right liver lobes are generally heterogeneous with similar hyperechoic patches and rounded lobes. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.



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Gastrointestinal

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The stomach contains gas shadowing obstructing visualization of contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Doberman Pinscher

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

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No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

1. Heterogenous rounded liver with hyperechoic patches
2. Normal urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). Assuming the bilirubin elevation is not artifactual, in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Toxic insult, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things are possibilities. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function – when total bilirubin normalizes (cannot run bile acids on hyperbilirubinemic patient). Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued. Gall bladder debris is likely incidental.

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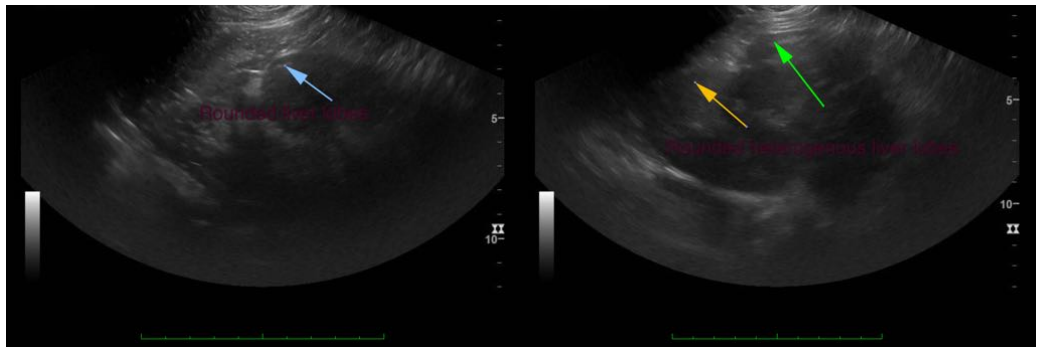
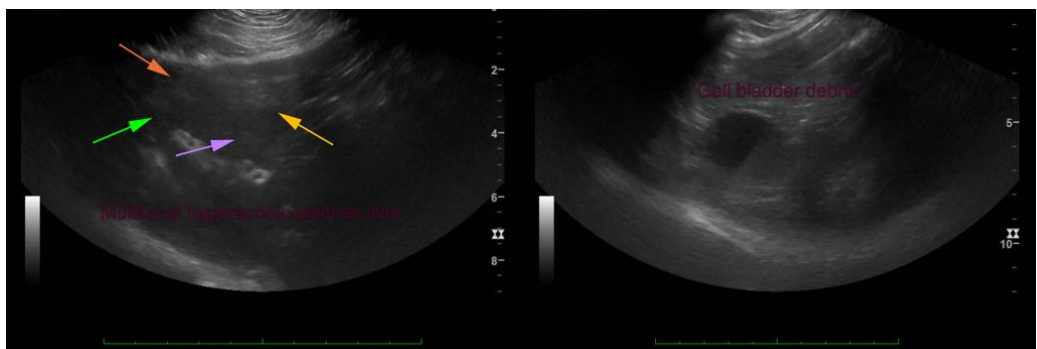
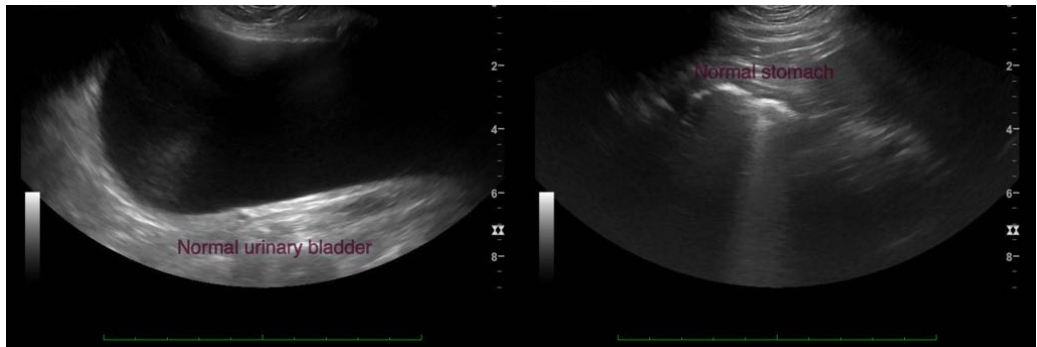
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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