


PATIENT PRESENTING CLINICAL SIGNS

Prudence Eismann History: 11yo FS Pit Mix 47.3# Premedicated with Gabapentin Here for orthopedic evaluation last week. Severe elbow and stifle OA, hx CCL tear. Last year b/w NSF except ALT 274, AST 58. Had concurrent UTI. Recheck b/w this year ALT 425 (H), AST 77 (H). Has been on Dasuquin and gabapentin only. Was sent home with carprofen at time of blood draw but O only used short course and d/c d/t elevated LE. Has not been on NSAIDs chronically. Here for AUS. Has not yet had abx trial for hepatitis. Patient is currently aclinical for liver issues, only having mobility issues at this time.

SPECIES

Canine

BREED

Pitbull Terrier Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

47 lbs

INTERPRETED BY

 Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING
PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Andrew Rosenfeld

INVOICE

13931

DATE

8.3.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was full with a moderate amount of echogenic suspended sediment. The bladder walls are normal in thickness and layering. The trigone is normal, and the ureters are not visible (which is normal). The urethra was imaged to 5.00 cm post-cystourethral junction. The urethra was mildly thickened with echogenic sand in the urethra, which is likely causing irritation.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 5.90 cm in length. The right kidney measured 5.70 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. A reactive medial iliac lymph node was visualized, msg 3.00 cm in length x 0.77 cm in width.

Adrenal Glands

Both adrenal glands were visualized and found to be normal in size, and shape for the age and breed. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 5.00 mm at the caudal pole, 4.00 mm at the cranial pole and 2.20 cm in length. The right adrenal gland measured 5.00 mm at the caudal pole and 7.00 mm at the cranial pole and 1.60 cm in length.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was mildly subnormal in size with a mildly irregular capsule contour. The hepatic parenchyma was homogenous with a mild increase in portal markings. The hepatic vasculature appeared normal. There were no overt masses or nodules within the liver. The gallbladder was normal with moderate gallbladder sediment. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.



PATIENT *Pancreas*

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Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas. The pancreatic duct was curvilinear without notable deviation.

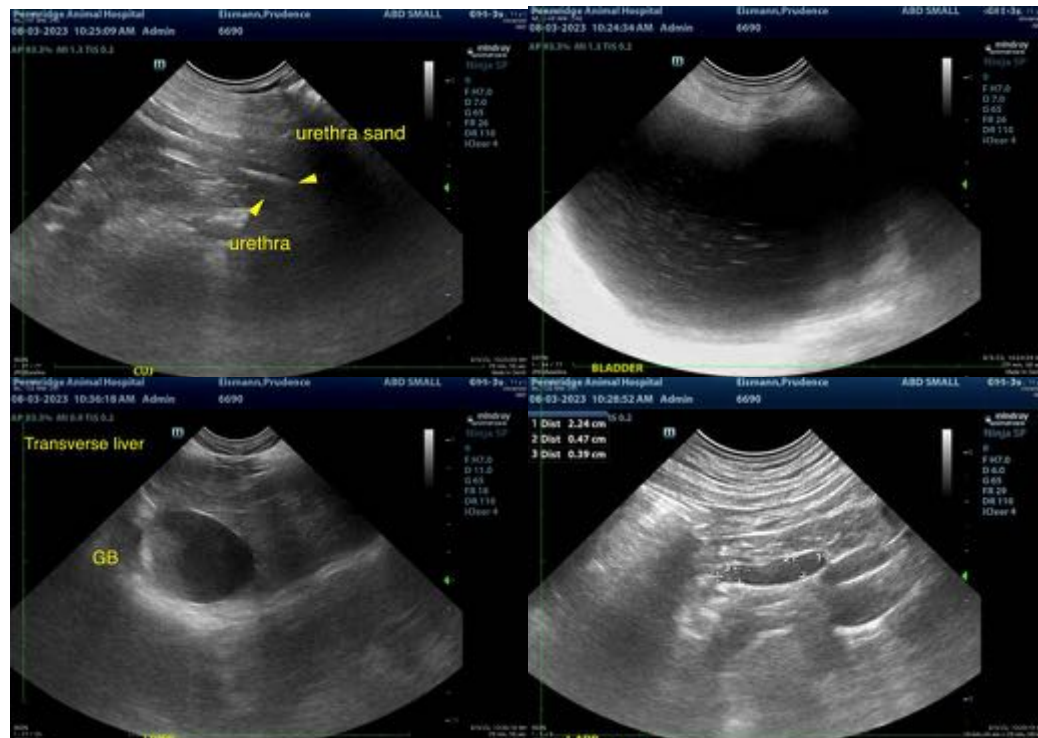
FINDINGS

- Moderate urinary sediment
- Moderate urethral sand
- Mild reactive medial iliac lymphadenopathy
- Mild chronic hepatitis pattern – subjectively benign inflammatory changes
- Mild gallbladder sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is indicated, given the urinary sediment and urethral sand. The liver changes are mild, and likely indicate chronic inflammatory change. An FNA could be done for inflammatory cell type, although a core biopsy would likely be needed for definitive diagnosis. However, the changes are subjectively mild.

I recommend a trial of Galliprant as an additional treatment for Prudence's OA. Mobility issues are likely her QOL limiting factor, and in my opinion in a risk/benefit assessment the small risk the liver disease poses does not merit withholding NSAIDS. Addition of Denamarin may help support her liver as well, and monitor liver values q 6 months.





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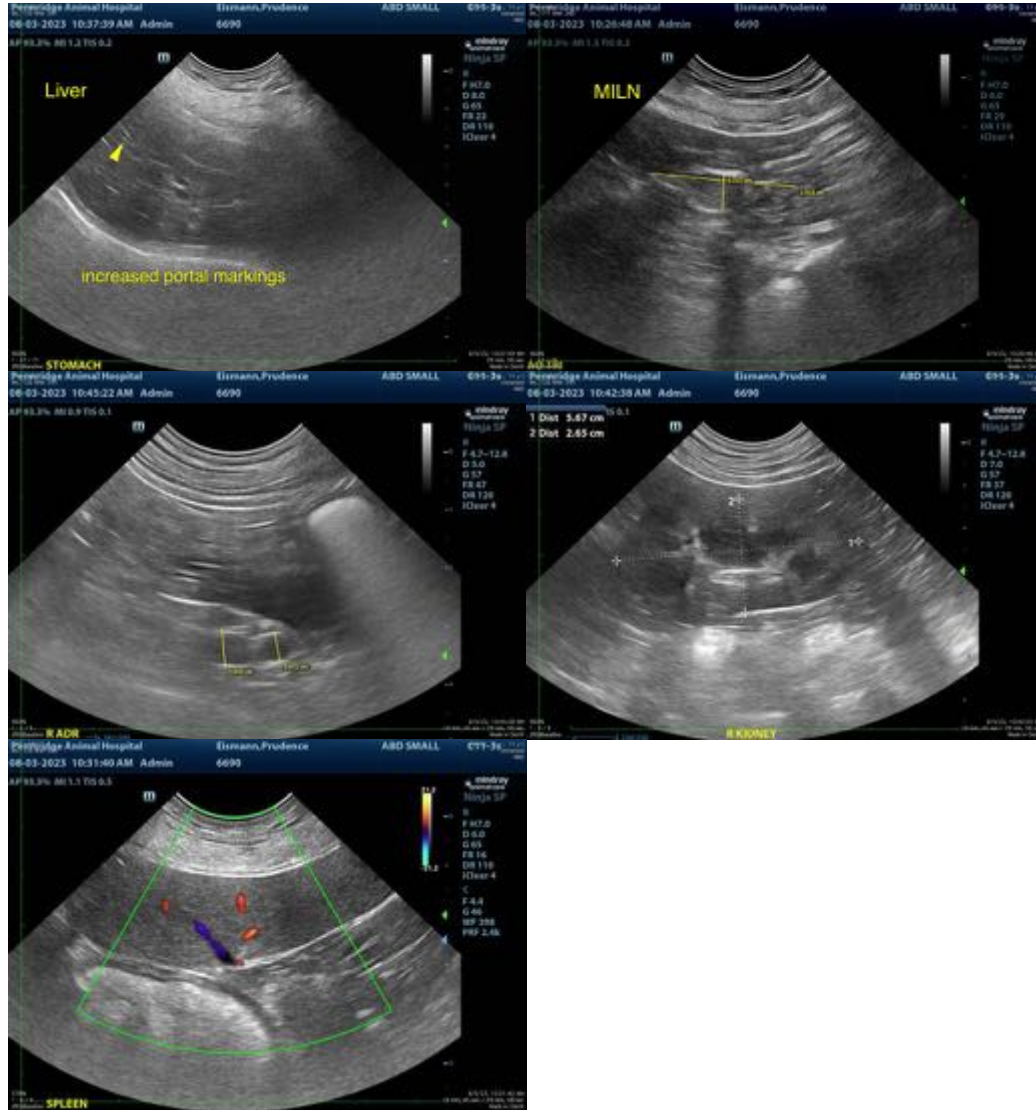
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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