



PATIENT

Dozer Balter

PRESENTING CLINICAL SIGNS

Dozer has been losing weight. He is not lethargic, vomiting or having any clinic signs at home other than he is more hesitant about food, won't eat his dry food and is progressively losing weight. He does have a diseased upper M1 on the right side and possibly the PM 4 as well but I am concerned that his symptoms may not be due to his dental issues alone.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT 282, ALKP 543, GLU 68, Crea 2.0, BUN 10, SDMA 12, ALB 2.9, GGT 4, TBIL 0.4, AMYL 1612, TT4 1.0, USG 1038, CBC WNL UA: USG 1038, BILI 3+

BREED

Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder is moderately distended with mostly anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of wall thickening, masses or cystic calculi. The mucosa of the bladder wall is mildly irregular diffusely. Findings are most consistent with inadequate distention or cystitis.

AGE

9 Years

The prostate is normal in size (1.26 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

27.5 Pounds

The left kidney has a normal shape and size (5.33 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Small non-obstructive nephroliths are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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The right kidney has a normal shape and size (5.2 cm). Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.5 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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The right adrenal gland is normal in size measuring 0.53 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Lambert

Spleen

The spleen is normal/large in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 1.62 cm x 2.26 cm hypoechoic nodule at the level of the hilus. The nodule deviates the splenic capsule.

INVOICE

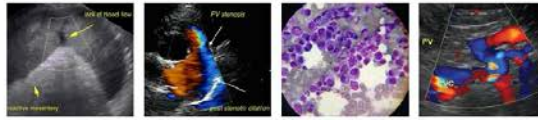
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Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is hypoechoic and somewhat heterogeneous in echotexture. The visible portions of the intrahepatic

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PATIENT

Dozer Balter vasculature appear surrounded by hyperechoic tissue, and the biliary tract appears normal. No focal nodules or cystic lesions are observed.

SPECIES

Canine

The gallbladder lumen is moderately distended. Some of the areas of the gallbladder wall appear mildly thickened with adherent debris. The wall is hyperechoic, but does not appear overtly inflamed, and there is no evidence of significant bile duct dilation. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

BREED

Terrier

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

SEX

Neutered Male

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. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

9 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

WEIGHT

27.5 Pounds

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Other

No significant pericardial effusion.

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PRIMARY FINDINGS

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- Hypoechoic, heterogeneous liver with hyperechoic tissue surrounding the vasculature and the external capsule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. It is possible that this appearance is due to the hepatic parenchyma being hypoechoic. Primary differentials include inflammation or infection of the liver (hepatitis) or infiltrative disease such as round cell neoplasia.

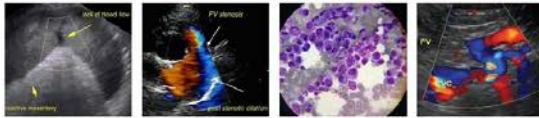
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- Large gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele or cholestasis. Additionally, this could be associated with cholecystitis. Recommend medical therapy for cholecystitis and monitoring of the gallbladder with ultrasound.

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- Mottled spleen with hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This nodule is at the periphery of the spleen and deviates the capsule, which increases concern for a more significant lesion.

SPECIES

Canine

SECONDARY FINDINGS

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- Mildly diffusely irregular urinary bladder mucosa – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

SEX

Neutered Male

- Decreased corticomedullary distinction in both kidneys with non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

The liver appears large, and the parenchyma is somewhat mottled with hyperechoic tissue surrounding the vasculature. The significance of this unclear, but I'm concerned it could be associated with inflammatory changes to the liver parenchyma, such as cholecystitis. This would correlate with the gallbladder findings.

WEIGHT

27.5 Pounds

- Recommend liver function test and a fine needle aspirate of the liver as long as clotting times are normal.
- Consider a medical trial of Ursodiol, Denamarin, and an antibiotic (if Clavamox is well tolerated?) to see if liver enzymes improve.
- Recommend continued monitoring of the gallbladder. If it should appear more inflamed, etc., it could become a surgical case.
- Additionally, consider running a quantitative PLI, TLI, folate and cobalamin to see if there is any evidence of pancreatic disease that is not evident on today's scan, or underlying intestinal disease.
- Additionally, you could consider testing for Leptospirosis. Recommend 3-view thoracic radiographs to screen for any concurrent intrathoracic disease.

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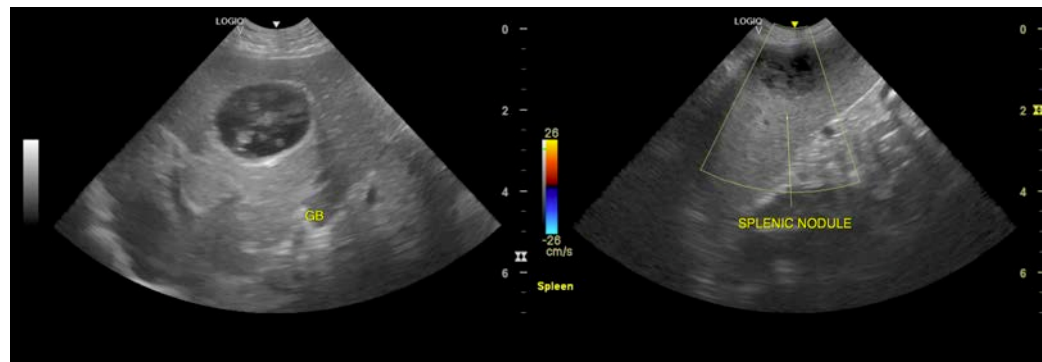
Loetitia Saint-Jacques, RVT

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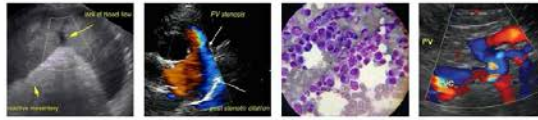


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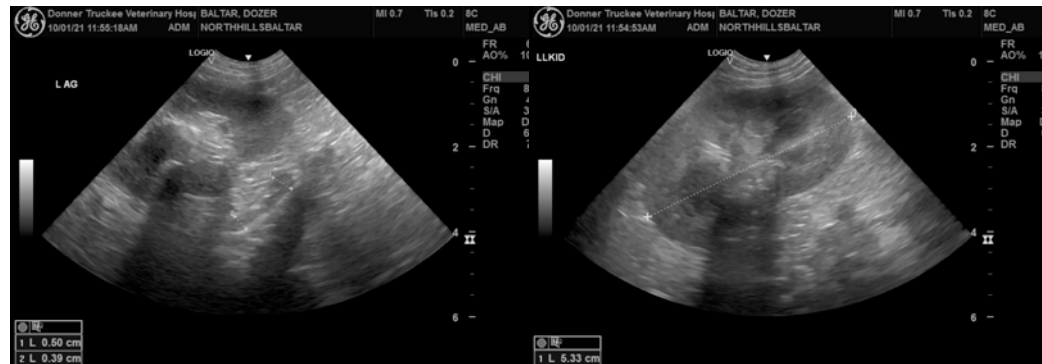
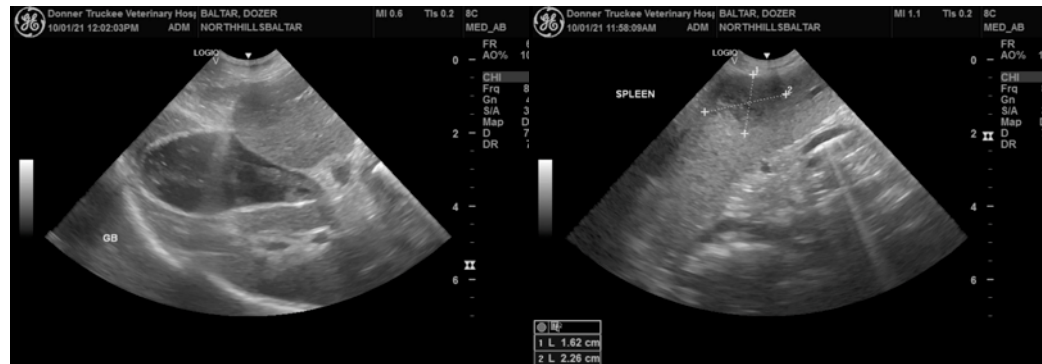
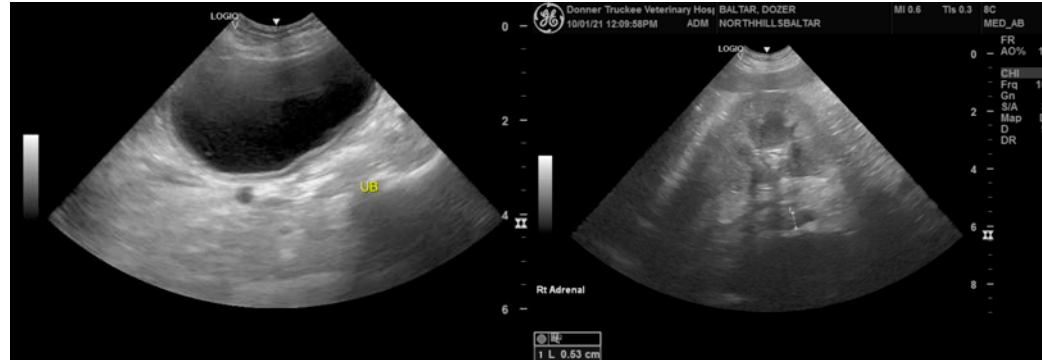
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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