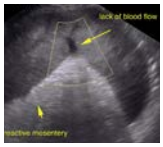
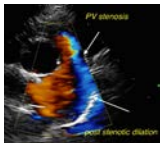
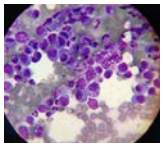
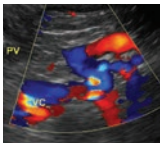
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT
Fonzie Carter

SPECIES
Canine

BREED
Boxer/Lab

SEX
Male

AGE
3 Years

WEIGHT
41 Pounds

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. Beltran

INVOICE
42425

DATE
11/1/22

PRESENTING CLINICAL SIGNS

Pet has a history of Fb with resection and anastomosis at puppy age. No clinical signs, owner requested ultrasound due to elevated ALT. Possible urinary accidents at home, but no obvious bladder stones on radiographs.

Abnormal PE/Chem/CBC/UA Results: Glucose: 73 TP: 4.8 Glob: 1.0 ALT: 1617 Bile acids: 23.6 20.9 post UA: 1.038 Cocci present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely thickened and slightly irregular, measuring 0.36 cm. Additionally, there is an area of dependent hyperechoic shadowing debris consistent with small stones or piles of sandy debris. One area of mineralization is measured at 0.19 cm. There area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or obvious calculi.

The cranial aspect of the prostate is visualized. Based on the appearance, I suspect a large hyperechoic prostate measuring approximately 3.0 cm in heigh in the sagittal view. No lesions are visualized in the small portion of prostate visualized.

The left kidney has a normal shape and size (4.85 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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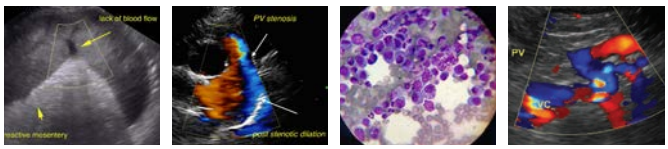

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. Findings could be consistent with a recent meal, mild ileus, or less likely ingested foreign material.

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.

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.

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.

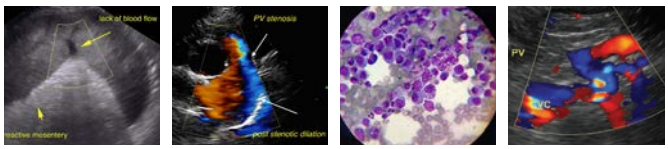
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder with intraluminal shadowing mineralizations – Findings are most consistent with small stones or sandy debris. Correlate with abdominal radiographs, urinalysis, and culture.
- Shadowing ingesta in the stomach and small intestine – Findings are most consistent with a non-fasted patient. Other differentials would include general ileus/delayed gastric emptying, or less likely ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver, but there are many causes for an elevation in ALT, which cannot be diagnosed by ultrasound alone. This is a significant elevation. Consider the following:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)



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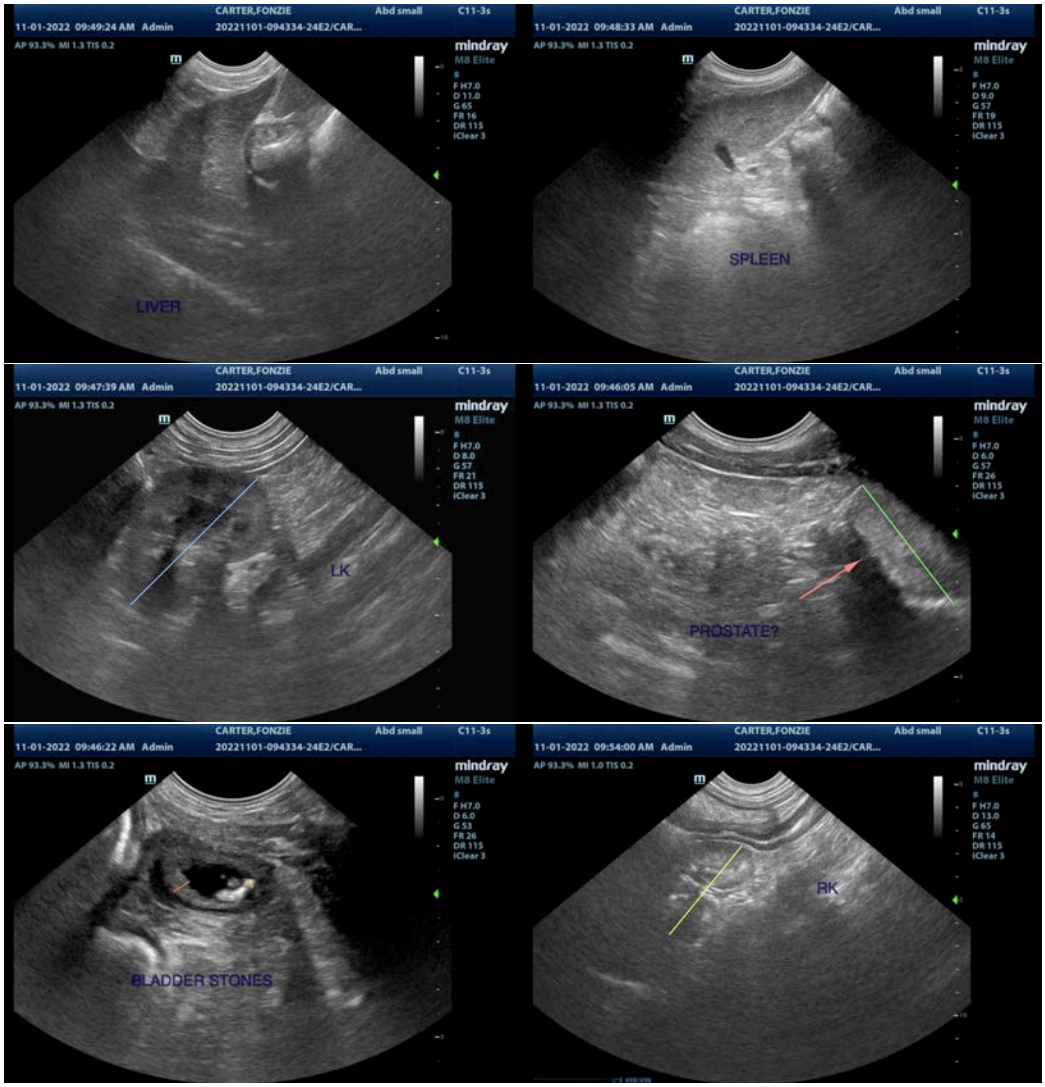
- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

The liver function test performed appears relatively normal, which is good news. This would make a liver shunt or significant chronic functional abnormalities unlikely. This could possibly represent acute liver injury due to ingested material, medications, etc.

Additionally, there are small stones or a significant pile of sandy debris in the urinary bladder. Recommend a urinalysis and culture.



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com