



PATIENT

Gavin Murray
Castaneda

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

9 Years

WEIGHT

32 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-
Conway

INVOICE

43005

DATE

11/29/22

PRESENTING CLINICAL SIGNS

Referred from elsewhere for abdominal ultrasound. History of chronic elevated ALP at least 2 years. Bile acids wnl. Clinically doing well at home. History of atopy well managed with cytopoint every few months prn. On exam noted dental grade 2/4, diffusely thin coat with dry, flaking. Otherwise normal exam.

Abnormal PE/Chem/CBC/UA Results: 11/14/2022 Preprandial Bile Acids WNL 0.0umol/L
5/24/2022 CBC neutrophilia 84200 Chem ALP 1904, Chol 383 UA 1.046, 300protein 4dx NEG
12/14/2021 CBC WNL Chem ALP 1927, Chol 347 9/21/2021 Chem ALP 2094, Chol 428 5/27/2021
CBC WNL Chem ALP >2000, CHol 382 UA 1.05, protein1000, pH 8, epithelial Positive, TNTC cocci and
<1 rods 3/11/2021 TG 225 12/21/2020 ALP 1879, TBili 0.8, Chol 510, TG 1082

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate was not clearly visualized.

The left kidney has a normal shape and size (5.76 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 (5.36 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 left adrenal gland is normal in size measuring 0.64 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.

The right adrenal gland is normal in size measuring 0.40 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.

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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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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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.

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Terrier X

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

WEIGHT

32 Pounds

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.

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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous liver – 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes in the liver were relatively mild. Unfortunately, the sonographic changes do not always reflect the severity or cause of the hepatopathy. The scan today supports a primary hepatopathy as no severe biliary changes were observed. No focal lesions were visualized associated with the liver or the biliary tract.

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

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- 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

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- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)

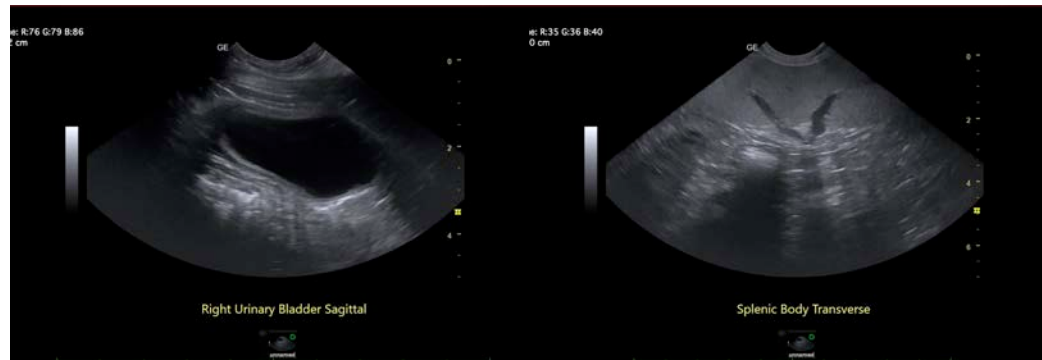
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- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

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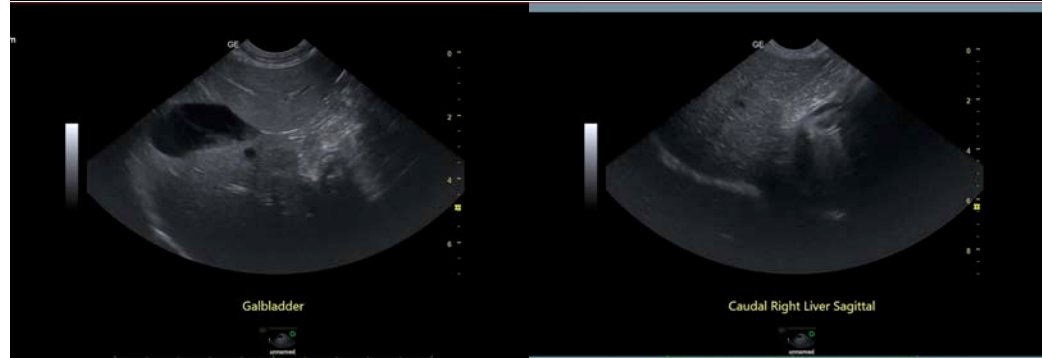
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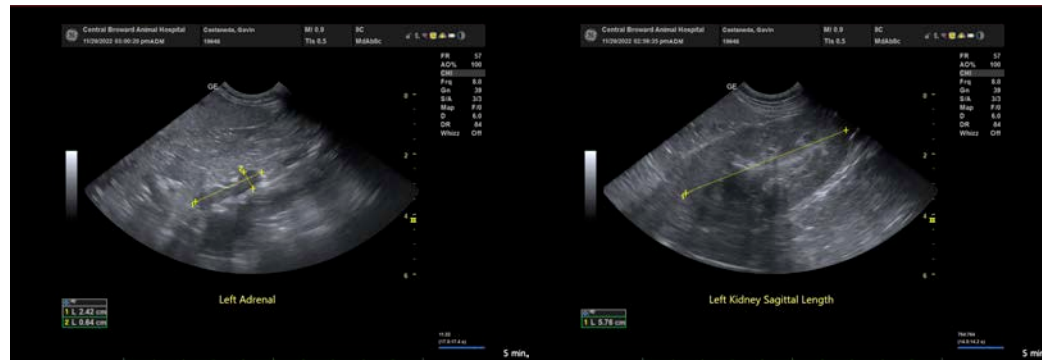
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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