



PATIENT

Tango Schmidt

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

16 Years

WEIGHT

9

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dallas Ramberg

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Jessica Quellhorst

INVOICE

25744

DATE

9/22/21

PRESENTING CLINICAL SIGNS

16yo poodle w/ geriatric onset seizures, was placed on keppra and prednisolone ~8 months ago. Seizures well controlled. Last two blood works showed elevations in hepatobiliary enzymes which have trending upwards - earlier this month ALT 273, ALP 1041, GGT 46, PSL 518; monocytosis and mild anemia 35%. No GI signs, eating well. Also has perforating corneal ulcer.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears normal with a subjective thickening measuring 0.55 cm as it approaches the trigone. I suspect this is imaging artifact, but cannot say definitively without additional views. The other areas of visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.8 cm). A 0.31 cm cortical cyst was noted. 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 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. 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 0.36 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 0.36 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.

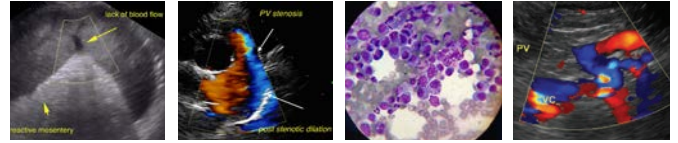
Spleen

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 lesions are observed. There are numerous pinpoint hyperechoic foci visualized, most likely benign pinpoint mineralizations.

Liver

The liver is subjectively normal in size, and 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 slightly increased thickness of 0.57 cm (normal is <0.7, but in this small of a dog I suspect this is mildly thickened). There is some variability due to the presence of rugal folds. The distinction of the gastric wall layers is prominent, but atypical. There is no evidence of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased with the duodenum measuring 0.54 cm and the jejunum at 0.37 cm. Bowel loops follow a typical curvilinear path with normal detail of wall layering and some mucosal speckling. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

A scant amount of free abdominal fluid noted. No 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 generally of normal uniform echogenicity.

PRIMARY FINDINGS

- Moderately 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. This could be due to the current Prednisone therapy.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Borderline thickened stomach wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mildly thickened small intestine with mucosal speckling – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc. in the mucosal crypts of the small intestine.

SECONDARY FINDINGS

- Thickened area of urinary bladder wall – 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. This is a still image, so I cannot determine if this is imaging artifact. Consider reevaluation of the area with more significant urine distention.



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- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were observed involving the liver. I would suspect the liver enzyme elevation is secondary to the Prednisone use. Consider trying to taper or transition to a different medication if needed and reevaluate liver enzymes. You could consider a liver function test.

BREED

Toy Poodle

Additionally, the stomach wall and small intestine appears somewhat thickened. This could be consistent with inflammatory changes such as IBD. It is possible that the Prednisone you're using for the seizures is also helping with this problem, but other treatment modalities do exist. You could consider a GI panel to better evaluate the pancreas with a quantitative PLI and the small intestine with B12 and folate levels. Consider a hydrolyzed protein or novel protein diet.

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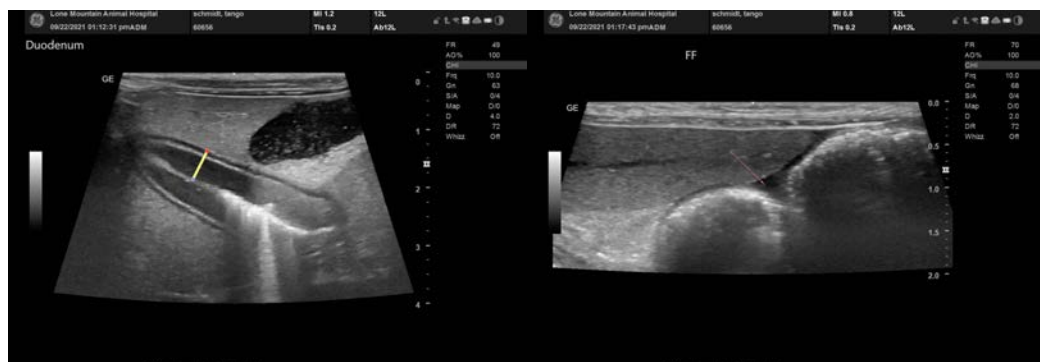
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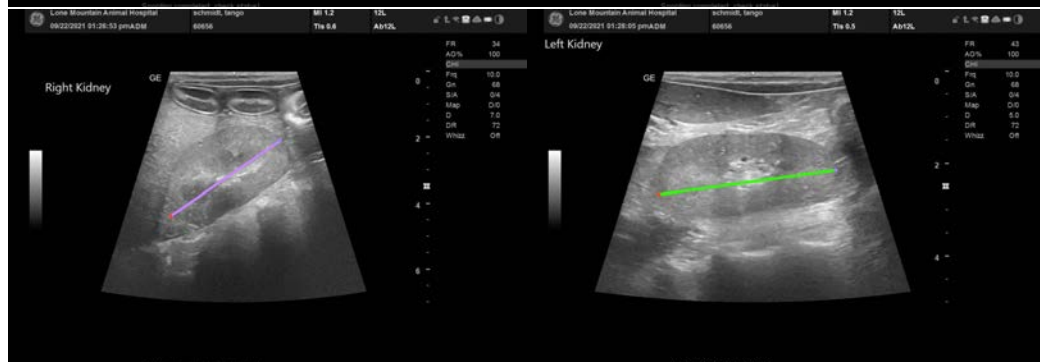


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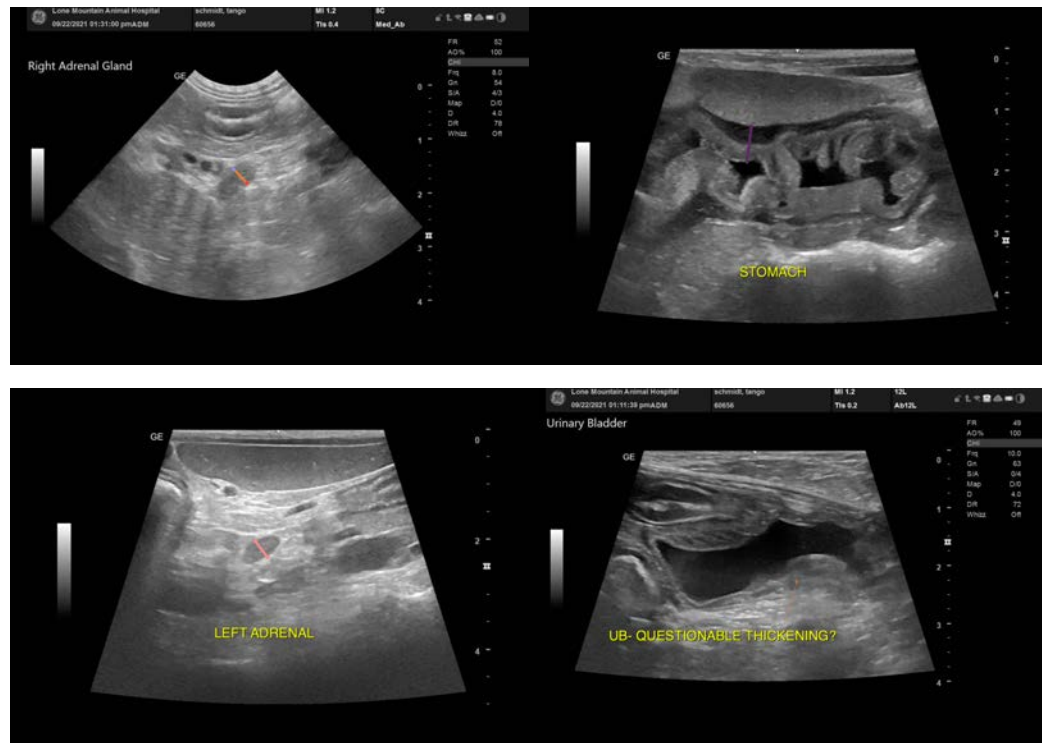
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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