



PATIENT

Bailey Janitor

PRESENTING CLINICAL SIGNS

History: Has had several UTIs in the past year. Elevating liver enzymes.
Abnormal PE/Chem/CBC/UA Results: ALT 142 (10-125), ALKP 747 (23-212)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone and there is no evidence of sediment, cystoliths, polyps or a mass. The proximal urethra is not visualized.

BREED

Rhodesian Ridgeback
Mix

The left kidney is within normal limits in size for the patient's weight and measures 6.3 cm. The capsule is smooth. The cortex is mildly to moderately hyperechoic and there is a mild loss of the normal definition of the corticomedullary junction. Multiple mineralizations of the diverticuli and pelvis are present in addition to small nephroliths, without signs of pyelectasia. An obstruction is not evident. The surrounding mesentery is not hyperechoic i.e. there are no obvious signs of pyelonephritis.

SEX

Spayed Female

AGE

13 years

The right kidney: similar findings to the left kidney are observed.

WEIGHT

57.6 lbs

Adrenal Glands

The left adrenal gland measures 0.69 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. There are no obvious abnormalities with the phrenico-abdominal vein or surrounding vasculature and the surrounding mesentery is unremarkable.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The right adrenal gland was visualized in passing. No obvious abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The surrounding vasculature and mesentery is unremarkable.

IMAGING PERFORMED BY

Dr. Bartus

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. Mild, perivascular cuffing consistent with myelolipomas is observed, which are not considered clinically significant. A calcification measuring 0.64 x 0.69 cm is observed within the parenchyma without signs of an obstruction.

HOSPITAL NAME

Valley VS

REFERRING VET

Dr. Bartus

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver is isoechoic to the renal cortices. However, the kidneys are hyperechoic compared to normal. It is also mildly to moderately heterogenous with the presence of multiple, diffuse, hypoechoic nodules of variable size. No abnormalities are observed with the hepatic vessels. The hepatic lymph nodes are unremarkable. There are no obvious signs of neoplasia.

INVOICE

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The gall bladder is moderately dilated, which is most likely due to the may be due to the patient being

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fasted. A moderate amount of echogenic material (sludge) is present within the lumen. The sludge is free floating, but has also settled by gravity in the region of the neck of the gallbladder. Inspissated, hyperechoic sludge in the form of nodules is attached to the wall. Mild, hyperechoic structures, which cast a shadow (consistent with choleliths), are visualized within hepatic bile ducts. There are no signs of an obstruction. Examples of size include 3.8 mm, 4.3 mm x 3.3 mm, and 3.4 mm.

SPECIES

Canine

Gastrointestinal

BREED

Rhodesian Ridgeback
Mix

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

SEX

Spayed Female

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

AGE

13 years

Pancreas

WEIGHT

57.6 lbs

The left and right limbs of the pancreas are coarse and moderately heterogenous, which are most consistent with nodular hyperplasia and areas of fibrosis. The changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

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Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

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- The diffuse hyperechogenicity of the liver is highly suggestive of vacuolar hepatopathy, which may occur due to stress (chronic illness) or hyperadrenocorticism. Hepatitis is considered less likely, however, cholangitis/cholangiohepatitis and cholestasis cannot be excluded. The hypoechoic nodules observed are most likely due to nodular regeneration, which is a benign age related change. There are no obvious signs of neoplasia. The presence of sludge in the gallbladder and the small choleliths in the bile ducts are most likely clinically insignificant; however, the client should be asked about signs of gastroesophageal reflux. Signs of cholecystitis are not appreciated.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although there are no obvious signs of a urinary tract infection or pyelonephritis, a urine culture and sensitivity is still recommended. Underlying causes for recurring urinary tract infections include conformational abnormalities, hypothyroidism and hyperadrenocorticism. Evaluation of the conformation of the patient's vulva and perivulvar area is recommended in addition to both vaginal and rectal exams. One may also consider performing cytology to exclude vaginitis.

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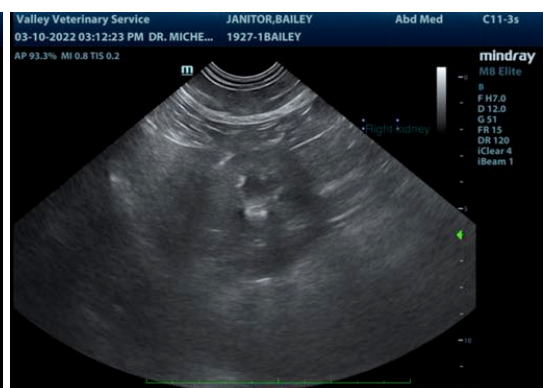
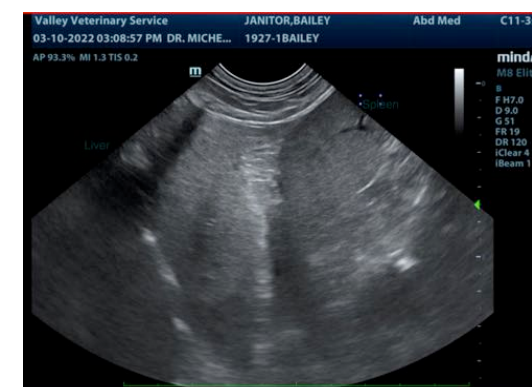
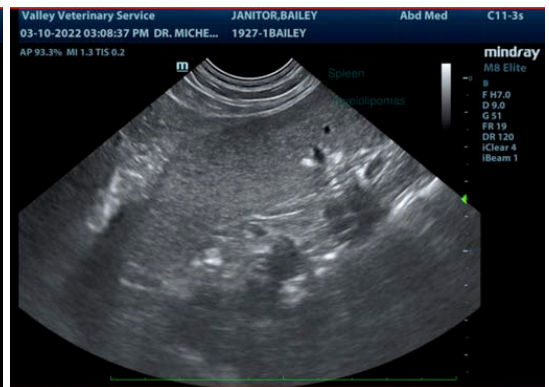
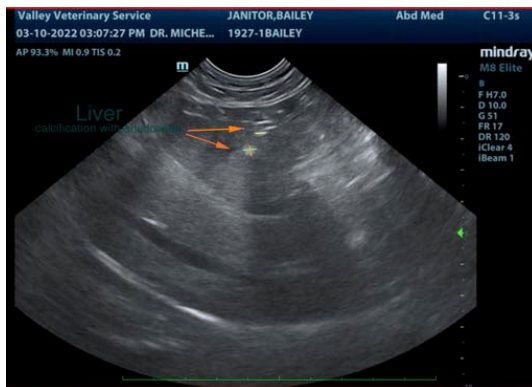
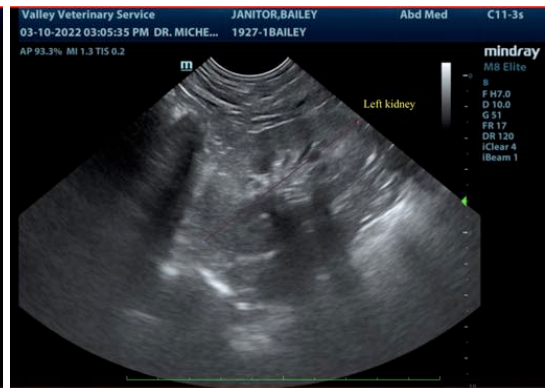
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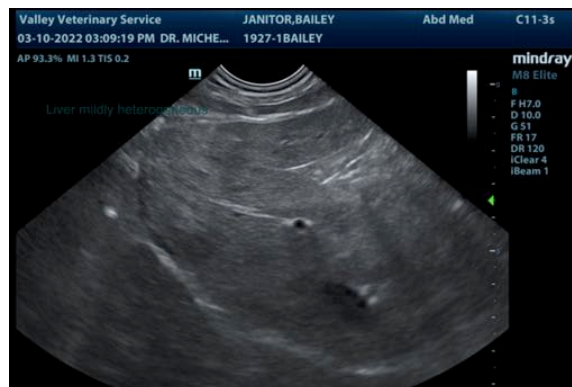
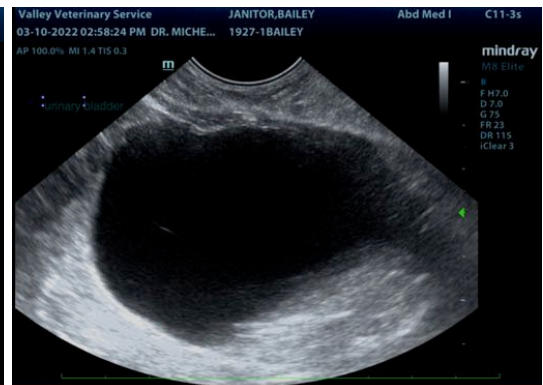
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AGE

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WEIGHT

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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