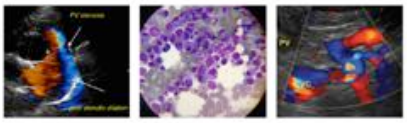


PATIENT

Gondul Paxon

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

3 years

WEIGHT

34 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Pelzer

INVOICE

98157

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Presented initially for decreased appetite and limping 2 weeks ago. Diagnosed with lumbar spondylosis and pain is being managed with Gabapentin. History of lupoid onchodystrophy (SLO) on fatty acid supplement and niacinamide.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT at 230 on 4/6/22, up from 186 on 3/23/22. Lepto test is pending Liver FNA done at time of scan.

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 or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney measures 4.69 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney measures 5.86 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland appears normal with regard to its echogenicity and echotexture, however, it is smaller and thinner than what is usually expected. The cranial pole measures 0.34 cm, the caudal pole 0.32 cm and it is 2.42 cm in length.

The right adrenal gland measures 0.66 cm at the cranial pole, however, it is thinner than usual at the caudal pole (0.32 cm) and it is 1.78 cm in length. No abnormalities are noted with the echogenicity or echotexture.

The phrenico-abdominal veins and surrounding vasculature are unremarkable for both glands.

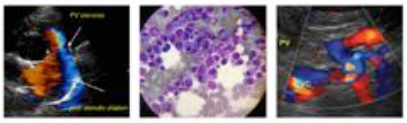
Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

Portions of the liver are homogenous and normal in echogenicity and echotexture. However, multiple lobes show a severely heterogenous, “moth eaten” echotexture. The heterogeneous pattern consist of hypoechoic nodules that are quite large, as well as hyperechoic, ill-defined, “patches”. The patches are dispersed in a multicentric, haphazard manner.

The liver does not appear enlarged; however, radiographs would be required to confirm this statement. The normal regions of the liver are isoechoic to the right kidney cortex and hypoechoic to the spleen.



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A trivial amount of echogenic material is visualized within the gallbladder, which is considered clinically insignificant. The biliary system is otherwise within normal limits.

Gastrointestinal

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

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 ileo-cecal-colic junction and the surrounding mesentery are unremarkable. The colonic wall is not thickened and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

Pancreas

No overt abnormalities are observed. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e., signs of active pancreatitis are not appreciated.

Other:

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

Other than the cranial pole of the right adrenal gland, the remaining measurements are thinner than usual. Although this may be normal for Gondul, a baseline (random) cortisol is strongly recommended to exclude hypoadrenocorticism, as some dogs with hypoadrenocorticism may suffer from multiple immune-mediated syndromes, for example, onychodystrophy.

An acute inflammatory process cannot be excluded as the cause of the hepatic abnormalities noted on Gondul's ultrasound. The hypoechoic regions may be due to nodular regeneration or hyperplasia due to previous episodes. The hyperechoic regions may be due to active inflammation due to primary hepatitis, which may be immune mediated in origin. However, secondary causes, which may include toxins, infectious diseases, and exposure to drugs, cannot be excluded. Results are pending of the fine needle aspirate (FNA) that was performed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of Gondul's origin and travel history is recommended.

She should be dewormed with a broad spectrum dewormer, such as fenbendazole.

A baseline cortisol is suggested to exclude hypoadrenocorticism, in spite of the hepatic changes noted, as dogs with hypoadrenocorticism can also suffer from hepatitis.

A hepatoprotectant is suggested and acetylcysteine may be required depending on the cytology results.

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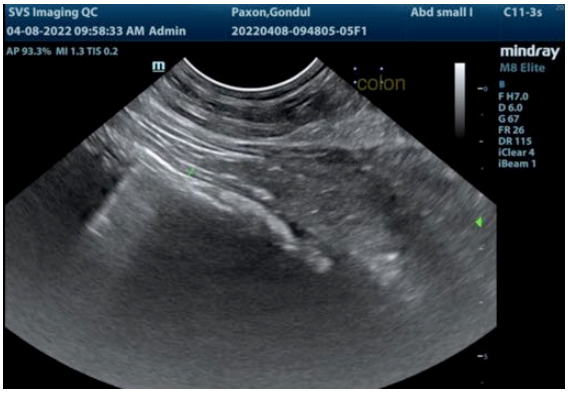
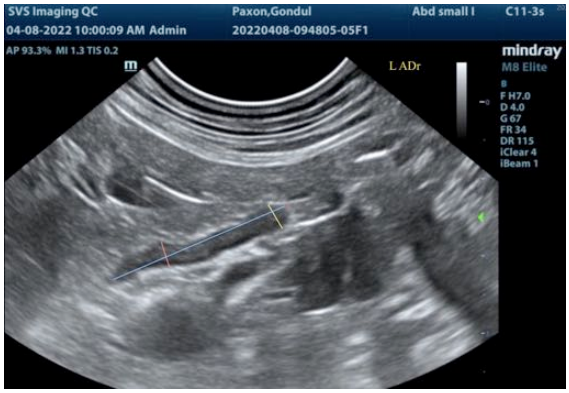
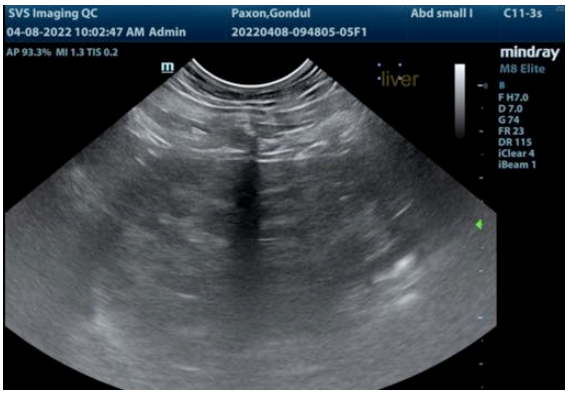
A urinalysis, +/- a culture and sensitivity, is/are recommended.

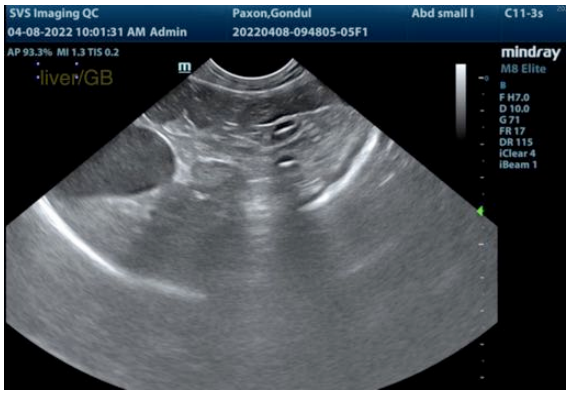
A hepatic tissue biopsy may be required.

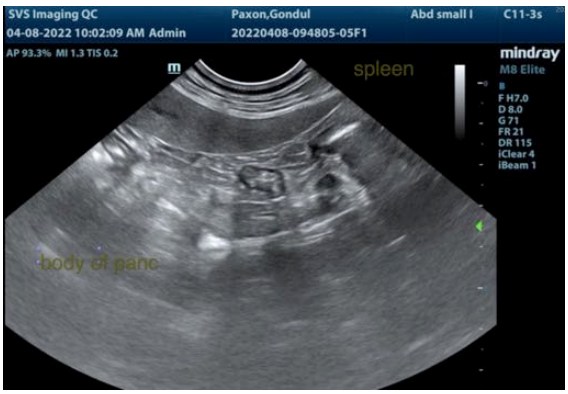
An internal medicine consultation may be considered depending on the cytology and baseline cortisol results. This may be scheduled with me and done via email or telephone.

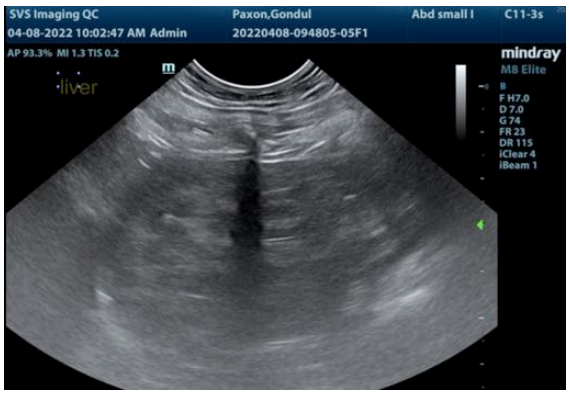












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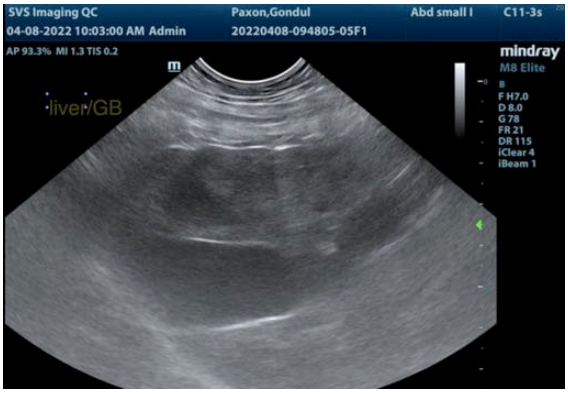

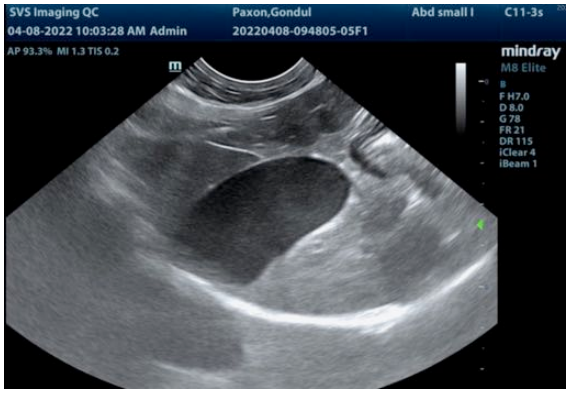

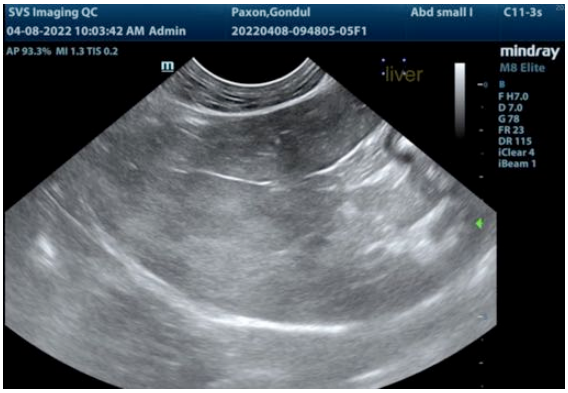

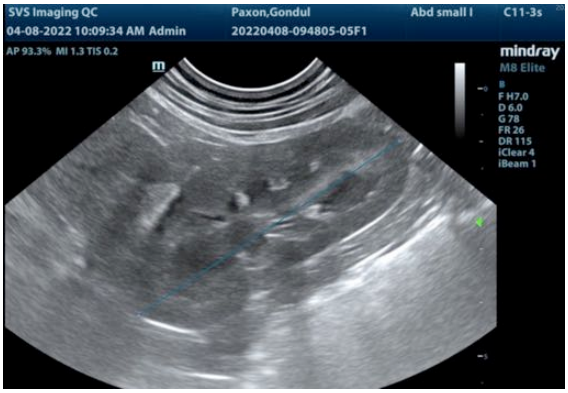

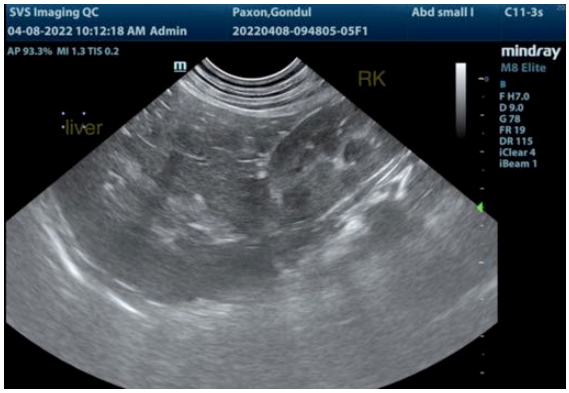

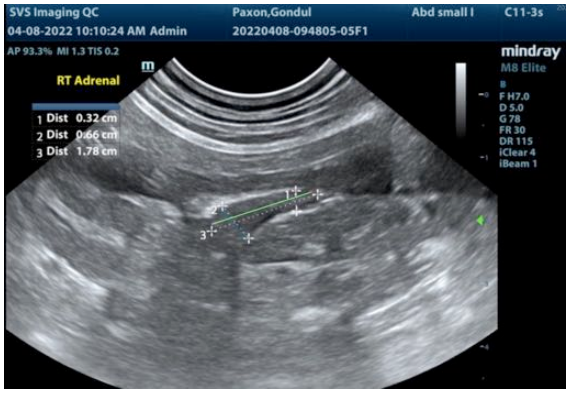

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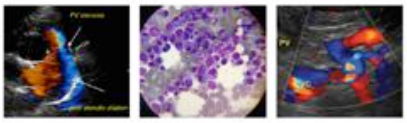

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com