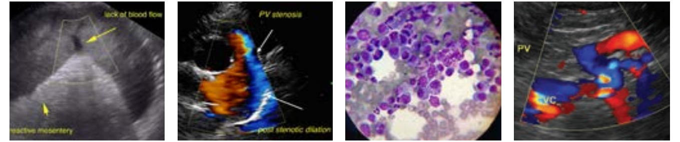
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Roxie Adler

SPECIES

Canine

BREED

Lab Retriever X

SEX

Spayed Female

AGE

14 Years 7 Months

WEIGHT

54 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

38712

DATE

6/14/22

PRESENTING CLINICAL SIGNS

P had mild repeatable anemia and history of benign splenic nodules in 2020. A splenectomy and liver bx were performed in 10/2020. Pathology showed splenic benign hyperplasia w hematoma formation and hepatitis, periportal, lymphoplasmacytic, mild w centrilobar vacuolar degeneration. Presented in Spring of 2021 for intermittent enteritis, appears to be improved w RC LF and previous Tylan treatment. P as also prophylactically dewormed w drontal + then and p is also current on HG+.
Abnormal PE/Chem/CBC/UA Results: 6/2022: CBC: Hct: 36, retic ct: 0.9, thrombocytosis, all other RBC parameters WNL UA: SG: 1.050, pH: 7.5, 3+ prot, quiet sediment 5/2022: CBC: Hct: 35L, monos: 952H, Chem: alb: 3.2, all else WNL, T4: 1.4 5/2021: resting cortisol: 4.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is inadequately filled, thereby affecting the ability to accurately measure wall thickness. Its contents are anechoic. The wall is mildly irregular at the apex, which may be due to the bladder not being well distended or an underlying urinary tract infection. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 6.31 cm. The capsule is smooth. A very mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.68 cm. The capsule is smooth. A very mild loss of the normal definition of the cortico-medullary junction is noted. Mineralizations of the diverticulae and pelvis are present. Very small pelvic mineralizations with early calcification may be present based on subtle acoustic shadowing. Rare mineralizations are observed within the cortex. Pyelectasia is not observed. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.42 cm at the cranial pole, 0.40 cm at the caudal pole and 1.27 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

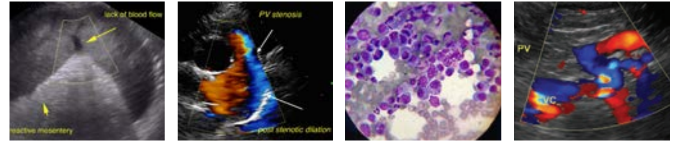
The **right** adrenal gland measures 0.36 cm at the cranial pole, 0.43 cm at the caudal pole and 1.14 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

Splenectomy 10/2020.

Liver

There are no obvious signs of hepatomegaly. The liver's borders are smooth, but vary between sharp to mildly rounded. A diffuse, mildly coarse or granular echotexture is observed. Mild perivascular cuffing of some of the blood vessels are observed. The latter is suggestive of the position of fat fibrosis, ischemia, and/or mineralization. Furthermore, the walls of the portal veins are more prominent than



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usual, which is suggestive of inflammation. A hyperechoic nodule measuring 1.01 cm in diameter x 0.73 cm in length is noted subcapsularly. It does not disrupt the integrity of the capsule.

The gallbladder (GB) is moderately dilated (consistent with a fasted individual). A moderate to large amount of free floating and inspissated echogenic material is noted. There is no evidence of echogenic material within the GB or edema surrounding it. The GB wall is within normal limits in thickness and echogenicity. The cystic and common bile ducts are not visualized due to gas in the surrounding GI tract, however, there are no obvious signs of an obstruction.

Gastrointestinal

A small amount of gas is present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

Duodenum: No abnormalities observed.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed feces are present ventral to the urinary bladder, however, they are softer in the view marked descending colon.

Pancreas

The left and right limbs of the pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

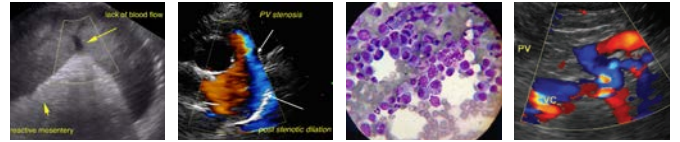
ULTRASONOGRAPHIC FINDINGS

- **Liver:** The hepatic changes are suggestive of a *reactive hepatopathy*. However, some of the changes may also be consistent with *chronic hepatitis*. There are no obvious signs of active hepatitis.

- **Gallbladder:** Gallbladder **sludge** is often clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required, particularly if the amount of sludge has increased since Roxie's last ultrasound. Obvious signs of cholecystitis are not appreciated, however, their absence does not rule it out.

- **Pancreas**: Age related changes; signs of active pancreatitis or neoplasia are not appreciated.

- **Urinary bladder:** A re-evaluation of the urinary bladder while fully distended is suggested to properly evaluate the mucosa. However, there were no signs of subclinical bacteriuria on Roxie's urinalysis.



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- **Spleen:** absent; previous splenectomy 10/2020

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required, particularly if the amount of sludge has increased since Roxie's last ultrasound.

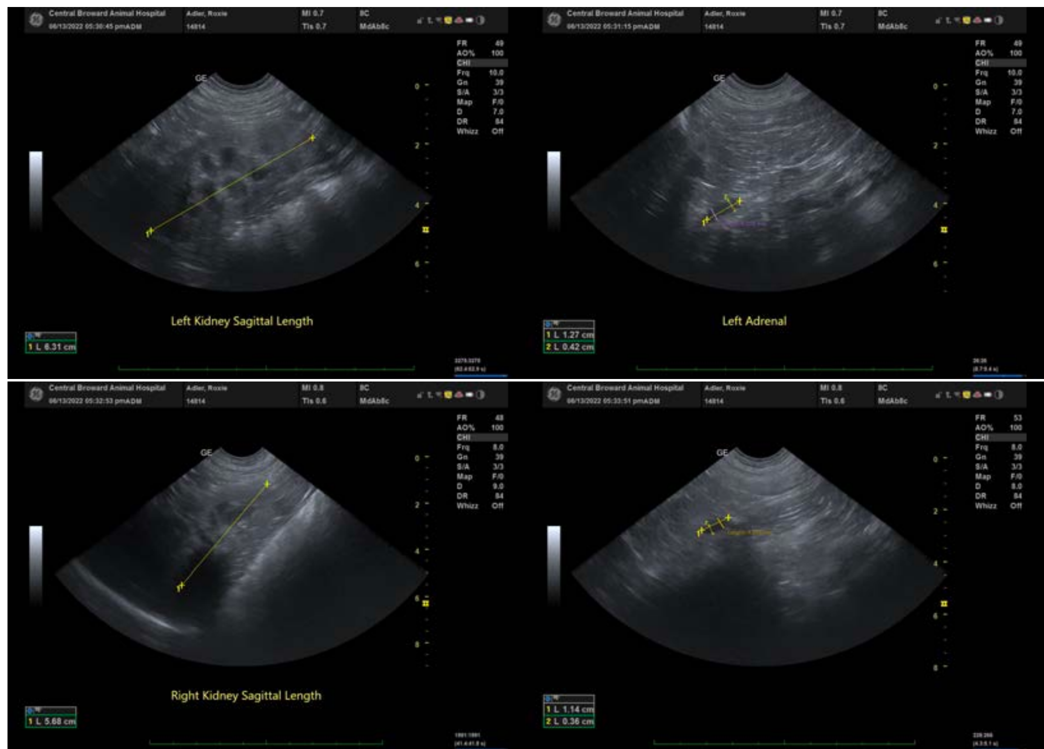
ursodeoxycholic acid (Ursodiol); if initiated, administer judiciously, at a very low dose, and slowly up-titrate to decrease the risk of GI side effects. For example, 3 mg/kg PO once a day for 5-7 days, then 5 mg/kg PO once a day for 5-7 days, then 7.5 mg/kg PO once a day for 5-7 days, then 10 mg/kg PO once a day for 5-7 days. She may not be able to tolerate the 15 mg/kg/day dose. Also, the dose should be divided BID and given with a meal to decrease the risk of nausea, cramps, vomiting and diarrhea.

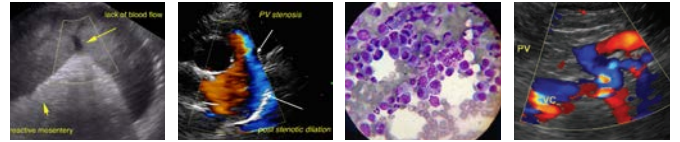
Fasting triglycerides, if not already performed. Medical management may be required if elevated despite low fat diet.

Recurring episodes of gastroenteritis may be due to lack of dietary fibre; addition of psyllium may be considered

+/- pre and probiotic

Chronic inflammation may contribute to mild anemia.





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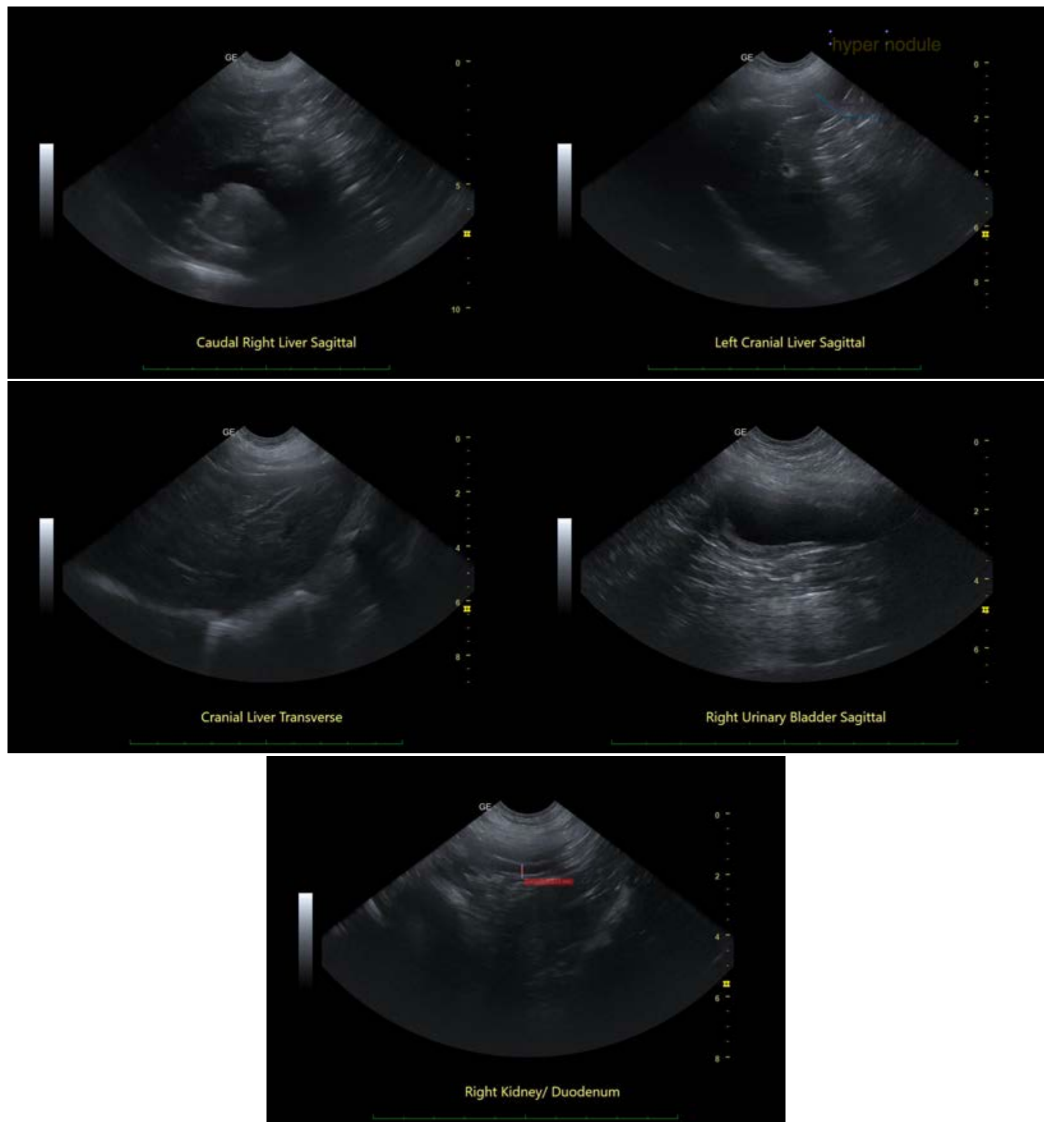

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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