



PATIENT

Rusty Lorey

SPECIES

Canine

BREED

Goldendoodle

SEX

Male

AGE

8 Years

WEIGHT

41 Lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

13642

DATE

1/26/22

PRESENTING CLINICAL SIGNS

History: History of elevated Alk Phos but was coming down when bloodwork was checked in July of 2021. All else was wnl. Bloodwork was ran again on 1/22/22 and Alk phos, ALT, and bilirubin are now significantly elevated. Rads taken on 1/26/22 showed slightly irregular and enlarged appearance to liver borders with a shift in the gastric shadow cranially and caudally. No mineralization or obvious masses visible. Patient is hypothyroid and currently on Levothyroxine.

Abnormal PE/Chem/CBC/UA Results: Bile acids were run on 1/26/22 Pre was at 95.4 with a reference range of 0-14 Post was at 59.2 with a reference range of 0-29.9 Attached is the bloodwork taken on 1/22/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

The area of the prostate was without overt pathology yet indistinctly visualized.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.45 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was enlarged in size with generalized hyperechoic parenchyma with multifocal to diffuse hypoechoic intraparenchymal nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of post hepatic obstruction.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained non-shadowing ingesta was present in the stomach. No evidence of retained fluid or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting generalized hyperechoic parenchyma with multifocal to diffuse hypoechoic nodules
- Mild gallbladder debris (non-mucocele)

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41 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with considerations, including vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, fibrosis, cirrhosis, with areas of nodular to regenerative hyperplasia, hematopoiesis, hepatic neoplasia or other hepatopathy.

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Assuming normal clotting status, ultrasound guided FNA of the hepatic parenchyma is recommended for screening cytology. No evidence of gallbladder mucocele or posthepatic obstruction. Some degree of likely concurrent cholestasis, given the presence of mild gallbladder debris is possible.

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Hepatosupportive medications, including Denamarin and Ursodiol, as well as antibiotic trial, such as Clavimox and Enrofloxacin, initially for 2 weeks with reassessment of hepatic enzymes. Continuation of antibiotics would be appropriate if positive clinical response, while discontinuation of antibiotics would be recommended if persistent hepatic enzymes are noted. Hepatic core biopsy may be required for a definitive diagnosis.

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Given the lack of reported clinical signs, such as PU/PD, polyphagia, etc., potential for underlying endocrinopathy may be considered less likely yet adrenal testing could be considered if clinically indicated.

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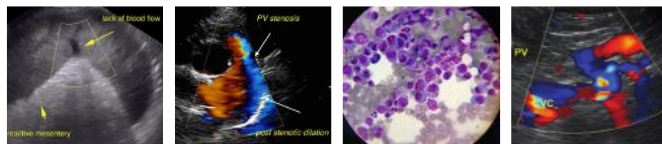
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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