

**PATIENT**

Lola Douglas

SPECIES

Canine

BREED

Border Collie

SEX

SF

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Trammell

INVOICE

12420

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Presented 10/18/21 for vomiting and diarrhea for ~1 week duration. Pt stopped eating ~2 days prior to exam with the exception of taking her once daily dental chew. Pt was on Gabapentin for suspected oral pain due to severe dental disease, but now will not take medication.

Abnormal PE/Chem/CBC/UA Results: PE unremarkable CBC: reticulocytosis 168.4 (RI = 10-110) Chem17: decreased BUN 6 (RI = 7-27), increased ALT 530 (RI = 10-125), increased ALKP 350 (RI = 23-212), increased GGT 29 (RI = 0-11), increased TBIL 2.5 (RI = 0.0-0.9), decreased AMYL 442 (RI = 500-1500) Fecal flotation: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Very minor, nondependent, particulate sediment, likely indicative of minor cellular or crystalline debris, was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.7 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 2.4 cm length x 0.43 cm width at the caudal. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.56 cm width at the caudal pole.

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/ Gallbladder

The liver exhibited subjective subnormal size with mild asymmetrical hepatic capsule contour and generalized nonuniform to moderate coarse parenchyma with evidence of parenchymal remodeling. No distinct hepatic masses or nodules were noted. Mildly variable, mixed echogenic hepatic echogenicity was present. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

Lola Douglas

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The pylorus wall width measured 0.47 cm.

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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. The jejunum wall width measured 0.25 cm.

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

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Chronic hepatopathy - suspect nonspecific chronic hepatitis (immune-mediated, infectious, or other), given the primarily elevated ALT with some degree of vacuolar hepatic changes and nonobstructive cholestasis, given the ALP/GGT combination, as well as elevated total bilirubin, with hepatic neoplasia considered a less likely differential diagnosis
- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of structural gastrointestinal pathology, the GI signs may be owing to chronic hepatic disease, although potential for structurally insignificant concurrent gastroenteropathy is possible. Further assessment may include Leptospiriosis titer/ PCR if clinically indicated and a GI panel to include PLI/TLI/Cobalamin/Folate. Hepatic sampling would be required for further clarification. Empirically, continued gastrointestinal and hepatic support are suggested.





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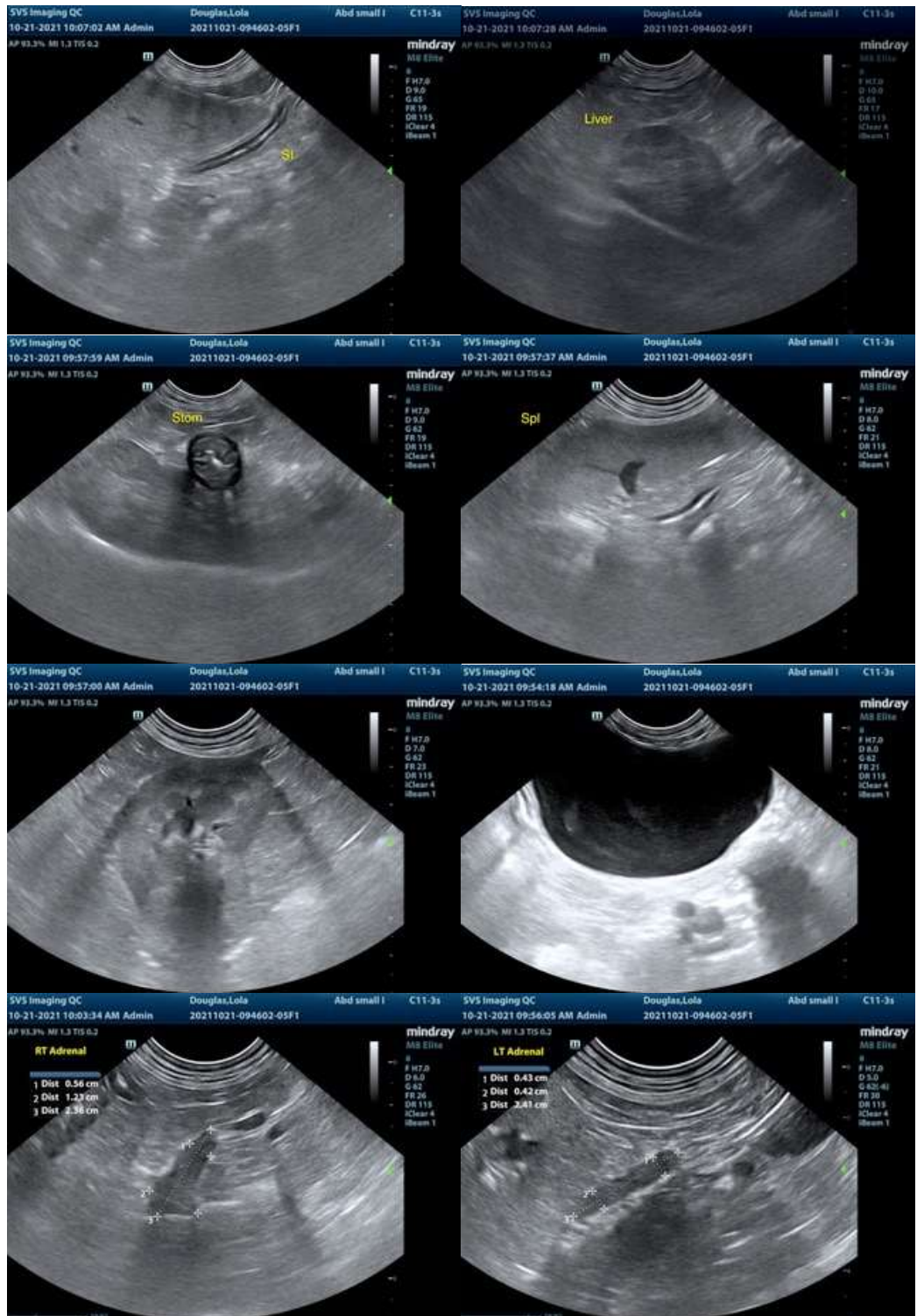
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 info@sonopath.com Sonopath.com

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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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