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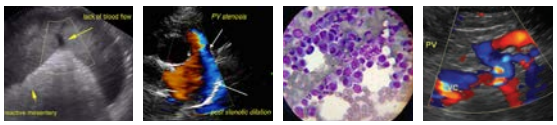


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Jack Carlton

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

8 Years

WEIGHT

63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hovenden

INVOICE

26652

DATE

10/26/21

PRESENTING CLINICAL SIGNS

Inappetence, Lethargy Medications -Cerenia 60mg :Entyce 30mg/ml: Gabapentin 600mg Abnormal PE/Chem/CBC/UA Results: CBC: WBC 14,540 with neutrophilia, PCV 55%, TS 7/9 g/dL Chemistry profile: ALP 285, ALT 622, GLU 111 Urinalysis: Collection Method Natural Voiding Color ORANGE Appearance CLOUDY Specific Gravity 1.053 1.015 - 1.05 pH 6.0 5.5 - 7 Protein 1+ Negative Microalbuminuria testing is recommended (if sediment is inactive) to help determine the clinical significance of proteinuria. Glucose-Strip NEGATIVE Negative Ketones NEGATIVE Negative Bilirubin 2+ NEG TO 1+ Occult Blood NEGATIVE Negative WBC NONE 0-3 RBC 0-1 0-3 Casts NONE SEEN Hyaline 0-3 Crystals NONE SEEN Bacteria NONE SEEN None seen Epithelial Cells NONE SEEN Fat Droplets 4-10

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was free of pathology, measuring 0.79 cm diameter.

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 6.5 cm. The right kidney measured 7.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.60 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.80 cm at the caudal pole.

Spleen

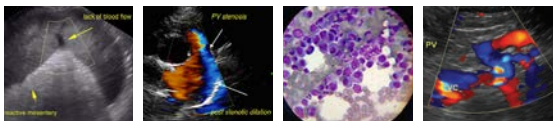
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver exhibited mild generalized enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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. Pylorus wall measured 0.42 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. Jejunum wall measured 0.33 cm.

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

Pancreas

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.

Free Abdomen

Focal, mildly prominent to enlarged medial iliac lymph node was present, measuring 0.78 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No omental masses or peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

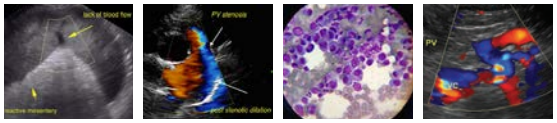
- Sonographically unremarkable gastrointestinal tract
- Hepatopathy – subjectively benign
- Normal bilateral kidneys
- Focal, mildly prominent, subjectively benign medial iliac lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs.

The appearance of the liver was nonspecific but most consistent with benign hepatopathy. Considerations for the liver may include vacuolar hepatopathy and non-clinical cholestasis in light of the elevated ALP with primary concern for non-specific inflammatory hepatopathy (immune mediated, infectious, or other) in light of the primarily elevated ALT. No overt evidence of hepatic neoplasia which is considered unlikely. Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for screening cytology, primarily to assess for evidence of inflammatory cells and to rule out unlikely neoplasia. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol due to its antioxidant and immunomodulatory effects within the liver would be warranted, although these medications may not result in decreased hepatic enzyme levels.

Given the lack of gastrointestinal pathology, the clinical signs may be owing primarily to hepatic disease, although potential for structurally insignificant inflammatory gastroenteropathy is possible. Continued as-needed gastrointestinal supportive care recommended. Screening cortisol level and 3-view chest radiographs may be considered to rule out occult disease given the patient's vague clinical signs.



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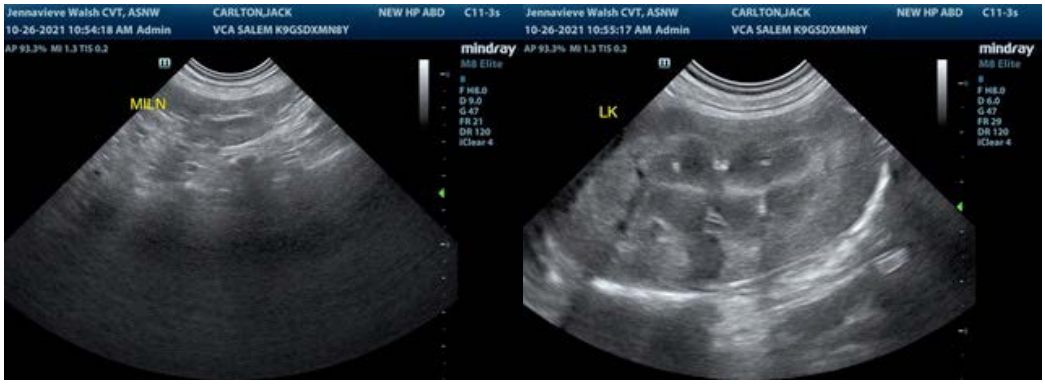

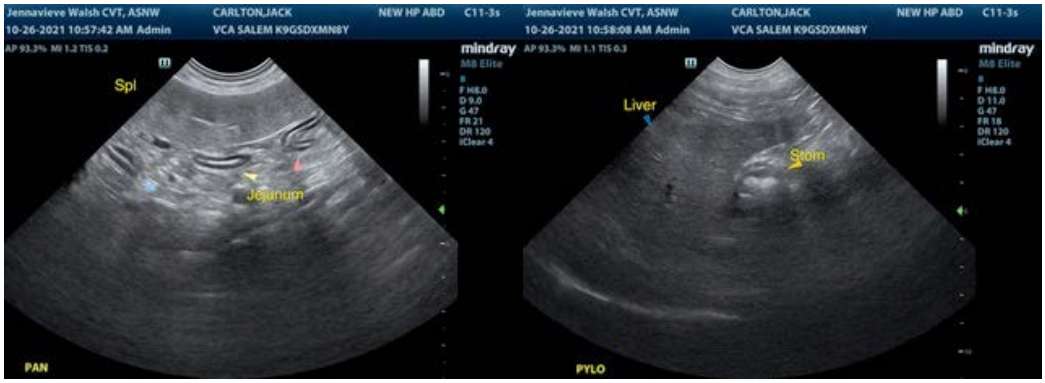

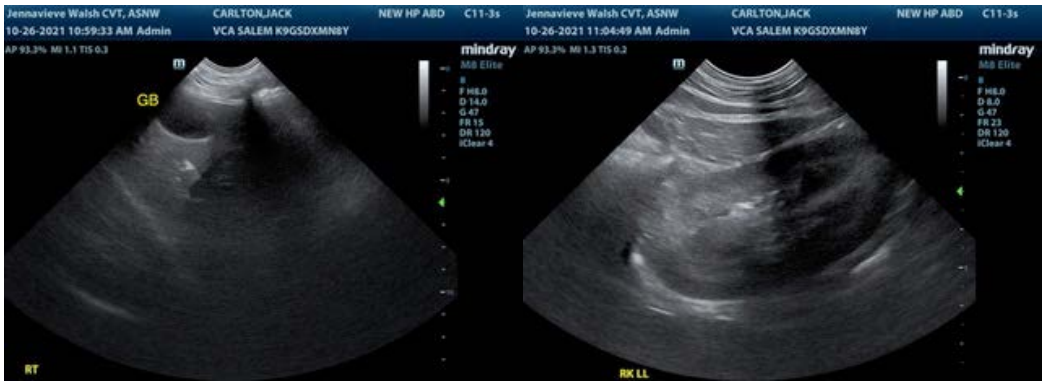

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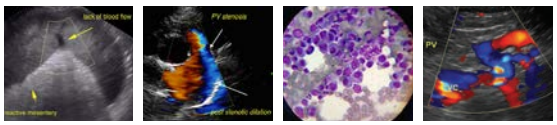

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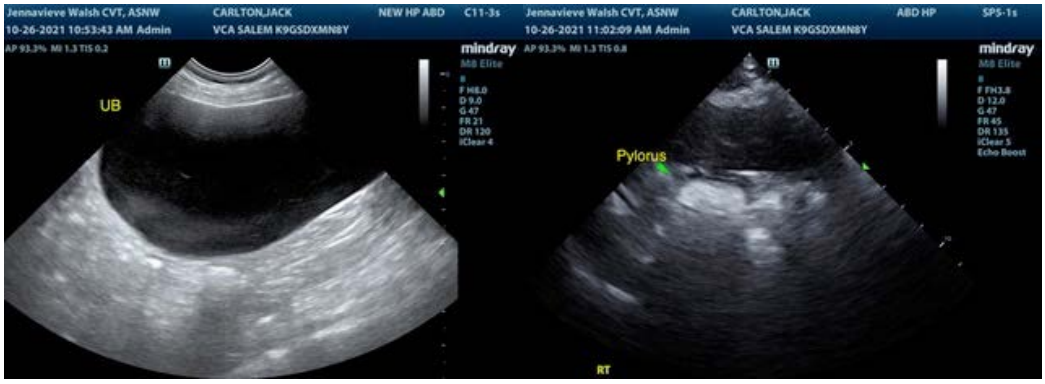

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com