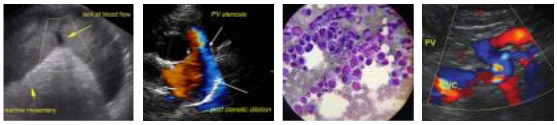




**PATIENT**

Emma Janes

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

FS

**AGE**

13 years

**WEIGHT**

49.2 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Banfield South Eugene

**REFERRING VET**

Dr. Wright

**INVOICE**

12020ag

**DATE**

10/27/22

## PRESENTING CLINICAL SIGNS

P presented fasted for recheck of liver panel and chronic diarrhea with weight loss (6 lbs in 3 months). O reports that there is a new puppy at home and pet has been getting into the puppy's food. Bowel movements are liquid to semi-formed and tan to brown in color. WT: 49.20 lbs / 22.32 kgs, BCS: 3/9 BAR, TPR - see screens, CRT < 2 sec/pink, moist MM. COAT/INTEG: no lesions nor ectoparasites appreciated. 2 cm x 0.8 cm soft pedunculated growth on lateral caudal right thoracic limb 0.4 cm x 1 cm soft pedunculated growth on left ventral abdomen flank region soft adhered SQ swelling on left lateral ventral thorax. EYES/EARS: OU WNL. N/T: No nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: grade 2/4 dental calculus HEART/LUNGS: no murmurs nor arrhythmias, synchronous pulses, Lungs clear, No coughing. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: external genitalia is normal in appearance. somewhat tense on abdomen. palpation M/S: stiff hind limb gait; moderate generalized muscle wasting NEURO: appropriate mentation, no deficits appreciated, nor spinal pain.
Abnormal PE/Chem/CBC/UA Results: Hepatic Panel 10/26/22 - ALKP 686 U/L, ALT 130 U/L. (hx of 7/8/22 ALKP 585 U/L and ALT wnl)

Current Medications denamarin, dasuquin, propectalin

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was noted.

The area of the aortic trifurcation was free of pathology.

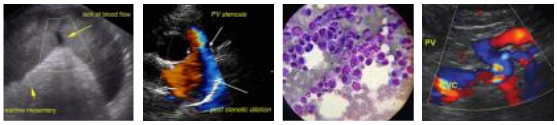
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 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 0.63 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.79 cm width at the caudal pole and 3.4 cm length.

### *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





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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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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.

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*

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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

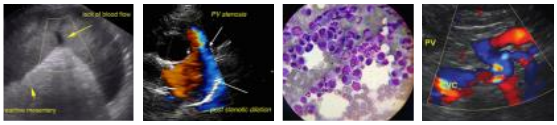
## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Benign hepatopathy
- Mild gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract/colon
- Mild age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was non-specific yet consistent with benign hepatopathy. Vacuolar hepatopathy and non-obstructive cholestasis given the elevated ALP with potential for primary or concurrent inflammatory hepatopathy such as hepatitis/cholangiohepatitis or other hepatopathy are possible. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment primarily to assess for evidence of inflammatory cells or antigenic





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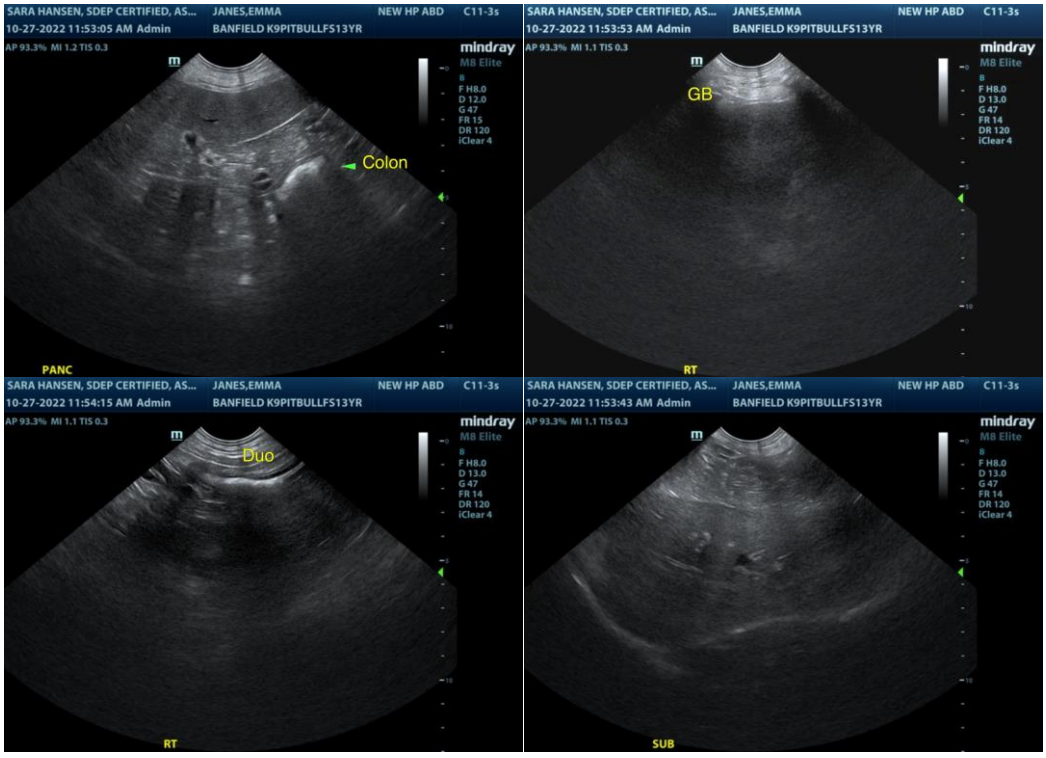
stimulation. Dietary indiscretion/ intolerance, occult parasitism, dysbiosis, inflammatory bowel disease without evidence of mural changes, low grade to chronic pancreatitis or other are potentials without evidence of infiltrative gastroenterocolic neoplasia. Occult Addison's disease considered less likely given normal adrenal gland presentation.

A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol to rule out occult Addison's Disease are warranted.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation if clinically indicated and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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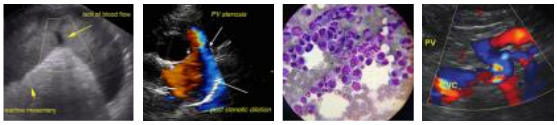

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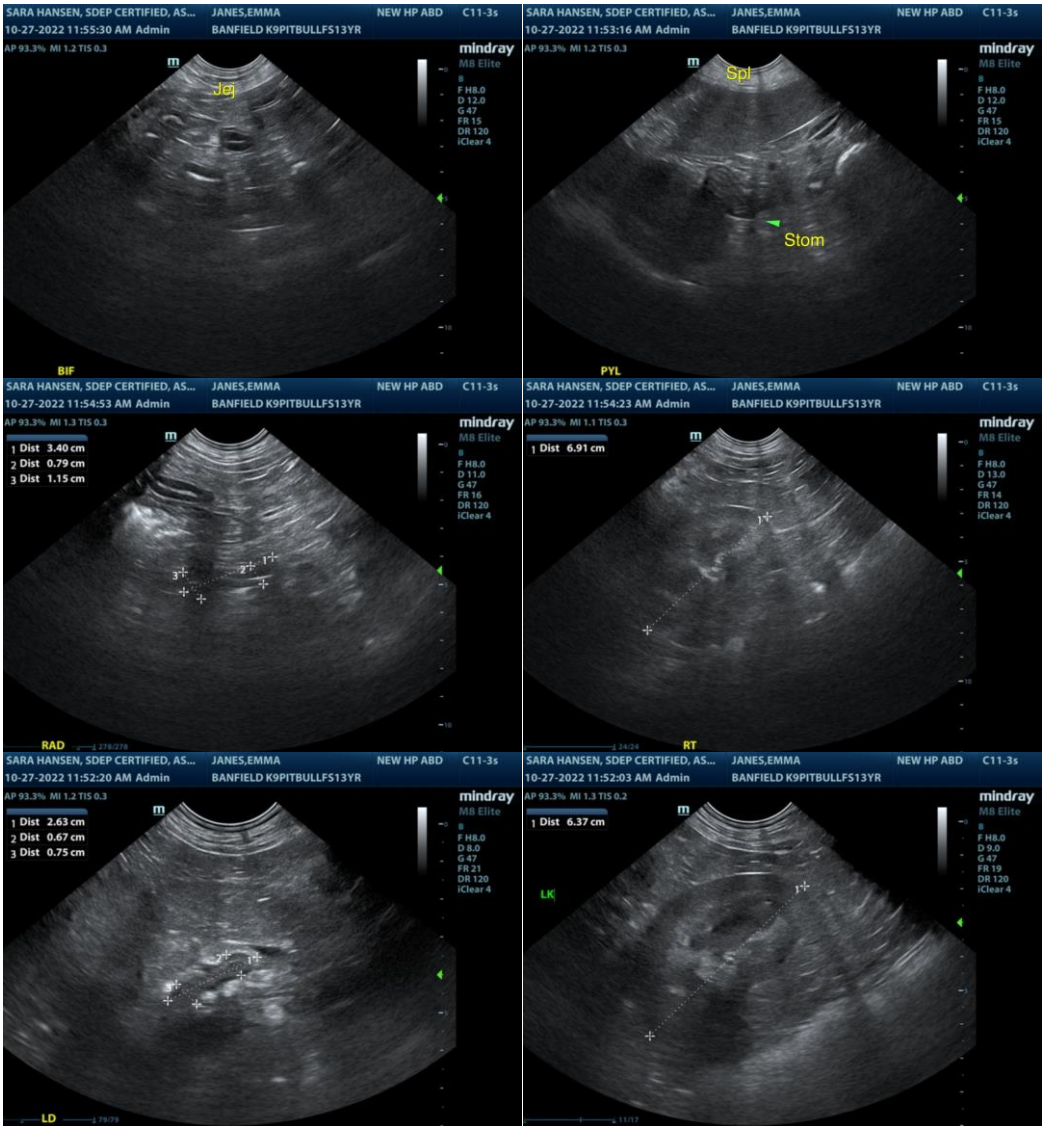


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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