



PATIENT

Whisper Salvo

SPECIES

Canine

BREED

Italian Greyhound

SEX

Male

AGE

3 years 9 months

WEIGHT

15.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas/Dr.
Goodman

INVOICE

12479

DATE

10/29/21

PRESENTING CLINICAL SIGNS

Vomiting x 2 days, not keeping anything down. Also, wears a pee pad because he is not housetrained; diaper is full q 2 hours. PU/PD. Not vaccinated for Lepto, recently adopted from Texas. Looking better after fluids and antibiotics yesterday.

Abnormal PE/Chem/CBC/UA Results: PE: drips urine during exam, both testis descended. ALP >1,000, ALT 792, Bil 1.0. Bile Acids: Pre 65, Post 254 UA: isosthenuric, pyuria and rod bacteria. Rest of BW WNL. RADS: possible thickened SI loops, loss of detail in cranial abdomen, all organs moved cranially (but may be due to breed conformation).

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. Primarily anechoic urine was present in the lumen. Mild, primarily nondependent to subtly congealed, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.8 cm in diameter.

Several, mildly prominent yet subjectively benign medial iliac lymph nodes were present. An example measured 0.77 cm in diameter. These lymph nodes were not overtly consistent with neoplastic or inflammatory criteria and likely incidental.

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 4.8 cm in length. The right kidney measured 5.3 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 2.2 cm length x 0.37 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.44 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.



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Liver/ Gallbladder

Whisper Salvo

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. Normal hepatoportal vascularity volume was noted without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained echogenic fluid and potential chyme were present in the gastric lumen. The gastric body wall width measured 0.35 cm.

Male

The duodenum exhibited intact yet subjective mild prominent wall layering, measuring 0.36 cm wall width with subtle duodenal ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable. The jejunum wall width measured 0.32 cm.

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

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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.

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Free Abdomen

Subtle, cranial abdominal, primarily perihepatic reactive mesentery was present. No evidence of peritoneal free fluid was noted. Aside from the mildly prominent medial iliac lymph nodes, no evidence of additional peritoneal lymphadenopathy was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild particulate urinary bladder sediment - cellular or crystalline debris or potential mucus
- Sonographically unremarkable bilateral kidneys, no overt pyelonephritis
- Hepatopathy - subjectively acute / subacute, metabolic / reactive / vacuolar hepatopathy, inflammatory parenchymal or hepatobiliary disease (infectious, immune / mediated, or other), possible
- Mild hypomotile stomach, suspect gastritis / gastroduodenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of extrahepatic or intrahepatic shunt was noted. Further assessment of the liver may include ultrasound-guided FNA, assuming normal clotting status for screening cytology, as well as Leptospirosis titer / PCR.



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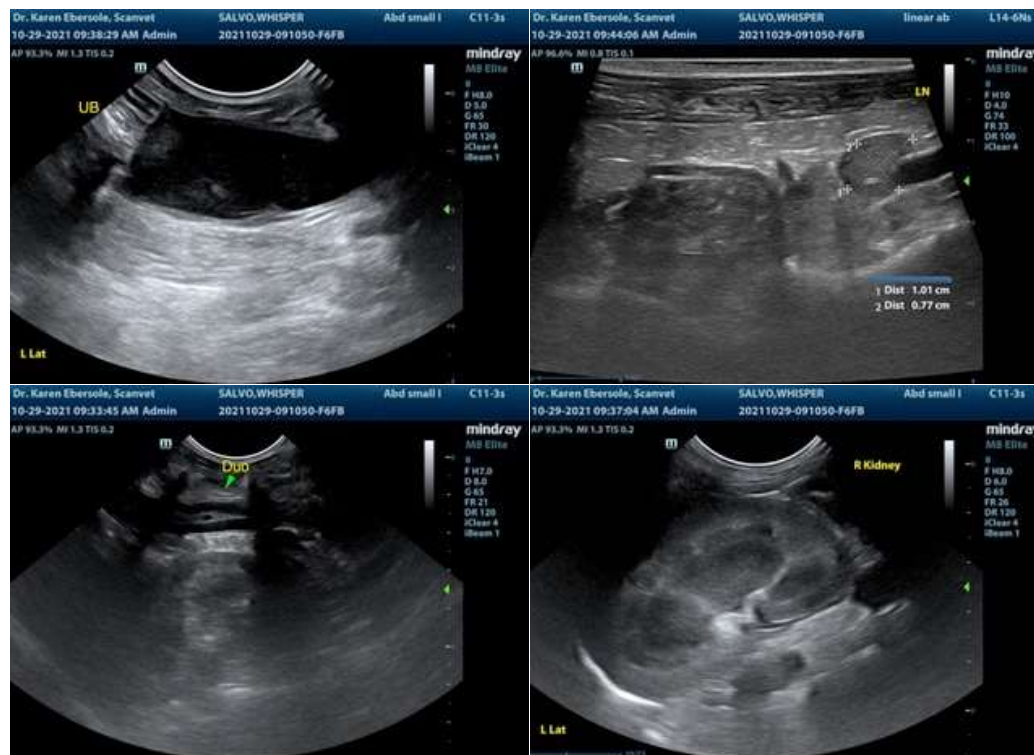
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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although considered less likely, yet given the gastrointestinal signs and PU/PD, resting cortisol +/- ACTH Stimulation test If resting cortisol is <2.0, may be considered to rule out occult Addison's Disease. Empirically, Hepatosupportive medications and appropriate antibiotic protocol with coverage for Leptospirosis, pending additional diagnostics, would be appropriate. As-needed gastrointestinal supportive care is indicated.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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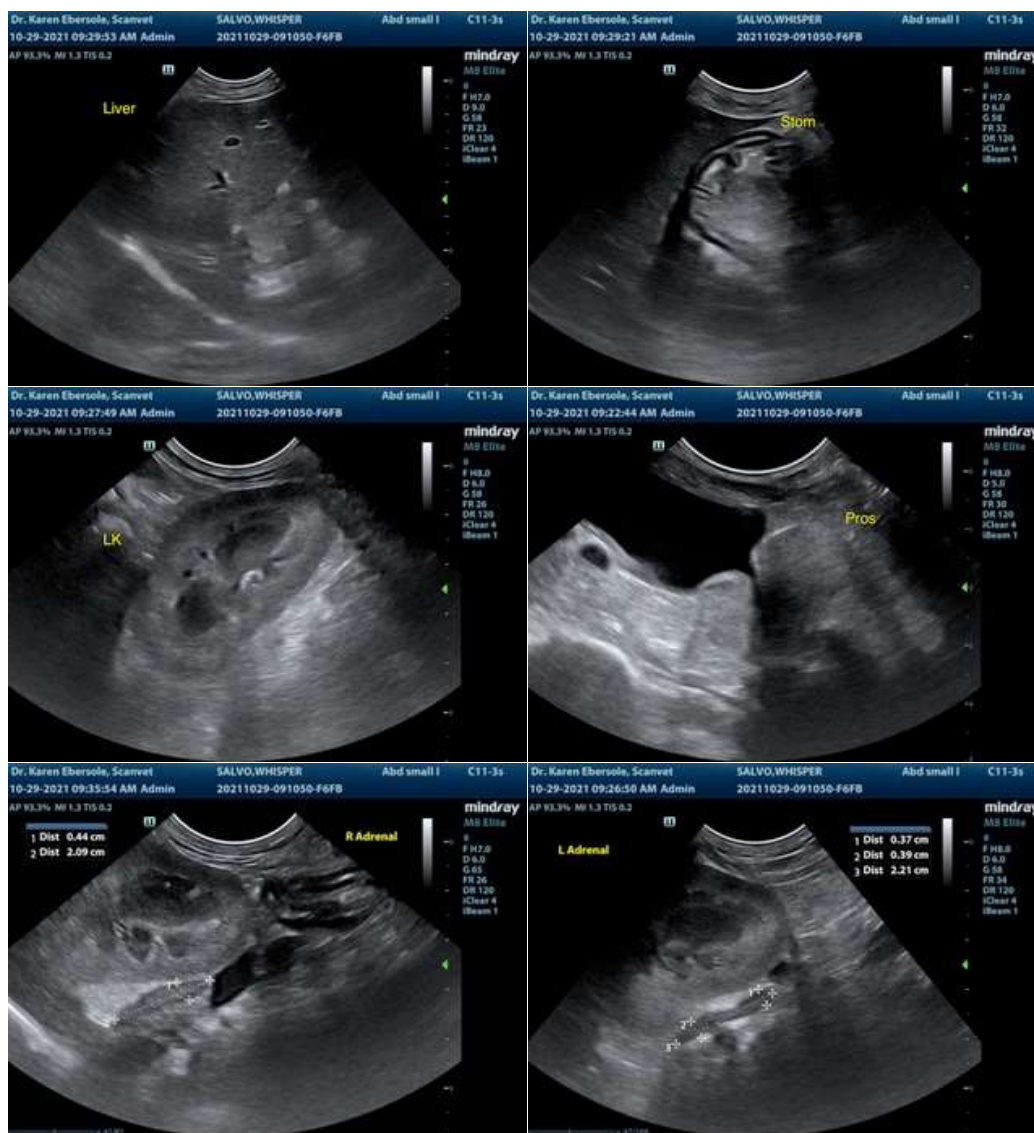
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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