


PATIENT PRESENTING CLINICAL SIGNS

Bailey Smiley history of reduced appetite, regurgitated water at home, diarrhea. RDVM was concerned about pyelonephritis

SPECIES meds: Denamarin, cerenia, sucralfate, fortiflora, clavamox

Canine Abnormal PE/Chem/CBC/UA Results: Bloodwork: - CBC normal - M1 elevation ALP 302 (20 - 150) - M2 elevation ALT 832 (10 - 118) - M1 elevation TBIL 14 (2 - 10) - M1 elevation Ca 3.26 (2.15 - 2.95) - M1 elevation creatinine 146 (27 - 124) - M1 decrease GLOB 21 (23 - 52) Lepto PCR and spec cPL pending rDVM rads: - moderate gas distention without stomach - otherwise appeared WNL as per records

BREED

Lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX
Urinary System

FS

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 were noted.

AGE

7yr

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. Scant pyelectasia was present in the left kidney. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 cm in length.

WEIGHT

34.4kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 2.35 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.82 cm width at the caudal pole and 2.5 cm length.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Hamilton Regional
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Vercaigne

Liver

The liver was normal/possible borderline subnormal in size with normal structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture. Subtle increased prominence of portal vascular borders was present. No masses or nodules noted. The gallbladder was non-distended in size with mildly hyperechoic walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

11774ag

Gastrointestinal
DATE

10/03/2022



PATIENT

Bailey Smiley

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

BREED

Lab

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.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

7yr

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting possible borderline/mild subnormal liver size
- Suspect mild chronic cholecystitis
- Unremarkable GI tract with mild gastric ingesta/chyme
- Normal bilateral kidneys exhibiting scant left kidney pyelectasia

WEIGHT

34.4kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the appearance of the liver was non-specific without evidence of neoplastic criteria. Primary consideration for non-specific hepatitis (viral, bacterial, Leptospirosis, hepatotoxic insult, etc.) Potential for primary or concurrent metabolic/reactive/vacuolar hepatic changes or cholestasis given the ALP/TBIL elevation is possible. No evidence of post hepatic obstructive criteria was present. Hepatic core surgical biopsy is likely required for a definitive diagnosis. 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.

Ultrasound guided FNA of the liver using a 25-gauge needle and assuming normal coagulation parameters would be warranted for cytology, primarily to assess for evidence of inflammatory cells or neoplasia, as well as Leptospirosis titer / PCR.

No evidence of active pancreatitis or structural GI pathology was present. A GI protectant protocol with a hydrolyzed diet trial if clinically indicated and as needed GI support would be reasonable.

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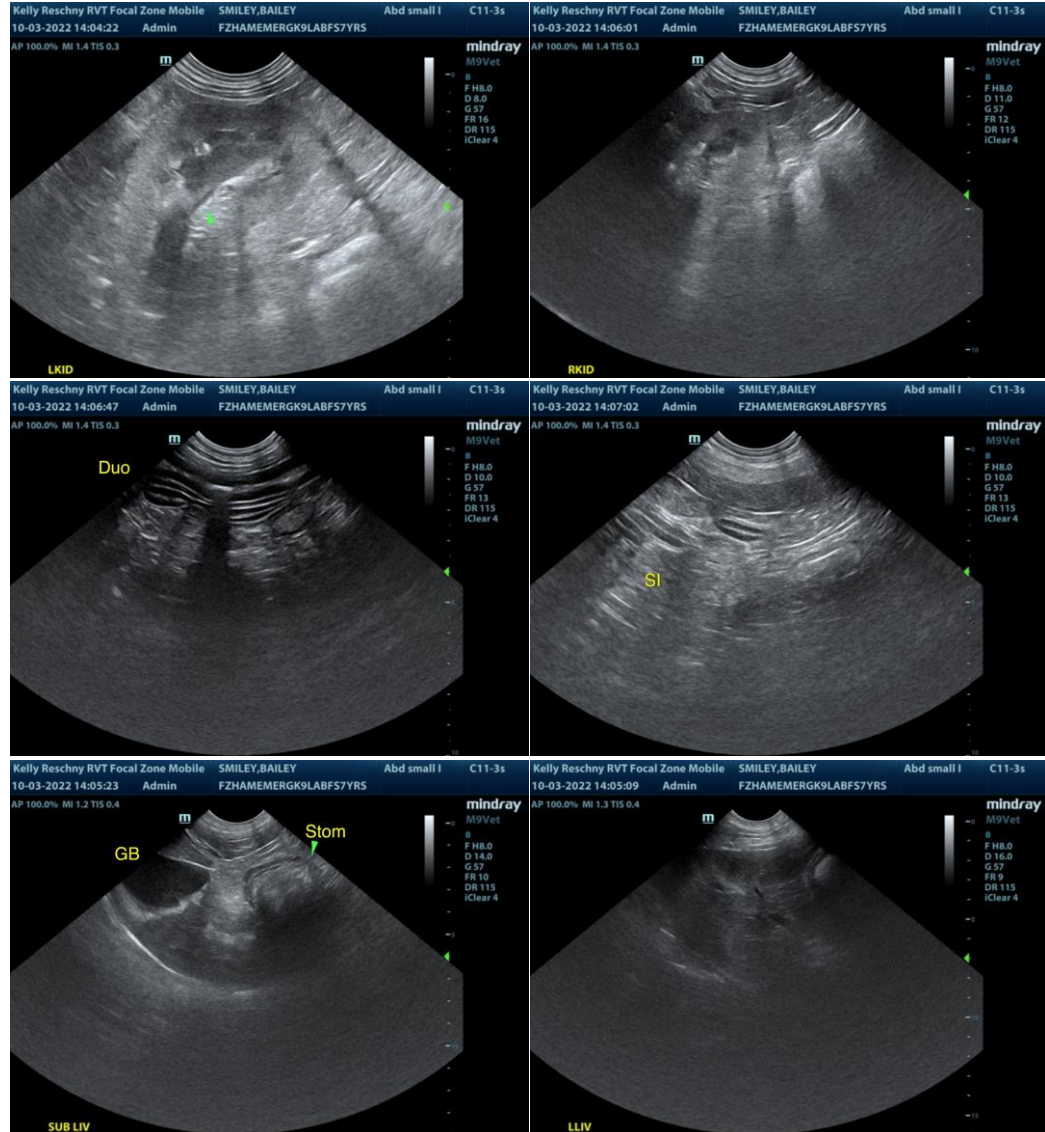
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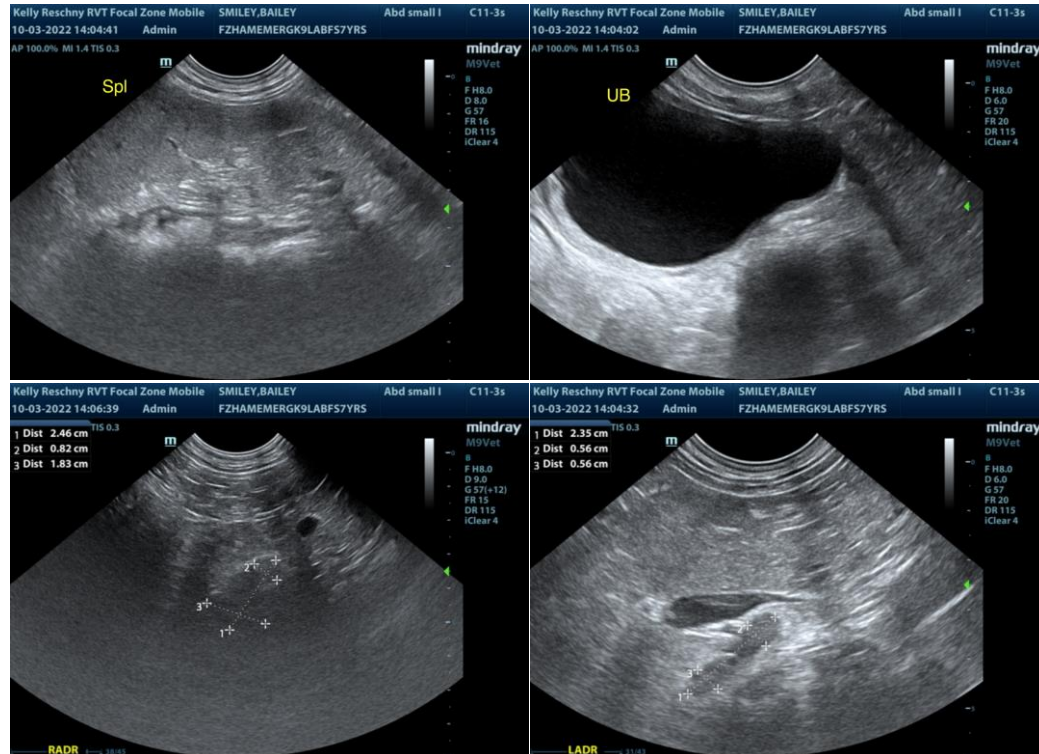
FS

AGE

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WEIGHT

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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.

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