

**PATIENT**

Izzy Torner

SPECIES

Canine

BREED

Great Pyranees Mix

SEX

SF

AGE

9 Years

WEIGHT

80 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Jennifer Duster

INVOICE

48308

DATE

11-12-21

PRESENTING CLINICAL SIGNS

Not eating, lethargy

Abnormal PE/Chem/CBC/UA Results: Temp 104.9, Has tested positive for ehrlichia for years, but has never been clinical. Starting on Doxycycline and carprofen to bring her temp down and make her more comfortable. Lepto pending. CBC low platelet numbers otherwise unremarkable, Chem: ALT 652, AST 355, ALP 1964

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. 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 pyelectasia or evidence of retroperitoneal inflammation/effusion. The left kidney measured 7.6 cm in length. The right kidney measured 7.7 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 3.3 cm length x 0.68 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 3.2 cm length x 0.65 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 presented 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 mildly prominent to echogenic gallbladder 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 contained mild retained echogenic, non-shadowing ingesta/chyme without signs of 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.

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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**Primary****SEX**

SF

- Acute hepatopathy.
- Possible mild chronic cholecystitis.
- Bilateral age related to mild chronic renal changes, no overt pyelonephritis or retroperitoneal inflammation.

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Secondary

- Mild gastric ingesta - nonspecific, potential for mild gastric stasis if documented NPO.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include suspect acute hepatitis (infectious, immune mediated, or other), reactive hepatopathy, congestion, or less likely occult hepatic neoplasia. Given the positive leptospirosis testing, acute infectious hepatitis is likely.

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Assuming normal clotting status, hepatic FNA using a 25-gauge needle could be considered for screening cytology and potential identification of inflammatory cell type as well as rule out unlikely neoplasia. Hepatosupportive medications appropriate. Antibiotics including coverage for leptospirosis based on ACVIM recommendations indicated. Continued monitoring of renal parameters as well as platelet levels is recommended. As needed gastrointestinal support suggested.

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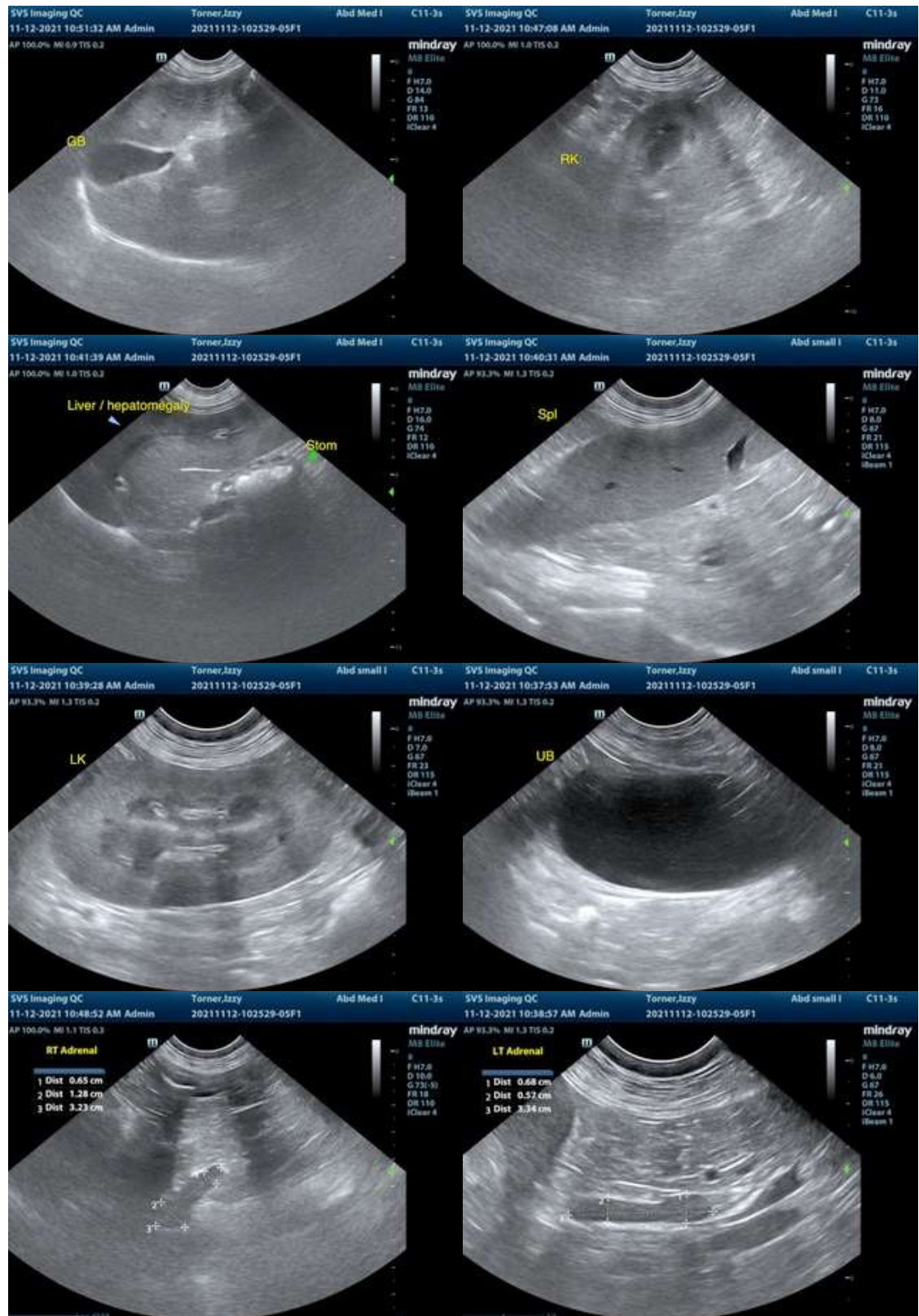
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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