

**PATIENT**

Nikki Parr

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

6 Years

WEIGHT

85.6 Lbs.

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

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

12746

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Pyometra Surgery performed 11/19/2021 Suddenly very icteric and not eating
 Abnormal PE/Chem/CBC/UA Results: Chem/CBC/SDMA performed 11/19/2021- NSF
 Chem/CBC/SDMA performed 11/30/2021- Abnormalities noted ALT 390 U/L (Range 10 - 125 HIGH
 97 U/L) ALKP 352 U/L (Range 23 - 212 HIGH 40 U/L) GGT 12 U/L (Range 0 - 11 HIGH 0 U/L) TBIL
 17.5 mg/dL (Range 0.0 - 0.9) SDMA 24 µg/dL (Range 0 - 14 HIGH 13 µg/dL) Patient is extremely
 icteric

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. Mild pyelectasia was present in both kidneys. The left kidney measured 6.8 cm in length. The right kidney measured 7.5 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 in length x 0.80 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 2.0 cm in length x 0.50 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

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a moderate coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with 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. The gastric body wall measured 0.35 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. The jejunum wall measured 0.39 cm.

SPECIES

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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.

BREED

Lab

Free Abdomen

No overt lymphadenopathy or perihepatic/peritoneal free fluid was present. Subtle reactive mesentery noted in the previous uterine body dorsal to the urinary bladder and within the mid abdomen.

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ULTRASONOGRAPHIC FINDINGS**AGE**

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Primary Findings

- Acute hepatopathy
- Sonographically unremarkable gallbladder and common bile duct- no evidence of posthepatic obstruction

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85.6 Lbs.

Secondary Findings

- Minor reactive mesentery in the area of the mid to caudal abdomen- likely associated with recent ovariohysterectomy, not overtly pathologic

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presentation of the liver is consistent with acute hepatopathy in conjunction with the history. Potential considerations may include acute hepatitis (viral, bacterial, leptospirosis, toxin, etc.), reactive/vacuolar hepatopathy, mild hepatic congestion with occult hepatic neoplasia is considered an unlikely differential diagnosis. The lack of posthepatic obstruction pattern indicates hepatic cholestasis. Potential for septicemia given previous pyometra as a possible cause of the acute hepatic enzyme elevation would be considered less likely, unless the previous ovariohysterectomy was compromised or if contaminated. Further assessment may include, assuming normal clotting status, FNA cytology of the liver, primarily to assess for or possibly identify inflammatory cell type +/- leptospirosis titers/PCR if clinically indicated. Empirically, hospitalization with IV fluid, hepatoprotectants, broad spectrum antibiotics such as metronidazole, amoxicillin +/- enrofloxacin combination with as needed gastrointestinal support and monitoring of hepatic response is recommended.

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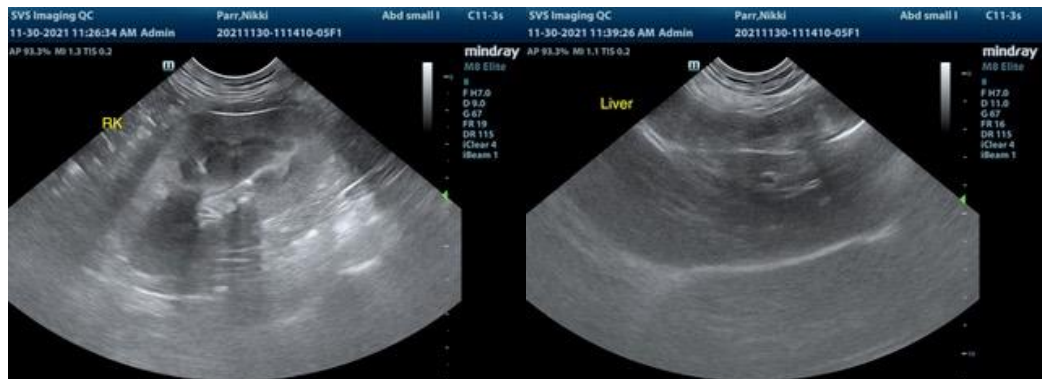
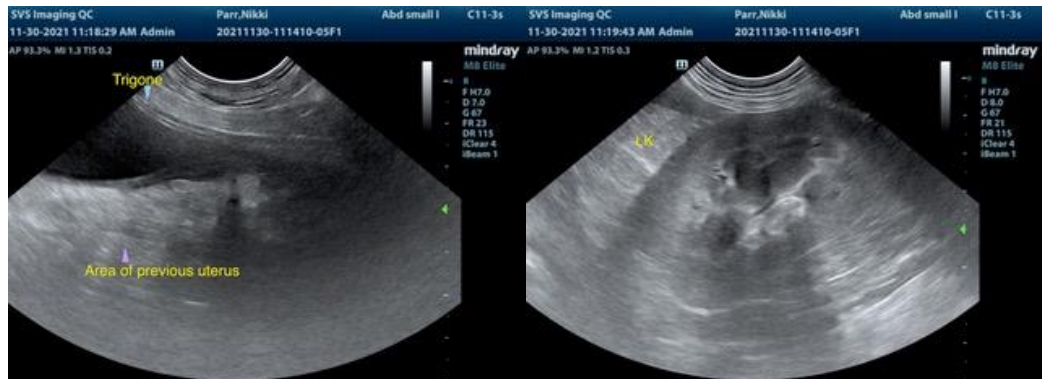
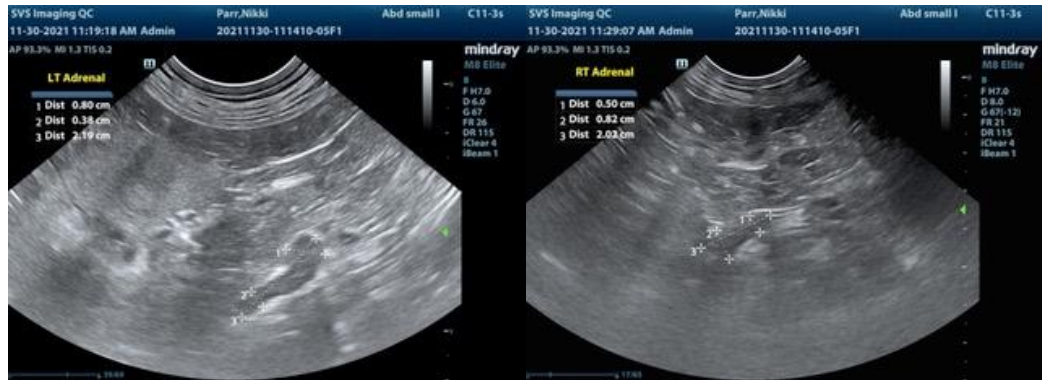
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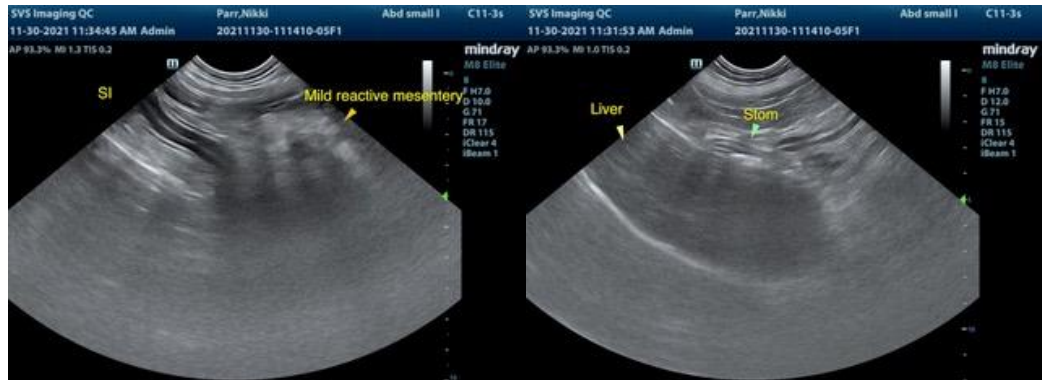
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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