



PATIENT

Brooks Varley

PRESENTING CLINICAL SIGNS

Appetite decreased for several days

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT >1000, ALKP >2000. Urine protein 30 mg/dl spec grav 1.022

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

SEX

MN

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 dilatation was present. Mild medullary mineral was present in the bilateral kidneys. The left kidney measured 7.0 cm in length. The right kidney measured 7.8 cm in length

AGE

10

The area of the aortic trifurcation was free of pathology.

WEIGHT

121

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole and 0.9 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and 0.72 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Peter Nelson

Liver

The liver exhibited mild to moderate enlargement, symmetrical capsule contour and non-uniform parenchyma with mild increased echogenicity compared to the spleen. Moderate coarse echotexture and evidence of parenchymal remodeling was present. No masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach was indistinctly visualized owing to patient size and stomach depth. No overt signs of ileus, obstruction or foreign material.

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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.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy with mild non-uniform parenchyma hyperechogenicity-subjectively chronic, vacuolar hepatopathy, immune mediated disease, toxic hepatopathy i.e. copper, hyperplasia, hematopoiesis or other hepatopathy possible with neoplasia considered less likely
- Sonographically normal gall bladder
- Overtly normal GI tract
- Mild non-specific chronic renal changes with minor medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. A hepatic core surgical biopsy is likely required for a definitive diagnosis. Hepatosupportive medications such as Denamarin or Vitamin E as well as Ursodiol are suggested

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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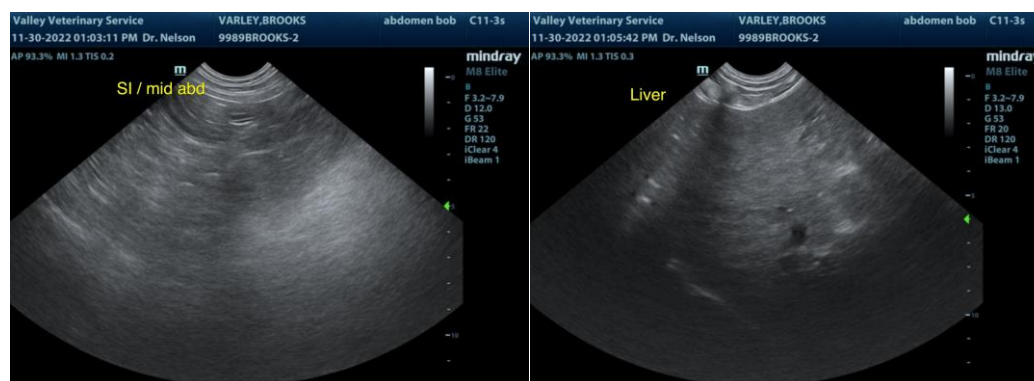
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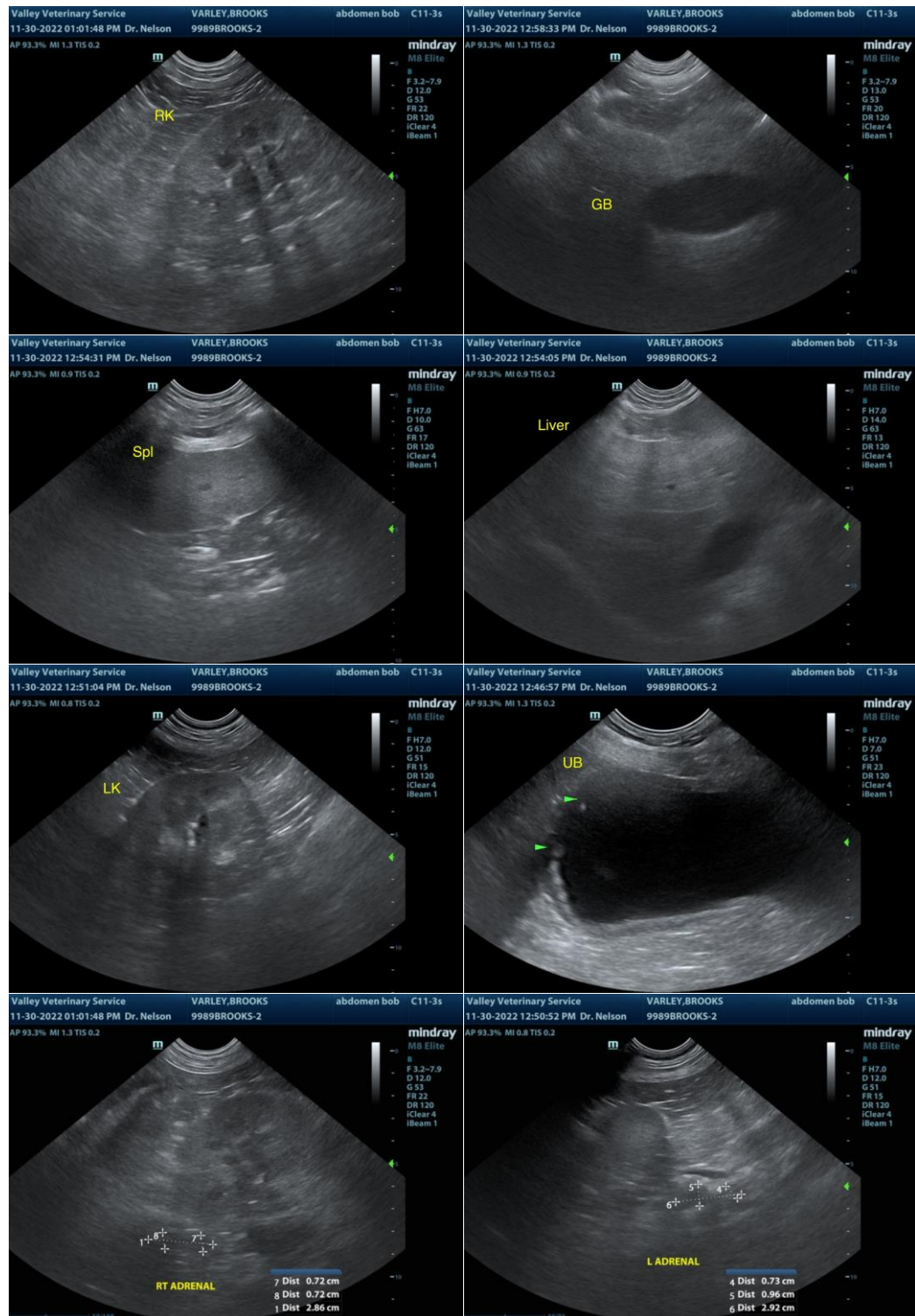
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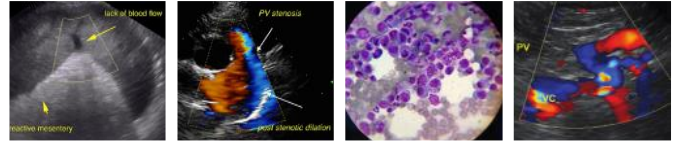
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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