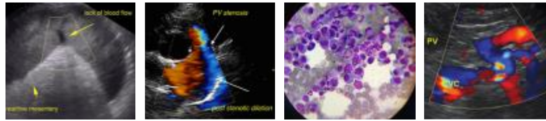


PATIENT

Willow Foster-Griggs

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed Female

AGE

13 Years

WEIGHT

11 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Orchard View VC

REFERRING VET

Dr. Crawford

INVOICE

13762

DATE

2/3/22

PRESENTING CLINICAL SIGNS

History: Presented with vomiting and nausea

Abnormal PE/Chem/CBC/UA Results: 8/25/21: ALT 37, AST 28, ALP 66, TBil 0.1 2/2/22: ALT 3720, AST 765, ALKP 1802, Tbil 5.9, Lipase 3767

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. Aortic trifurcation was normal.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in either kidney. Pinpoint to focal areas of medullary mineral were present in both kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm in length x 0.57 cm width at the caudal pole. The right adrenal gland measured 1.5 cm in length x 0.58 cm width at the caudal pole.

Spleen

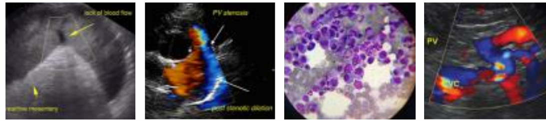
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited mild generalized enlargement. 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 revealed potential for mild distention. The gallbladder walls were sonographically unremarkable without evidence of inflammatory changes or criteria. A moderate amount of centralized, mildly congealed yet nonorganized, nonmineralized gallbladder debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. A minor amount of retained chyme was present in the stomach. No evidence of gastric distention with retained ingesta, fluid or foreign material. The gastric body wall measured 0.37 cm.

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 duodenum wall measured 0.38 cm.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

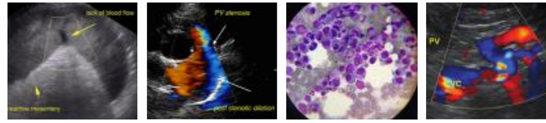
- Nonspecific hepatopathy- subjectively benign- vacuolar hepatopathy and non-obstructive cholestasis (given the ALP) and total bilirubin elevation with potential for primary or concurrent nonspecific hepatitis/cholangiohepatitis (given the ALT/AST elevation). No overt evidence of neoplasia, which is considered a less differential diagnosis.
- Moderate, mildly congealed yet non-organized, non-mineralized gallbladder debris- potential early non-inflamed gallbladder mucocele
- Pancreatic parenchymal remodeling
- Mild gastroenteritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include, assuming normal clotting status, hepatic FNA, using a 25-gauge needle, for screening cytology, primarily to assess for evidence of inflammatory cells +/- leptospirosis titers/urine and blood PCR, if clinically indicated.

Potential for low-grade to chronic pancreatitis, which may present essentially sonographically normal, may be possible.

Hospitalization with empirical cholangiohepatitis protocol with as needed gastrointestinal support recommended. Close monitoring for evidence of subxiphoid or cranial abdominal discomfort on palpation as well as increasing evidence of cholestasis. If these clinical signs are noted, cholecystectomy +/- hepatic biopsies, assuming normal clotting status may be indicated in this patient.



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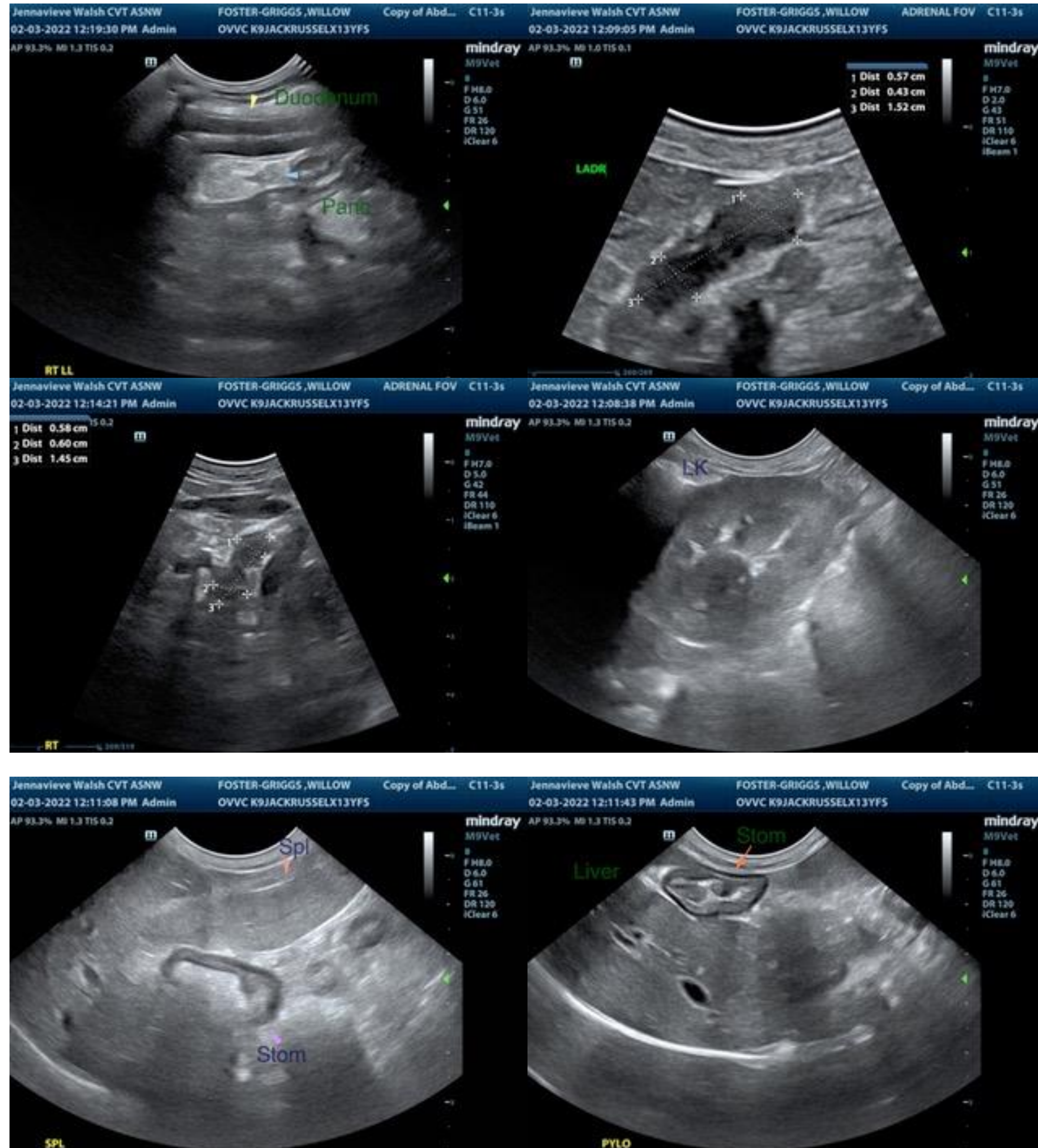

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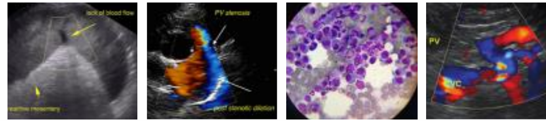

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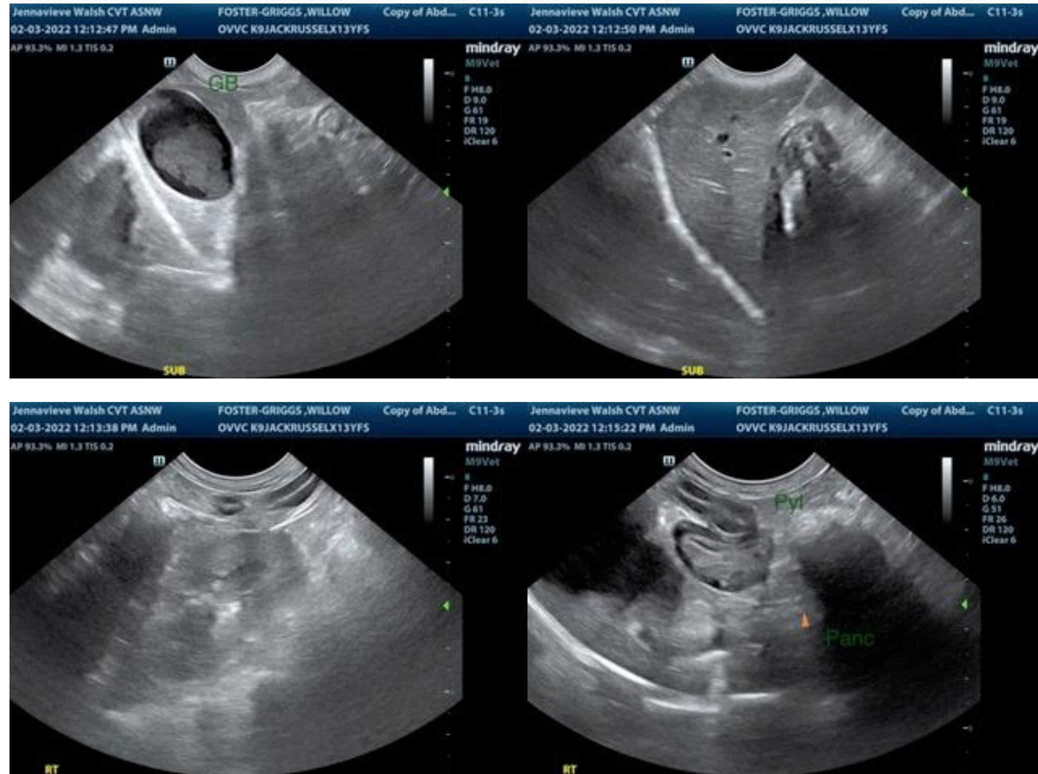

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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