



PATIENT	PRESENTING CLINICAL SIGNS
Tommy Dessertie	Hx of elevated liver enzymes a year ago when the P presented for diarrhea. Presented today for similar symptoms, dehydrated about 5%, anorexic >24hrs, lethargic, diarrhea for 48hrs.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC wnl. GGT 18, ALT and AlkP above reference. Unable to get a read n 1:1 dilution too, so sent out for validation. The remainder of the chemistries wnl. Problem list: - anorexia for 24hrs -diarrhea for 48hrs -AlkP/ALT too high to read even on 1:1dilution. Fecal pending. Started P on Cerenia, SQF, flagyl and Fortiflora SA. Scan done 2 hours after P received 200mLs SQ LRS and a cerenia injection which certainly helped ease the abdominal discomfort.
BREED	
Chihuahua X	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
M/N	Urinary System
AGE	The urinary bladder was non-distended in size which prohibited full evaluation of the urinary bladder walls. No evidence of neoplastic criteria was noted. Mild anechoic urine was present in the urinary bladder with no sediment or calculi. The urethra exhibited normal structure and tone to a depth of 3.0 cm.
13 years	The residual prostate was free of pathology.
WEIGHT	The area of the aortic trifurcation was free of pathology.
18 lbs.	
INTERPRETED BY	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 dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The bilateral adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. The adrenal glands exhibited symmetrical capsule contour with subtle heterogeneous, nonmineralized adrenal parenchyma. The left adrenal gland measured 0.84 cm in width at the caudal pole. The right adrenal gland measured 0.75 cm in width at the caudal pole.
Dr. Sorbo	Spleen
HOSPITAL NAME	The spleen exhibited normal size and contour with primarily finely textured homogeneous parenchyma. Intermittent, discrete, hypoechoic, nondisruptive splenic nodules were present with an example measuring 0.58 cm in diameter.
Mill Brook AC- VBF	Liver/ Gallbladder
REFERRING VET	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
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INVOICE	
16063	
DATE	
2/7/23	



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Tommy Dessertie

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congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, yet nonorganized, echogenic, subjectively mobile gallbladder sludge. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with minor luminal gas and retained anechoic fluid.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with minor segmental duodenal corrugation suggestive of potential segmental jejunal hypermotility. No evidence of small intestinal mechanical / metabolic ileus, foreign material, or masses.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty.

Pancreas

Mildly prominent, irregular to heterogeneous pancreas base and right pancreatic limb was present.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - subjective mild, potentially resolving
- Mild prominent irregular to heterogeneous pancreas base - age-related or being remodeling owing to previous inflammation, potential for low-grade or resolving chronic to chronic active pancreatitis
- Benign hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, or other hepatopathy with occult infiltrative neoplasia considered less likely
- Mild gallbladder debris (non-mucocele)
- Bilateral adrenomegaly - nonspecific
- Nonspecific subtle splenic nodules - likely benign, suspect subtle hyperplasia, hematopoiesis, or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver may include, assuming normal clotting status and using a 25-gauge needle, screening cytology as well as leptospirosis titers/PCR. Suspect mild to possibly resolving inflammatory bowel episode (dietary indiscretion, enterotoxic insult, occult parasitism, emerging IBD, etc.) with some contribution to the clinical signs secondary to mild pancreatitis possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.



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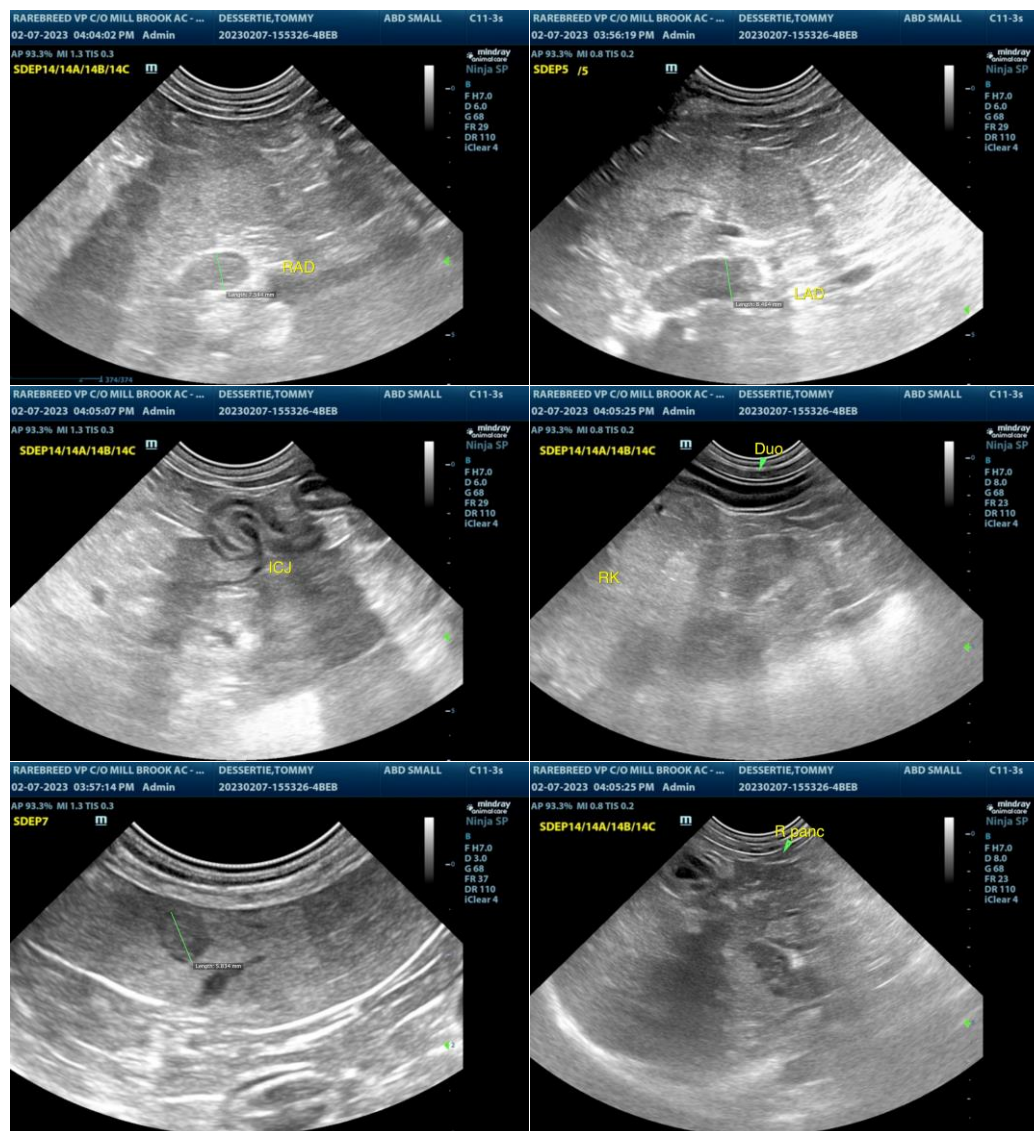
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Given the patient's current gastrointestinal signs without reported PU/PD, polyphagia, etc., the bilateral mild adrenomegaly is of unclear clinical significance. An adrenal workup could be considered if clinical signs suggestive of Cushing's Syndrome arise. No evidence of intraabdominal neoplastic criteria was noted.





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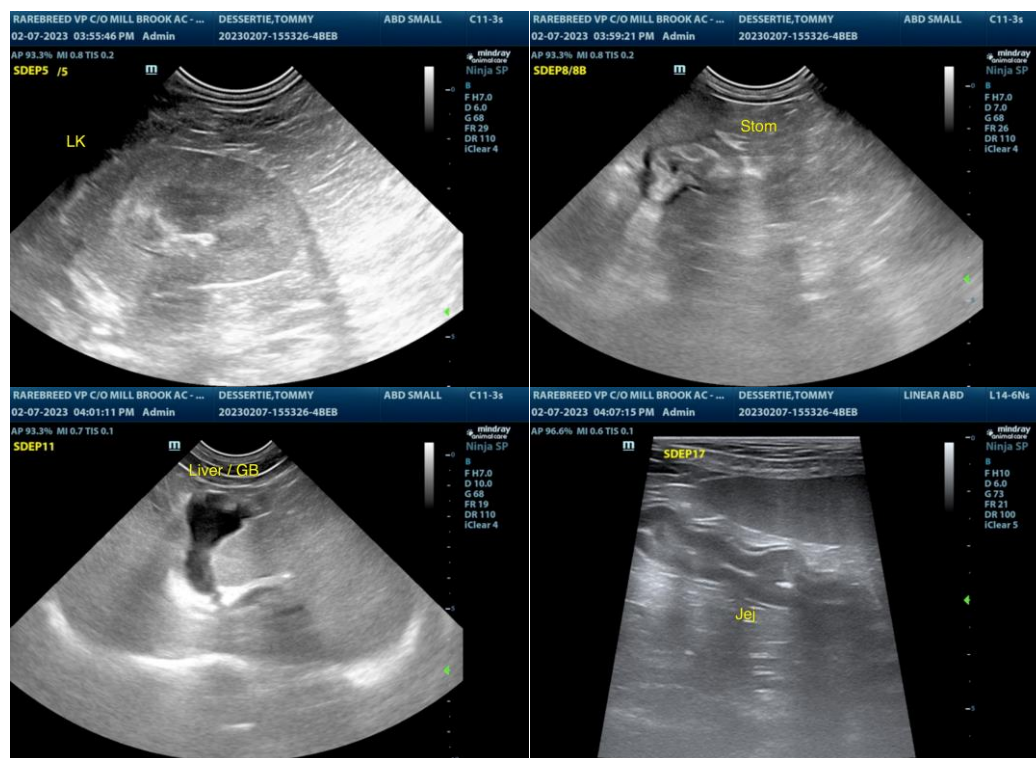
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@SonoPath.com