



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Parker Zinkus
History of regurgitation and partial laryngeal paralysis with recent history of potential chronic hepatitis. Non recurring episode of bleeding (unknown origin - owner found around muzzle). No recent significant exam findings to indicate source of bleeding.

SPECIES

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (ALP,AST, GGT) with neutrophilia and monocytosis. Normal PT/PTT Normal T4 Normal UA Previous abdominal ultrasound at Central OR Referral 11/22 with liver aspirates - potential chronic hepatitis with increased mature mast cells noted Previous thoracic and abdominal radiographs at CORC 11/22 NSF

BREED

BREED Brittany
Current Medications Vetmedin 5mg BID, prednisone 5mg SID, sucralfate 0.5g BID, CBD oil ad needed, acepromazine 3mg as needed

SEX

MN

AGE

15yr

WEIGHT

38lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Linn Veterinary
Hospital

REFERRING VET

Dr. Beachy

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03/03/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 6.0 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology. Minor non-obstructive mineral noted in the residual prostate and proximal urethral lumen.

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 2.2 cm length and 0.61 cm width in the caudal pole. The right adrenal gland measured 2.4 cm length and 0.50 cm width in 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 exhibited generalized enlargement with the ventrocaudal liver extending past the level of the gastric axis. Symmetrical capsule contour and mild non-homogenous parenchyma exhibiting minor



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remodeling was present. No masses or nodules noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with evidence of minor wall edema and moderate non-organized hyperechoic debris. 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 non-shadowing gastric ingesta/chyme with no signs of ileus, 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.

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor dependent non-obstructive urinary bladder and proximal urethral luminal mineral
- Age related renal changes with pinpoint medullary mineral
- Non-specific hepatopathy-subjectively benign
- Suspect mild cholecystitis with non-organized gallbladder sludge (non-mucocele)
- Sonographically unremarkable GI tract with mild gastric ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered unlikely. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Correlation with pending hepatic FNA cytology recommended. Recheck three view chest radiographs are recommended if persistent regurgitation. Empirical therapy for low-grade gastritis/esophagitis would be reasonable.



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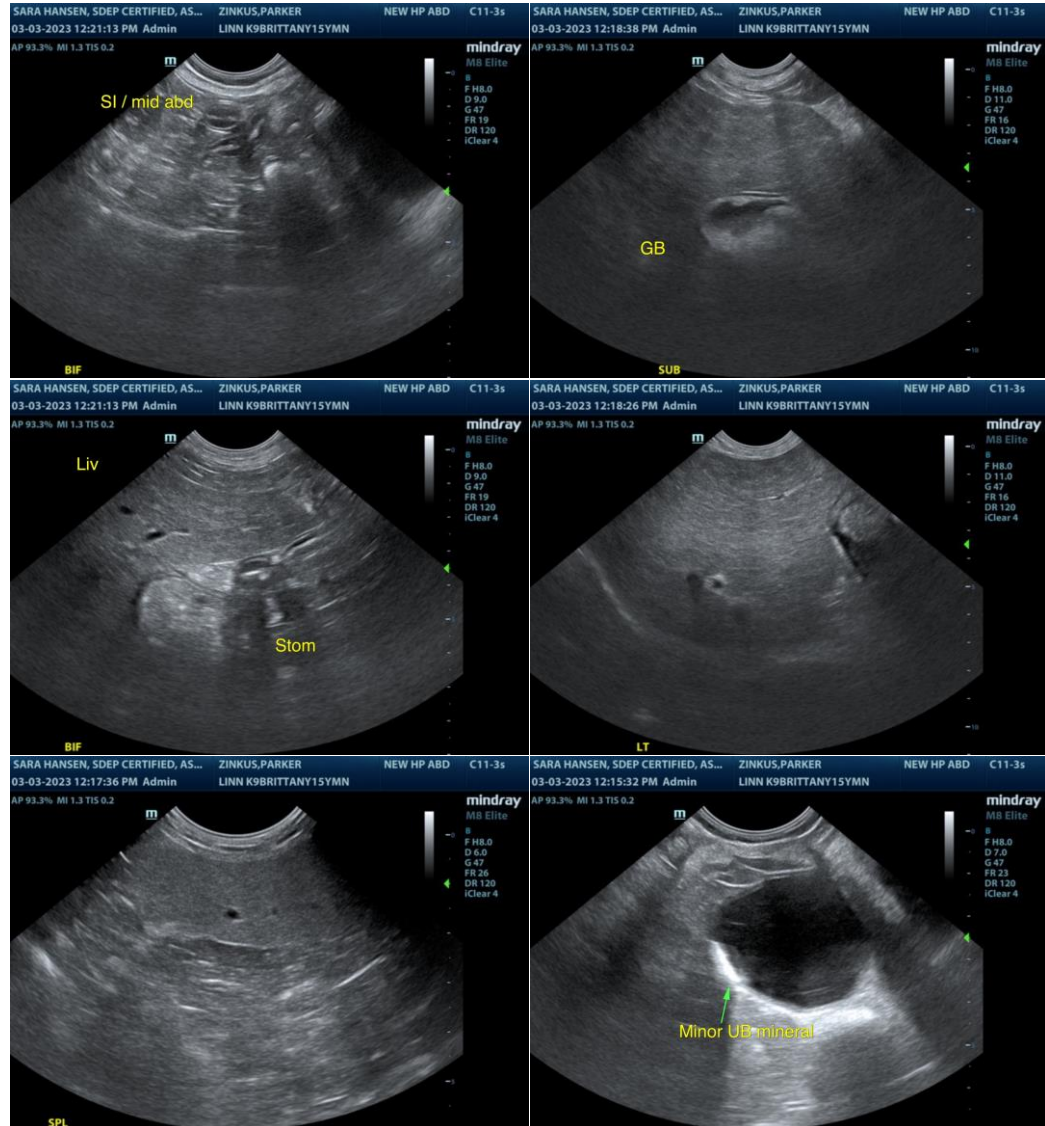
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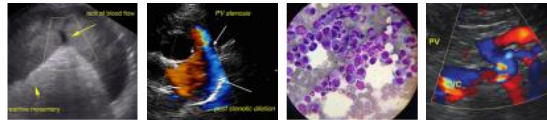
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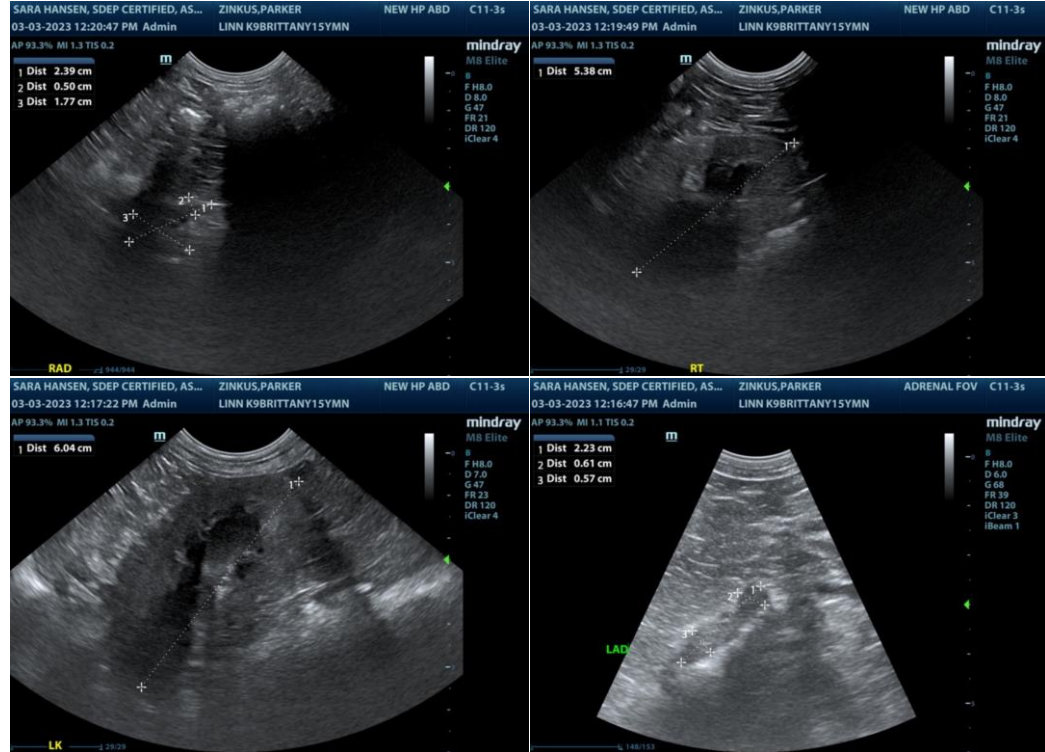
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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