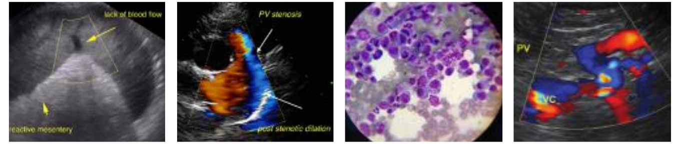


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Kayla Murray

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

58 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

15830

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Anorexia, elevated LE. Current meds: Ondansetron, Unasyn, Metro, Denamarin, Buprenorphine
Abnormal PE/Chem/CBC/UA Results: ALT 2462, ALP 1649, TBili 14.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size yet subjective normal tone. Anechoic urine was present. No evidence of inflammatory or neoplastic mural criteria. The urethra exhibited minor urine retention, yet subjective normal tone to a depth of 4.0 cm. Aortic trifurcation was normal.

Normal size and margination were 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 with no evidence of pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 6.7 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 2.4 cm in length x 0.53 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 2.6 cm in length x 0.72 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.

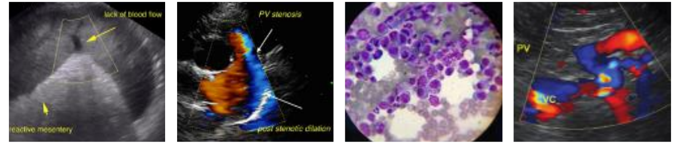
Liver

The liver was mildly enlarged with maintained symmetrical capsule contour. Normal subjective hepatic parenchyma echogenicity, exhibiting mild to moderate coarse echotexture noted. Areas of mild nonobstructive biliary tree mineralization were present.

The gallbladder was indistinctly visualized yet normal in subjective size. Mildly prominent gallbladder walls, exhibiting possible areas of gallbladder wall edema were present. Moderate hyperechoic nondependent yet nonorganized sludge was present. No evidence of luminal gallbladder mineral. Possible pericholecystic inflammation present, primarily around the gallbladder neck. No evidence of pericholecystic free fluid.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering owing to mildly prominent gastric mucosa. Mild retained focally shadowing ingesta/chyme was present in the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction.



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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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting areas of nonobstructive biliary tree mineralization
- Acute on chronic cholecystitis pattern, exhibiting moderate nonorganized luminal sludge and suspect minor gallbladder wall edema, possible mild pericholecystic inflammation at the gallbladder neck.
- Mild gastritis pattern with mild retained focally shadowing ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the predominantly elevated ALT, the overall liver is suggestive of acute or acute on chronic nonspecific hepatitis/cholangiohepatitis (i.e., viral, bacterial, leptospirosis, toxin) with potential for primary or concurrent vacuolar hepatopathy and cholestatic disease given the ALP/total bilirubin elevation. No overt evidence of posthepatic obstructive pattern. Gallbladder wall inflammation is suspected, although the appearance of the gallbladder is not overtly consistent with a classic mucocele. The possibility of an atypical emerging gallbladder mucocele cannot be excluded.

Further assessment may include, assuming normal clotting status, hepatic FNA for screening cytology, primarily to assess for or possibly identify inflammatory cell type and leptospirosis titers/PCR, if potential exposure. Pending additional diagnostics, hepatic core or surgical biopsy may be required for a definitive diagnosis and should be considered, along with potential cholecystectomy, if persistent/progressive hepatic enzyme elevations, despite empirical therapy for nonspecific hepatitis and if leptospirosis is ruled out.

The focally shadowing gastric ingesta is suspected to coincide with medication administration. Technically, focal nonspecific gastric foreign body cannot be excluded yet thought less likely. Continued, as needed, gastrointestinal supportive care is recommended.

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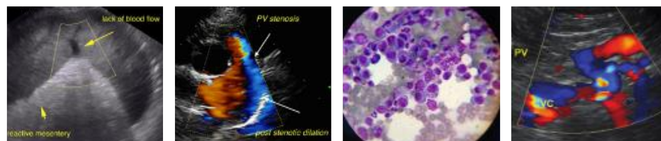

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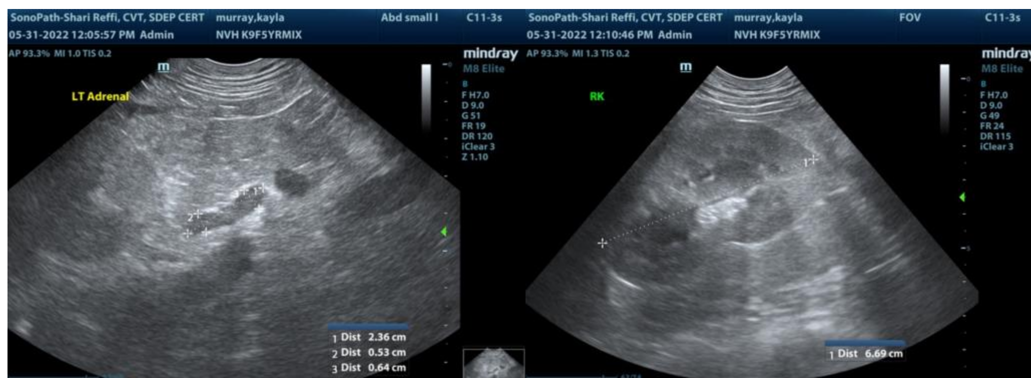

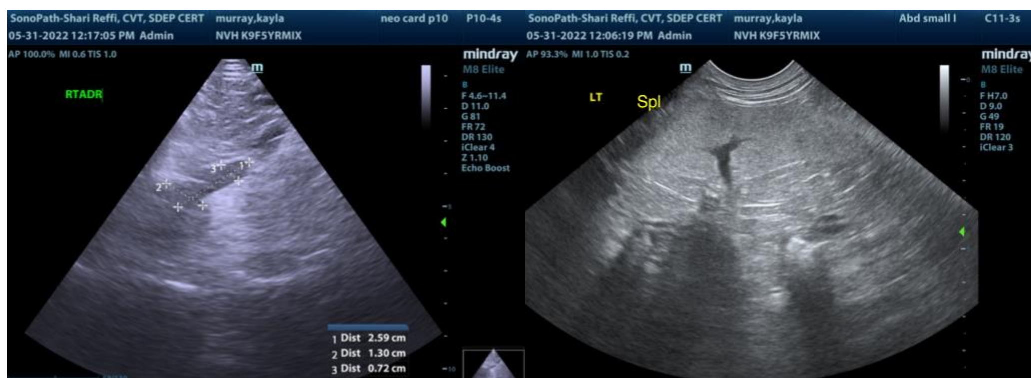

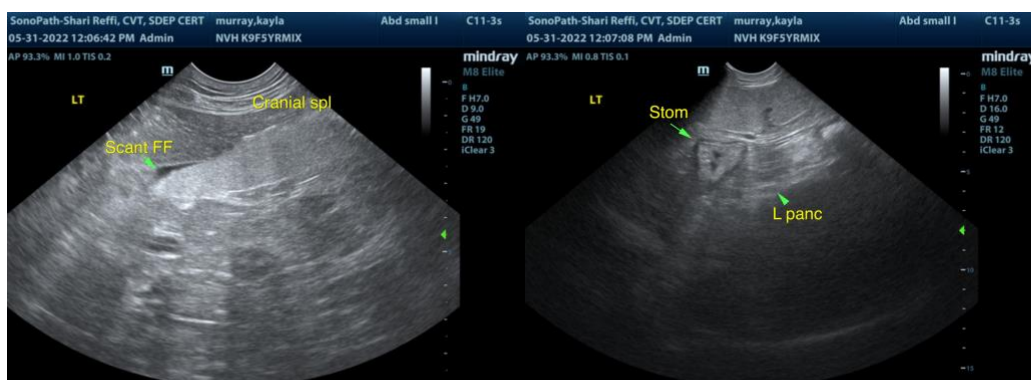

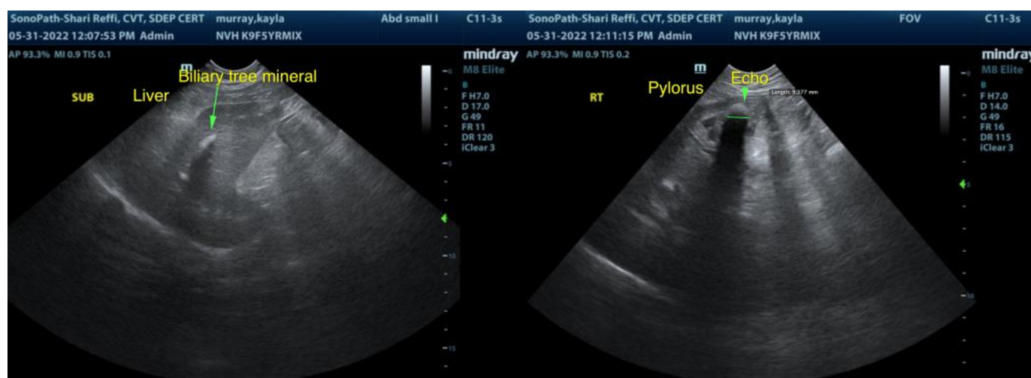

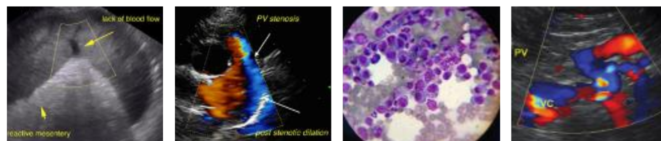

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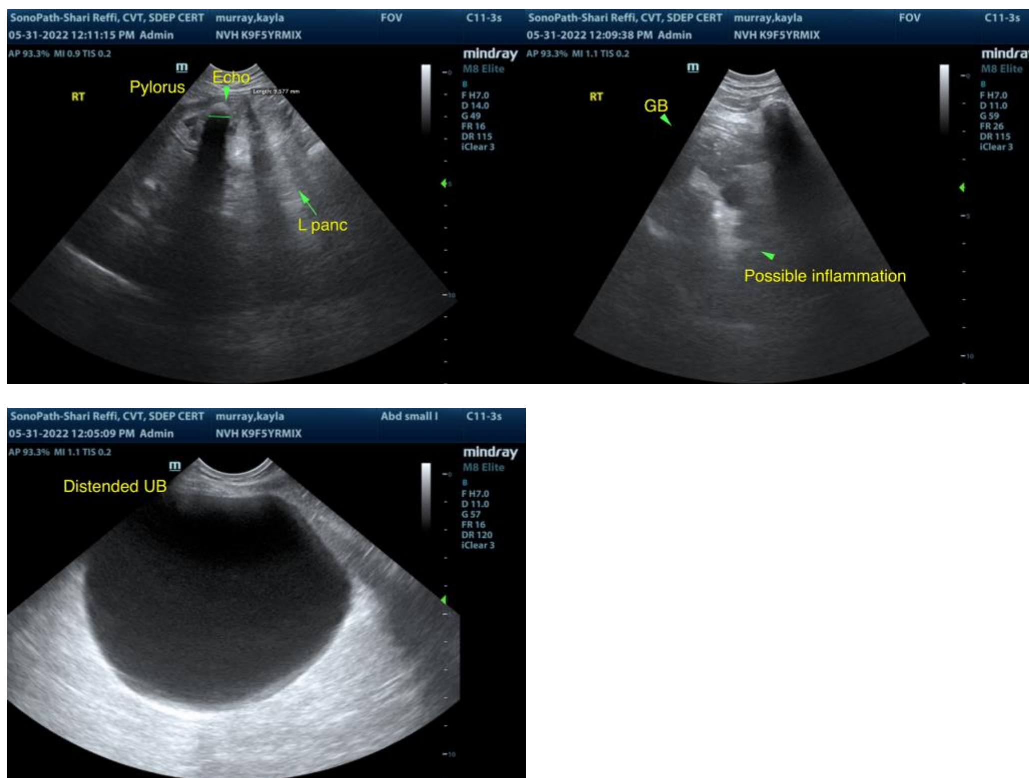

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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