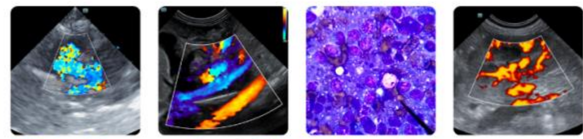

PATIENT

Angel Boehm

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

5 Years 2 Months

WEIGHT

14.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr. Hipkin

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PRESENTING CLINICAL SIGNS

Elevated LEs, lethargy, hyporexia, icterus, ascites. Pantoprazole, Unasyn, metronidazole, gabapentin, ursodiol, Denamarin, Entyce, metodopramide, Cerenia.

Abnormal PE/Chem/CBC/UA Results: 24 hr post fluids Alt 2099 to 1485, Bun 8.3 to 6.2, Alp 871 to 848, GGT 59 to 47, Tbili 9.4 to 7.2. Lepto witness Negative. CBC NSF. Usg 1.010.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 4.4 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 0.47 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 0.63 cm width at the caudal pole.

Spleen

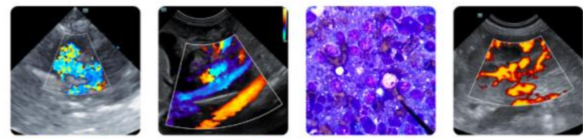
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

The liver presented subjectively normal to borderline subnormal in size with homogenous mildly hyperechoic hepatic parenchymal compared to the spleen. Mild to moderate coarse echotexture. No visualized hepatic mass or nodules.

The gallbladder was non-distended in size containing anechoic bile. The gallbladder wall was edematous and moderately thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.45 cm wall width. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented variably thickened hypoechoic wall exhibiting indistinct to regional loss of wall layer detail. The stomach contained a mild amount of progressively shadowing ingesta. No overt obstruction to pyloric outflow. Gastric body wall measures up to 1.5 cm wall width.

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 0.39 cm wall width. The jejunum wall measured 0.35 cm wall width.

Normal visible colon wall layers were present with soft fecal matter.

Pancreas

The pancreas presented prominent in size with mild capsule asymmetry exhibiting nonhomogenous hypoechoic parenchyma with indistinct hypoechoic parenchymal striations.

Free Abdomen

No overt significant or swollen abdominal lymphadenopathy was present with intermittent indistinct to isoechoic mild lymphadenopathy possible. Generalized omental hyperechogenicity and mild to moderate volume of mildly echogenic effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild parenchyma hyperechogenicity.
- Moderate edematous gallbladder.
- Variably thickened hypoechoic stomach wall with mild progressively shadowing gastric ingesta, sonographically unremarkable small intestine with soft fecal matter in colon.
- Enlarged hypoechoic/edematous pancreas.
- Overall, sonographically normal bilateral kidneys/adrenal glands.
- Generalized hyperechoic omentum and mild to moderate volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic hepatopathy and gallbladder wall edema potentially secondary to acute on chronic non-specific hepatitis (viral, bacterial, leptospirosis, toxin) in conjunction with severely elevated ALT, non-obstructive cholestasis, anaphylaxis, acute on chronic hepatic failure if concurrent hepatic dysfunction, i.e. abnormal BUN, glucose or cholesterol levels, significant gastropancreatic edema versus inflammation with potential for emerging or occult multicentric neoplasia are all potentials.

Further assessment may include effusion analysis, cytology +/- culture and sensitivity if evidence of effusion, inflammatory component, hepatic FNA cytology, serum and urine, leptospirosis titers/PCR, bile acid profile and spec-cPL.

No evidence of mechanical post-hepatic or gastrointestinal obstruction. Continued aggressive therapy for acute on chronic non-specific hepatopathy with gastrointestinal support and empirical therapy for pancreatitis pending additional diagnostics with close clinical and sonographic monitoring over the next 24 hours would be reasonable. Suspect guarded prognosis.

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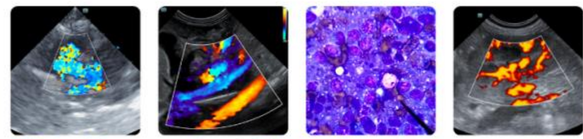

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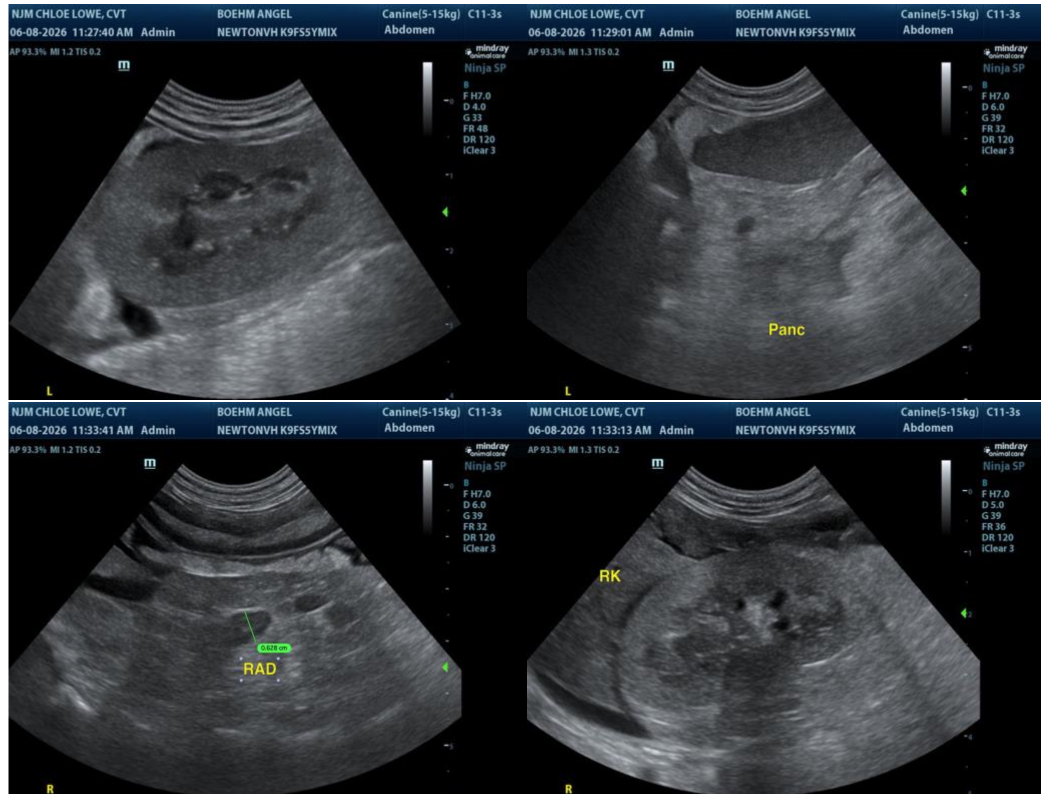

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com