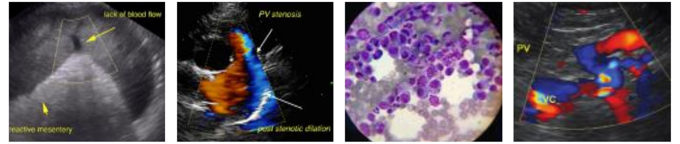


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Miles Perez

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

MN

AGE

3 years

WEIGHT

82 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

17419

DATE

7/27/23

PRESENTING CLINICAL SIGNS

Chronic weight loss. 13 pounds in 6 months. Now lethargic and inappetant. No CSVD. No PU or PD. Normal PE

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 302 ALT (SGPT) 227 Alk Phosphatase 59 GGT 4 Total Bilirubin 0.2 BUN 24 Creatinine 1.6 SDMA 15.2 Normal CBC normal UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

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 6.9 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.59 cm width at the caudal pole.

Spleen

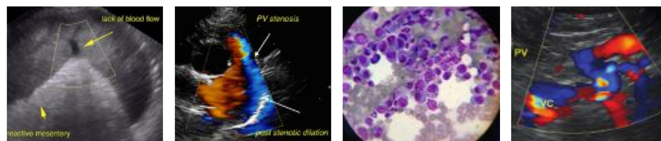
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, obstruction, or foreign material.



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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 were evident.

Free Abdomen

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

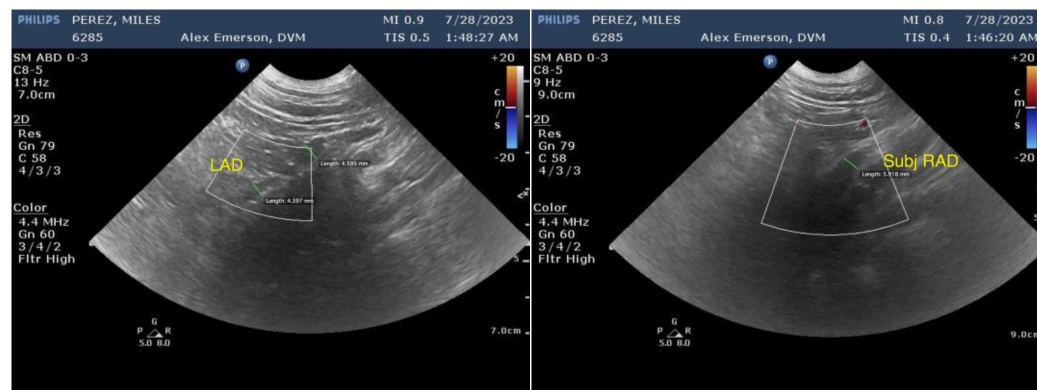
ULTRASONOGRAPHIC FINDINGS

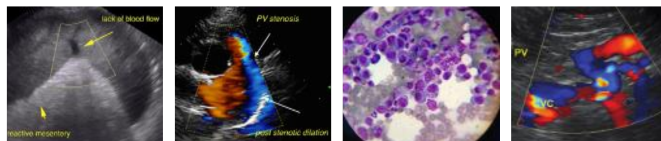
- Sonographically unremarkable liver - sonographically consistent with benign hepatopathy
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of overt or significant visceral pathology as an obvious cause of the patient's clinical signs and weight loss. Considerations for the liver may include nonspecific hepatitis, given the ALT / AST elevation, i.e., viral, bacterial, Leptospirosis, toxin, or other, nonobstructive cholestasis, or other hepatopathy with infiltrative hepatic neoplasia thought less likely.

Further assessment may include screening hepatic FNA cytology and Leptospirosis titers / PCR. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss. Assessment of caloric plane and for a potential competitive eating environment, if clinically indicated, could be considered. Hepatic core surgical biopsy is likely required for a definitive diagnosis. As-needed GI and hepatic support is suggested pending additional diagnostics.





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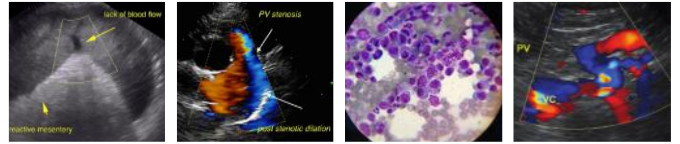
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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