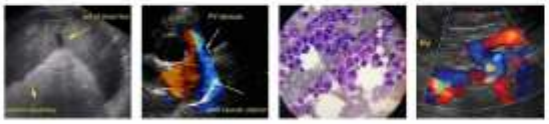


PATIENT

Trixie Oien

SPECIES

Canine

BREED

Retriever Mix

SEX

FS

AGE

12 Years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr Lindsay Sjloin

INVOICE

46884

DATE

8-7-21

PRESENTING CLINICAL SIGNS

Referring veterinarian: Lindsay Sjolin, DVM Patient's Name: Trixie Owner's first and last name: Kathy Oien Species: Canine Gender(altered?) S Age: 12Y Weight in #: 70.4 Breed: Retriever mix History: Long history and multiple ultrasounds documenting IBD and vacuolar hepatopathy. History of ITP. P has been on longterm budesonide for the IBD. Had a recent jump in the ALP Physical exam findings: Sparse haircoat, pot belly, cranial organomegaly. Evidece in gait of osteoarthritis. Abnormal CBC values: Mild lymphopenia and eosinopenia Abnormal Chemistry Values: ALT 201 (18-121), ALP 1935 (5-160) **ALP in 4/2021 was 902, GGT 34 (0-34) Abnormal UA Values: NA Radiograph Findings(email radiographs if available): NA Reason for Ultrasound: Evaluating the liver, gall bladder, pancreas, adrenal glands and intestines for cause of the large jump in ALP. Are there changes in the abdomen supposrtive of this change, or is it just attributed to vacuolar hepatopathy and potentially iatrogenic cushings disease from long term budesonide.
Abnormal PE/Chem/CBC/UA Results: *anxious during scan, needing two restrainers***

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 were noted.

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

Normal size and margination was 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 6.4 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

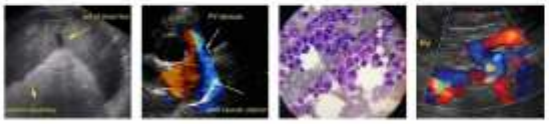
The left adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.32 cm width at the cranial pole. The right adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.35 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were primarily present throughout the medial parenchyma and adjacent to the splenic hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver / Gallbladder

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 congestion.



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The gallbladder was non distended in size with minor echogenic to particulate gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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. The gastric body wall measured 0.48 cm width.

The small intestine exhibited intact yet subjective prominent wall layering owing to propensity for increased mucosa and increased to echogenic submucosa layer. Generalized mild intestinal mucosal speckling was present. The jejunum wall measured 0.64 cm width.

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 evidence of intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral subnormal adrenal glands - likely owing to chronic IBD therapy.
- Benign splenic nodules - consistent with probable benign myelolipomas.
- Benign hepatopathy - essentially static compared to previous ultrasound.
- Chronic enteropathy with generalized mucosal speckling - static chronic IBD presentation similar to previous ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver continues to suggest benign hepatopathy with chronic vacuolar reactive or steroid hepatopathy suspected. Minor potential for inflammatory hepatic parenchymal or hepatobiliary process given the ALT elevation i.e., cholangiohepatitis. If clinically indicated and assuming normal clotting status, hepatic FNA could be considered for screening cytology.

Long term budesonide may have some systemic effects, therefore, if clinical concern for iatrogenic Cushing's disease, an ACTH stimulation test may be indicated.

Correlation with a full urinalysis and urine specific gravity could be considered. If not currently instituted, hepatosupportive medications including denamarin and ursodiol may prove beneficial.

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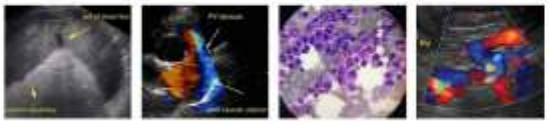

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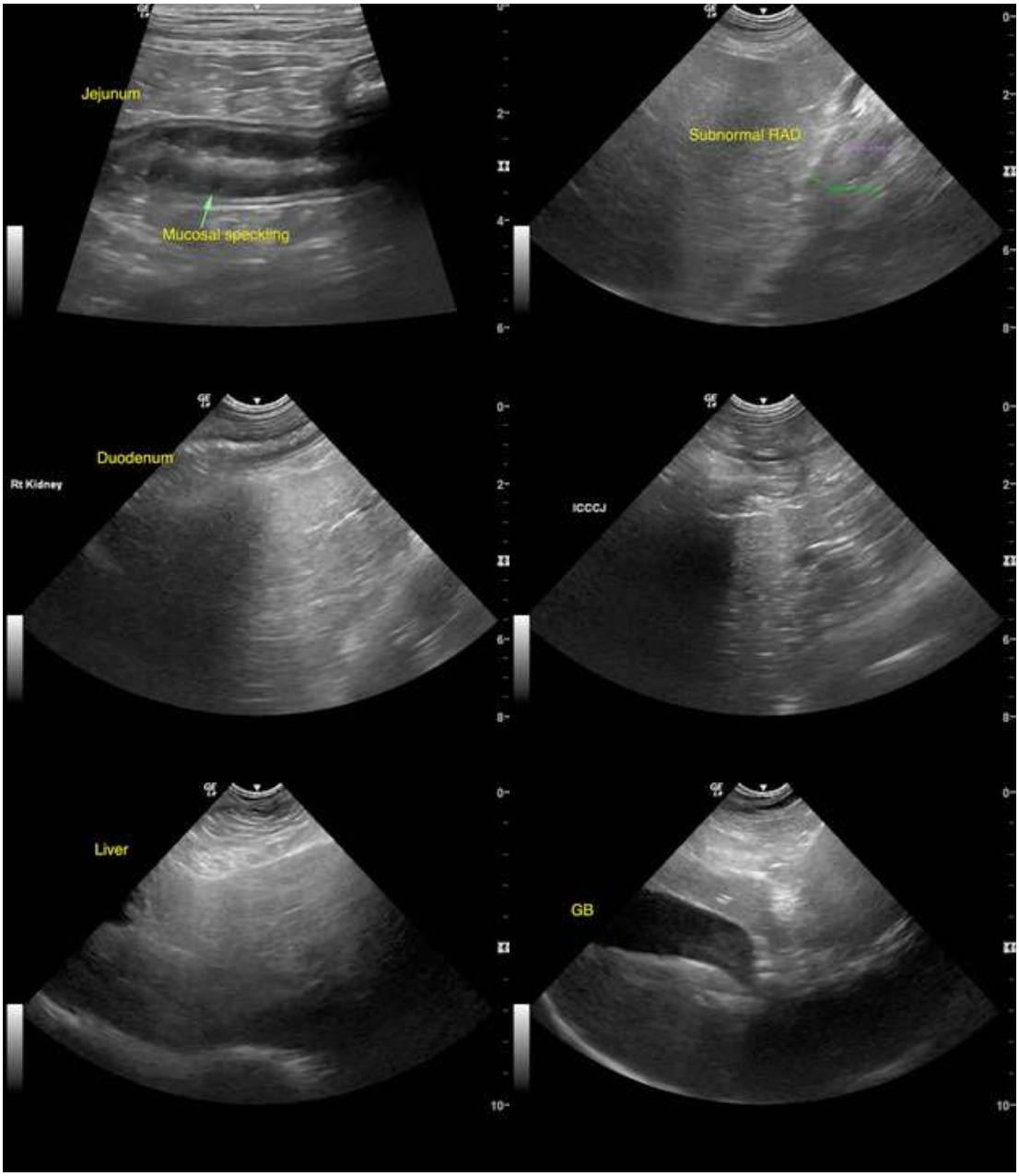

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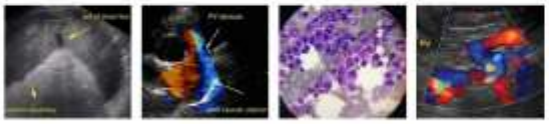

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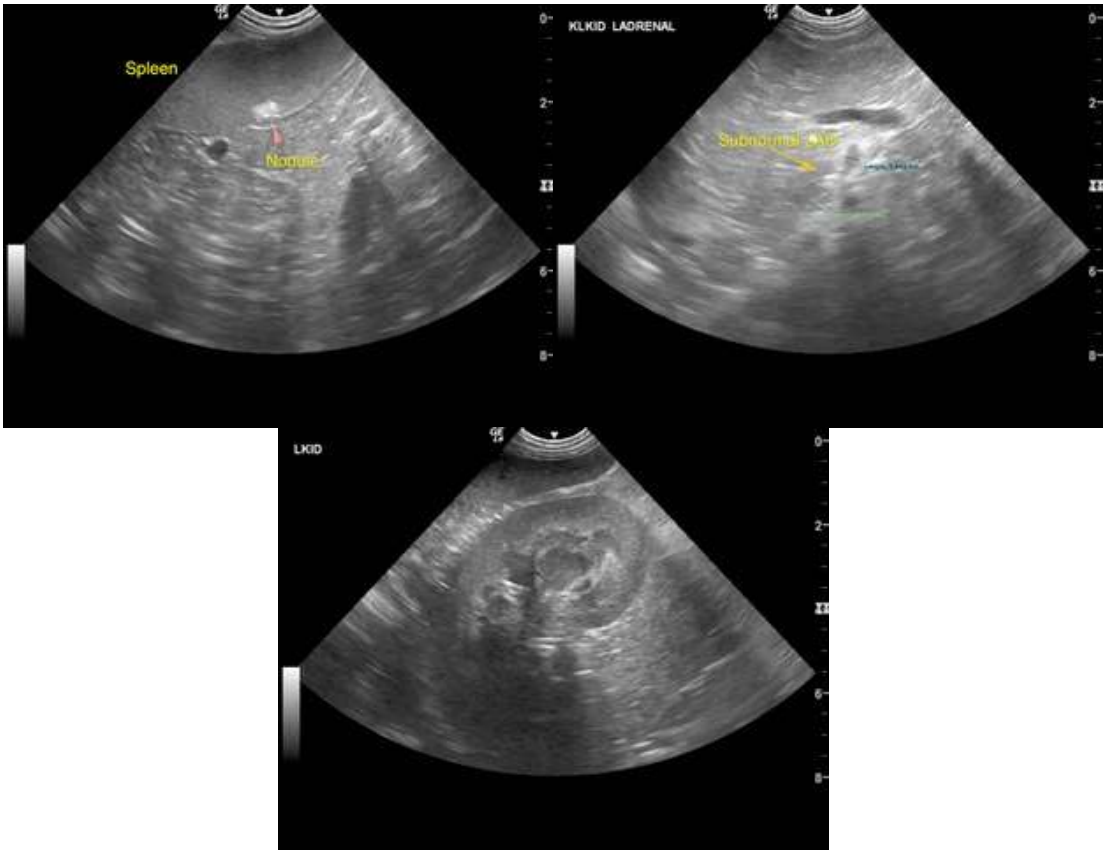

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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