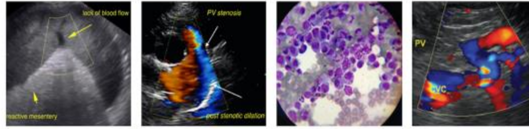

PATIENT

Saki Schiaroli

SPECIES

Canine

BREED

Akita

SEX

FS

AGE

10 years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

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Dr. Nelson

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9.17.2021

PRESENTING CLINICAL SIGNS

History: 9.1 vomiting, diarrhea, decreased appetite, 20# weight loss in 1 year – thin body condition

Medication: Hepatobenefits, Metronidazole, Amoxicillin Labs: ALP 165, ALT 343, AST 111, Calcium 12.9, Sodium to potassium ratio 45, WBC 21.2 with mild neutrophilia and monocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Apical urinary bladder wall thickness measured 0.63 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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. Minor luminal mineral was present. No overt masses in the bladder. The urethra was normal to a depth of 3.0 cm.

No Pathology in the area of the uterine stump or area of 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 mild increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.0 cm in length.

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 0.66 cm width in the cranial pole and 0.60 cm width in the caudal pole. The right adrenal gland measured 1.1 cm width in the cranial pole and 0.96 cm width in the caudal pole.

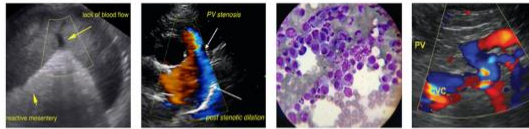
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild echogenic to pinpoint hyperechoic mineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach exhibited intact yet subjective mildly prominent to thickened wall layering. The stomach was primarily empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.60 cm.

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 jejunum wall measured 0.30 cm.

The colon was normal with subjective semi-formed to potentially soft feces.

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 evidence of intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

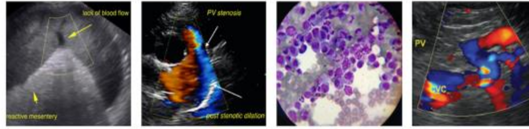
- Urinary bladder cystitis pattern with mild luminal mineral
- Mild gastric thickening with sonographically unremarkable small bowel
- Hepatopathy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was non-specific yet not overtly suggestive of neoplastic criteria. Considerations may include chronic low-grade hepatitis (immune mediated infectious or other) given the ALT/AST elevation with potential for mild primary concurrent vacuolar hepatopathy and non-clinical cholestasis given the ALP elevation and presence of gallbladder debris. Hepatic neoplasia considered a less likely differential diagnosis. Screening hepatic FNA, assuming normal clotting status, may be considered for further assessment.

The mild gastric thickening may indicate some degree of chronic low-grade gastritis. Potential for inflammatory bowel process without evidence of mural changes may be possible given the patients weight loss.

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. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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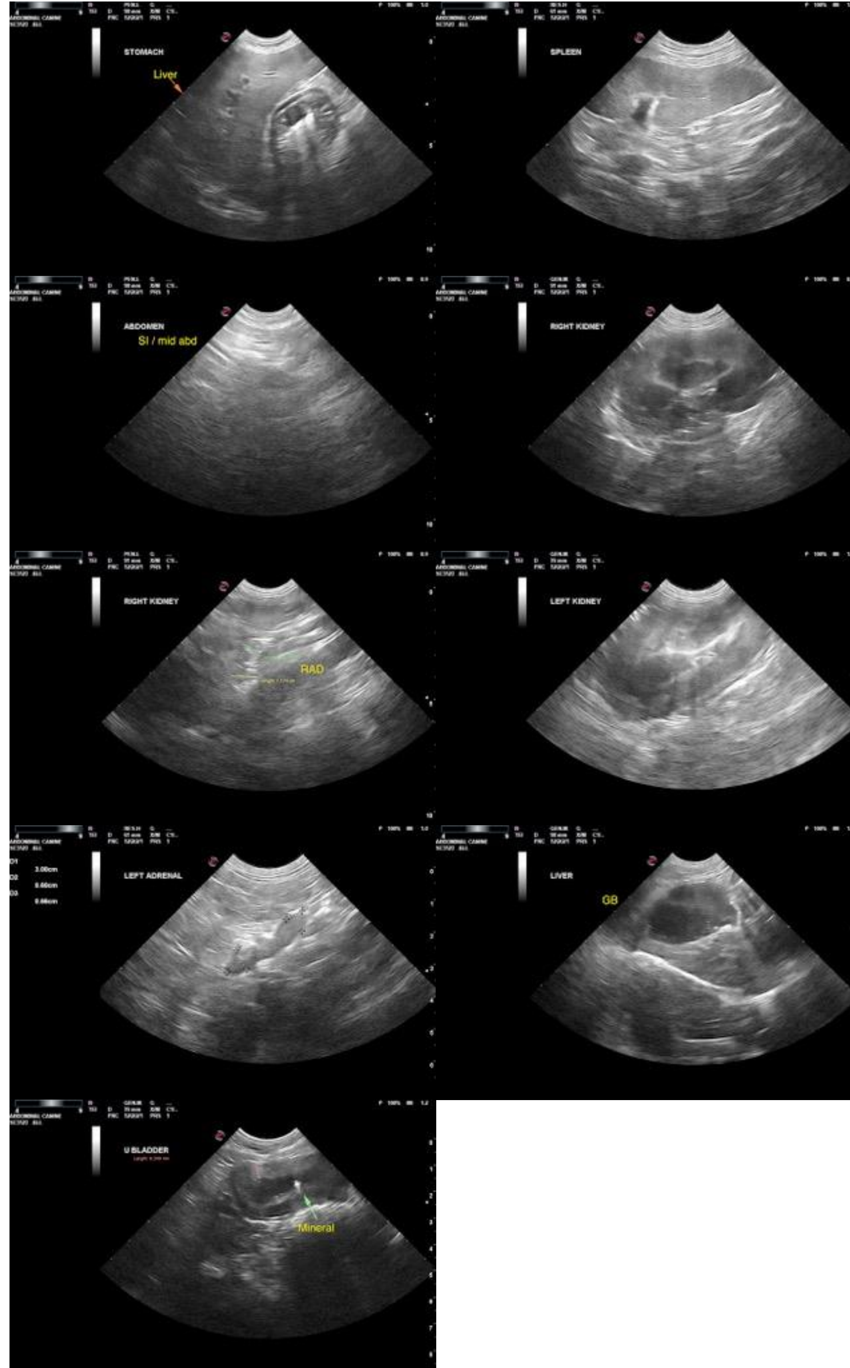

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com

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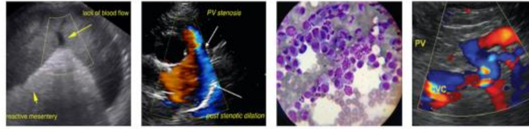

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