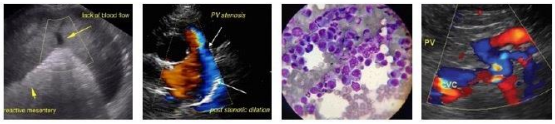


PATIENT

Tessa Rankin

SPECIES

Canine

BREED

Labrador Ret

SEX

FS

AGE

9 years

WEIGHT

32 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Bile

INVOICE

14963

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Decreased appetite for about 1 week now. Jaundiced skin and sclera. Has been on Zentonil and Hepato Support. Metronidazole as of now as well. Icteric with marked increase in liver values. Abnormal PE/Chem/CBC/UA Results: Retics increased at 116.2, SDMA 16, ALT 1367(10-125), was previously 159.

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 calculi 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 area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. Pinpoint areas of left kidney medullary mineral were noted. The left kidney measured 6.0 cm in length. The right kidney measured 6.3 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 0.67 cm width at the caudal pole. The area of the right adrenal gland was free of overt pathology, although indistinctly visualized owing to patient size and conformation.

Spleen

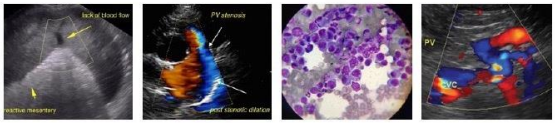
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subnormal in size with areas of mild asymmetrical capsule contour and nonuniform mildly increased hepatic parenchyma echogenicity exhibiting parenchymal remodeling and moderate coarse echotexture. The gallbladder was non-distended in size containing mild, nondependent gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable visualized wall layering. The stomach contained a mild amount of retained variably echogenic ingesta, chyme, and fluid. No evidence of mechanical pyloric outflow obstruction was noted.



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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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Subnormal liver consistent with chronic hepatopathy
- Minor gallbladder debris
- Mild hypomotile stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific yet consistent with chronic hepatopathy, suggestive of chronic inflammatory or potential immune-mediated disease, i.e., chronic hepatitis, potential for toxic hepatopathy i.e., copper or other hepatopathy without evidence of neoplastic criteria, given the progressive ALT elevation.

No overt evidence of a portosystemic shunt, which is considered unlikely. Primary concern for chronic to progressive primary hepatic inflammatory parenchymal disease such as hepatitis or chronic active hepatitis. No evidence of post hepatic obstructive criteria. Definitive diagnosis would require hepatic sampling, ideally surgical hepatic biopsy for histopathology +/- copper assessment. Leptospirosis titers / PCR could be considered if clinically indicated.

Continued hepatic support is warranted. If antibiotics, specifically Metronidazole, are elected, a sick liver dose of Metronidazole i.e., 7.5 mg/kg PO BID, is suggested. Continued as-needed GI support is recommended.

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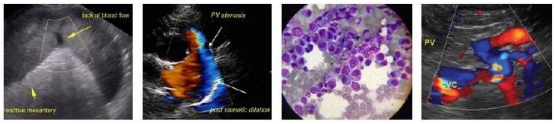

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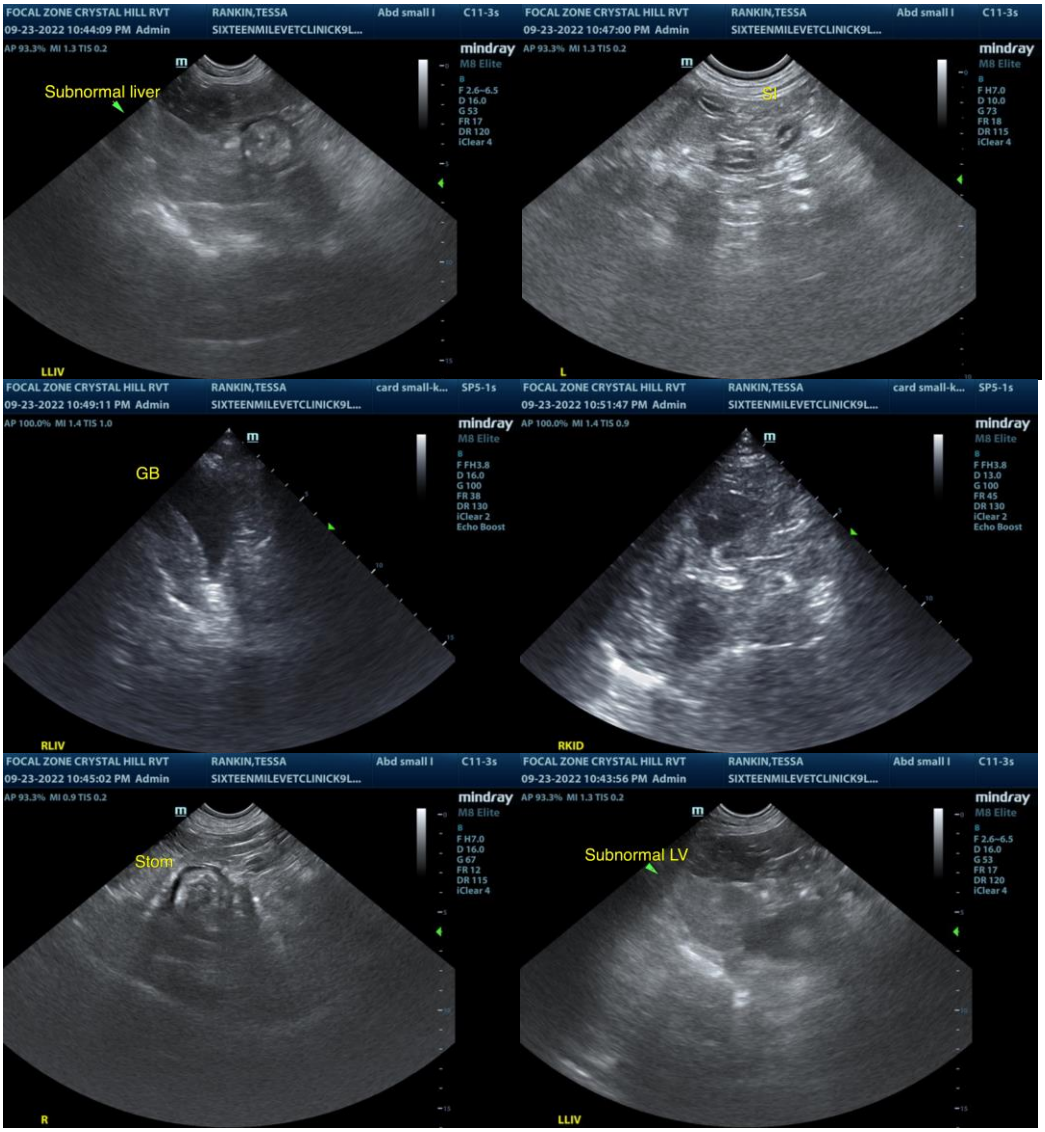

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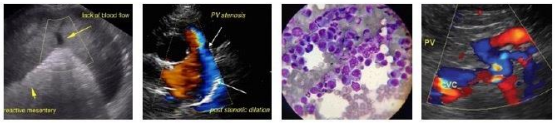

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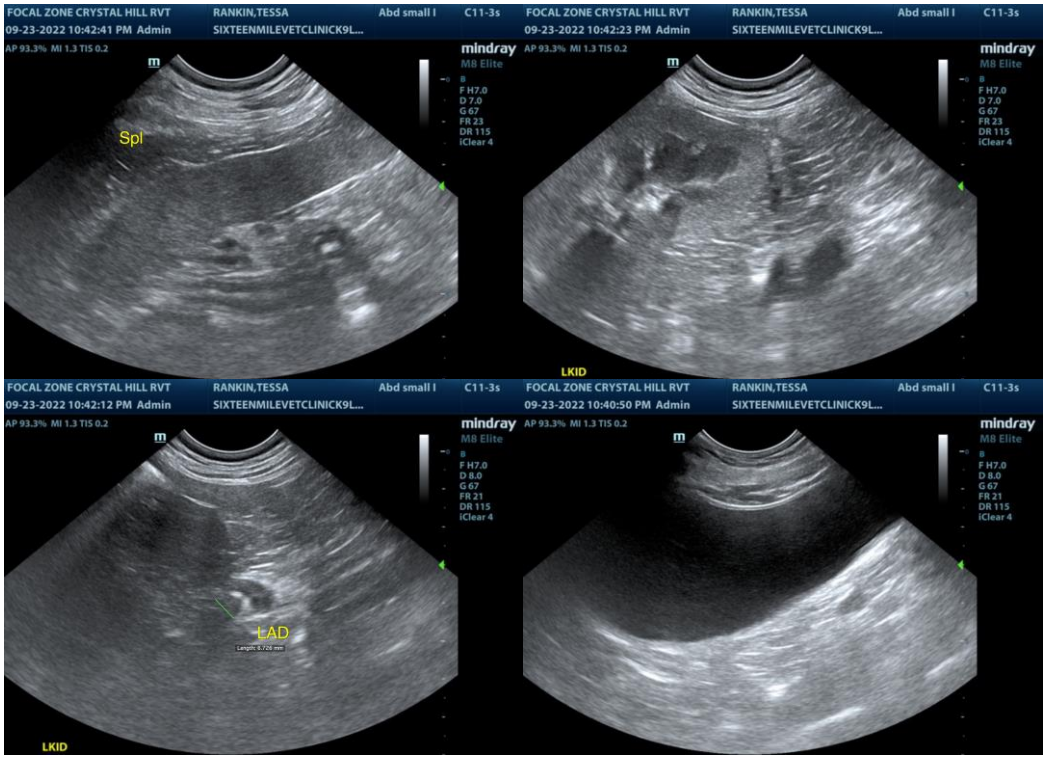

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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