

PATIENT

Bixby Kendrick

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

8 years

WEIGHT

44 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Willakenzie AH

REFERRING VET

Dr. Brandt

INVOICE

13616

DATE

7.7.23

PRESENTING CLINICAL SIGNS

History: Was scheduled for dental and biopsies, but bloodwork shows elevated liver values
Abnormal lab-work values: CA 12.3 mg/dl TP 8.3 g/dl ALB 4.1 g/dl ALT 128 u/l ALKP 505 u/l Chol
323 mg/dl Current Medications none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Large amount of floating hyperechogenic sediment present. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 6.90 cm) (right kidney 7.40 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the surrounding vasculature. Normal size of the right gland (2.74 cm in length x 0.63 cm). Enlarged cranial pole of the left adrenal (1.05 cm), with normal length (2.69 cm) and normal size of the caudal pole (0.61 cm).

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size with an increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full, containing a small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

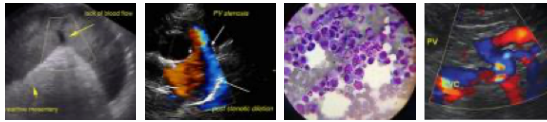
Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.



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No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy
- Enlarged left adrenal

Secondary Findings

- Urinary bladder and gall bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive, vacuolar, hyperplasia, metabolic, or early chronic hepatitis, with infiltrative neoplasia an unlikely differential diagnosis.

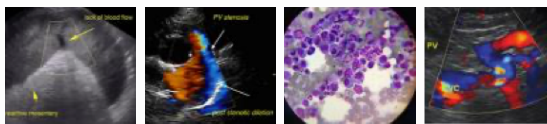
Although the appearance of the left adrenal may be an incidental finding, emerging Cushing's disease needs to be considered, especially with the elevated liver enzyme activity.

Further assessment would be urine analysis, urine culture, FNA cytology of the liver and adrenal functional testing (ACTH stimulation/LDDS test), the latter if there are compatible clinical signs of Cushing's disease. As dental disease can result in elevated liver enzyme activity from a reactive hepatopathy, dental procedure and monitoring of the liver enzymes could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management on the liver and gallbladder would be Ursodiol.





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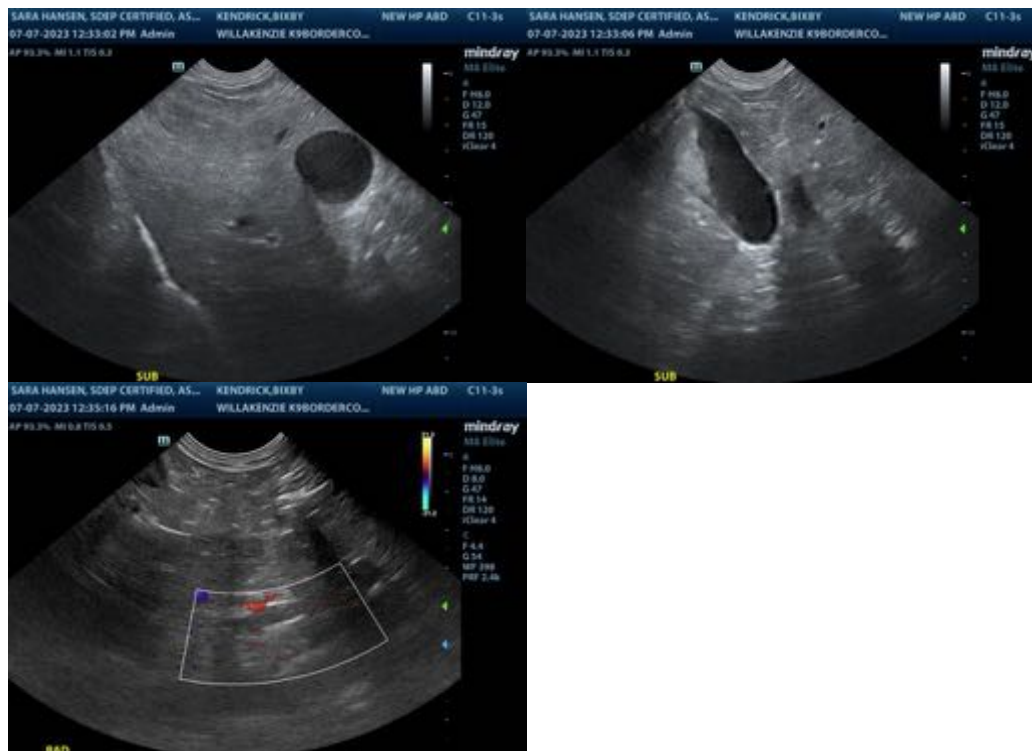
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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