

PATIENT

Gino Riveras Gomez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neuter

AGE

6 Years

WEIGHT

7.06 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Carrasquillo DVM

INVOICE

48593

DATE

11-24-21

PRESENTING CLINICAL SIGNS

Gino presented for an abdominal ultrasound. Patient presented to evaluate liver enzymes abnormalities as they are increased. Pt has been on Denamarin repeatedly because when he is without the Tx the liver enzymes go back up.

Abnormal PE/Chem/CBC/UA Results: BW: CHEM: Nov 18th 2021: ALT 245 (10 - 125 U/L) In May 2021 was as high as 796 (10-125)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, homogeneous and appears smoothly margined.

Adrenal glands

The left adrenal gland measures 0.51 cm in the caudal pole. The right adrenal gland measures 0.71 cm in the caudal pole. Both are mildly asymmetric and present normal corticomedullary detail.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.88 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver edges are mildly rounded, the echogenic texture appears generally and mildly hyperechoic and is inhomogeneous and coarse. Multiple nodule-like areas are detected indicating target lesions and partially protruding the liver capsule.

The gallbladder shows a moderate amount of hyperechoic sludge following gravity in direction to the CBD, the gallbladder wall is inconspicuous, cholestasis is not noted.

Gastrointestinal

The gastric wall appears subjectively thickened with prominent rugae. Wall layering is intact but presents mild hyperechoic changes of the muscular layer. Small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are normal.

Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.



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Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Inhomogeneous liver with mild hepatomegaly and multiple nodules partially protruding the liver capsule
- Moderate amount of hyperechoic gallbladder sludge

Secondary

- Mild thickening of the gastric wall with hyperechoic changes of the muscular layer
- Bilateral mild adrenal gland enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration. Degenerative/regenerative changes such as nodular hyperplasia/formation of regenerates are common differentials. The indicated target lesions are more often seen with malignant lesions/metastasis. However, final assessment is a matter of the temporal evolution and FNA/biopsy. The protruding of the capsule is not a compelling sign for malignancy.

The mildly thickened gastric wall may not be of clinical relevance and is a rather subjective impression. The hyperechoic muscular layer indicates chronic gastric disease (IBD: lympho-plasmocytic/-histiocytic gastritis, initial fibrosis?).

Changes of the gallbladder likely represent mild and chronic cholecystitis without signs of cholestasis. Polyps are not suspected, neoplasia and mucocele are currently unlikely.

Consider liver/gallbladder and gastric changes could be parts of one disease (indigestibility, IBD, chronic pancreatitis/cholecystitis and hepatitis).

Findings of the adrenal glands could represent hyperplasia due to pituitary-dependent hyperadrenocorticism, lipidosis of the liver would be a common, concomitant finding. ACTH stimulation could be performed next.

Sonographic monitoring of the liver, gallbladder and the adrenal glands is recommended (in 8 weeks).



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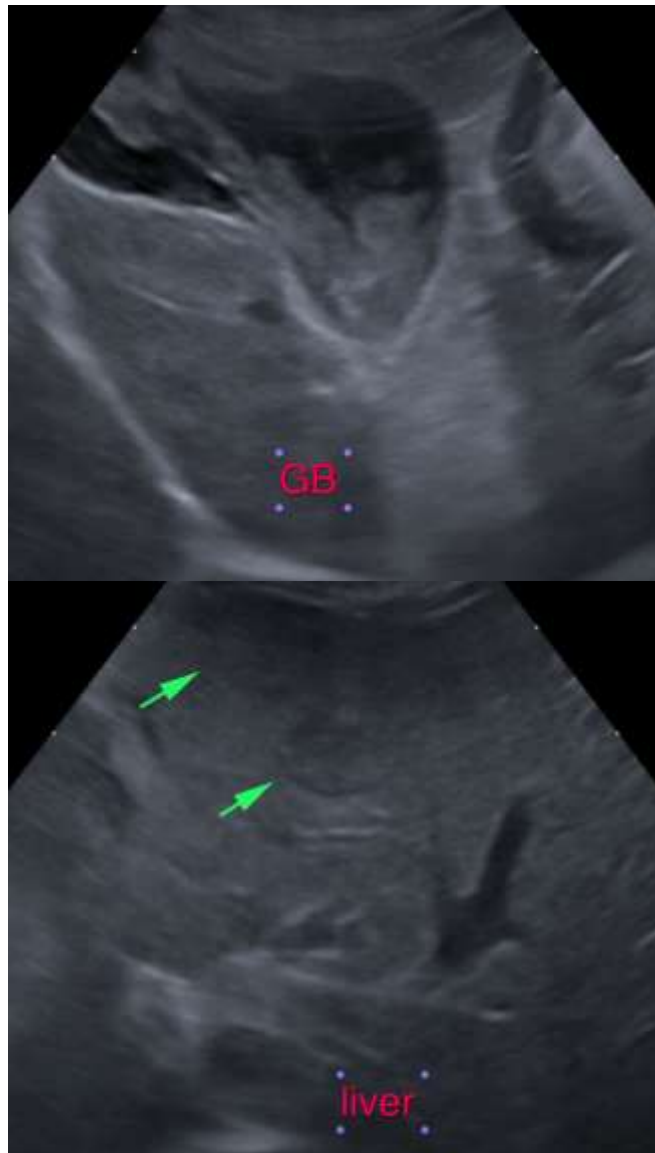
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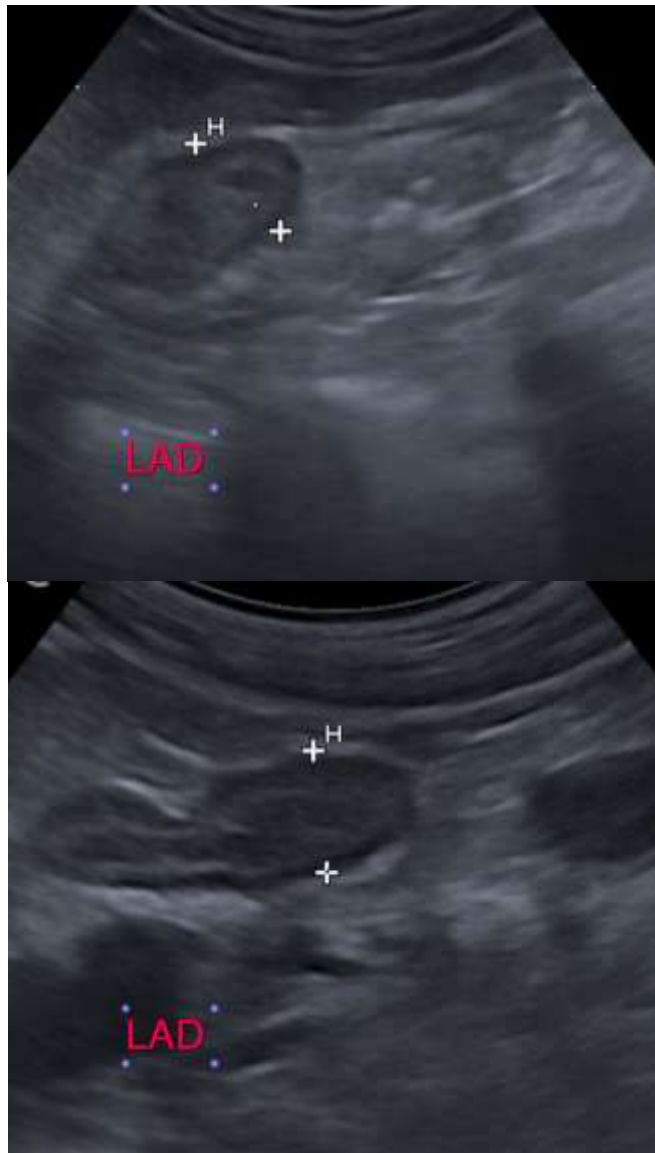
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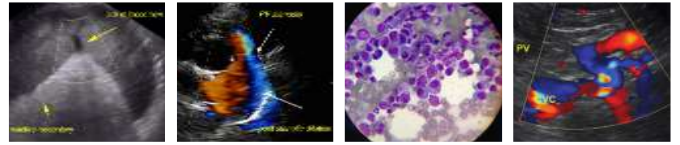
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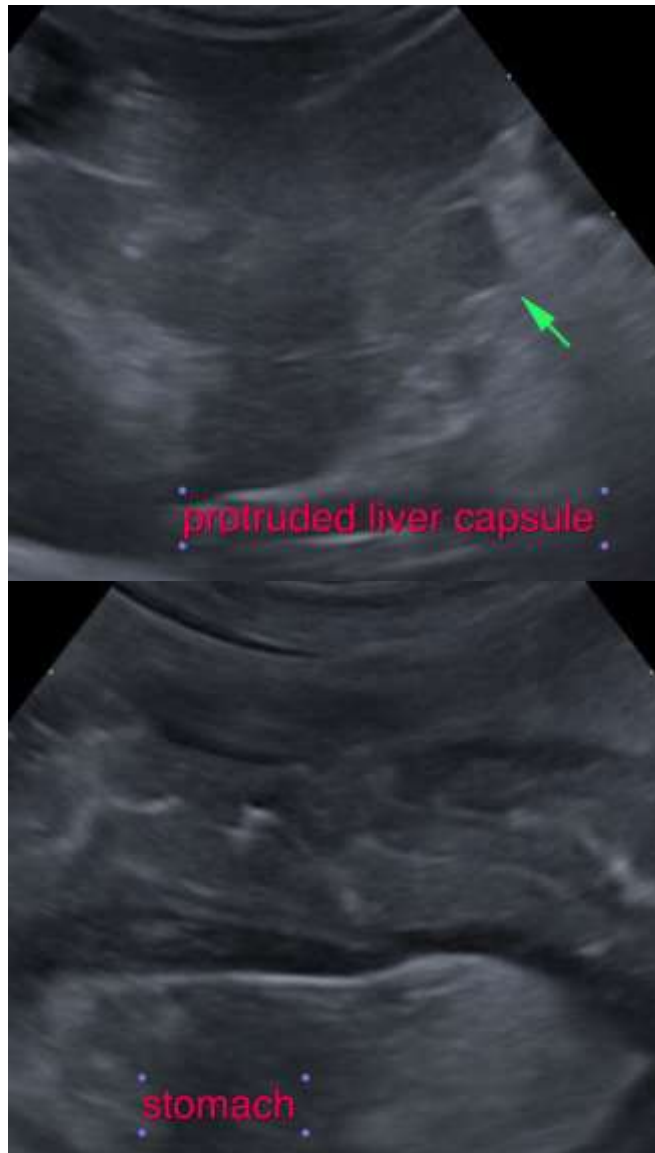
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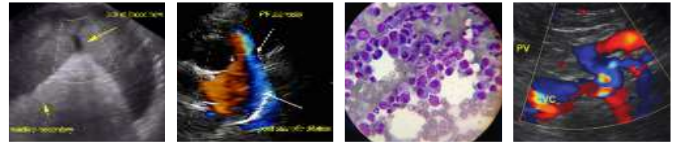
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com