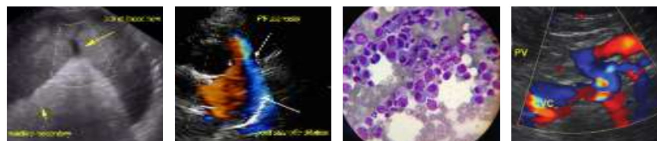
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ossi Alejandro

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neuter

AGE

9 Years

WEIGHT

67 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dra Marilyn Davila

INVOICE

49016

DATE

12-14-21

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound. Patient has a history of elevated liver enzymes (slightly). Pt was treated and responded with removal of medications given for skin at another clinic (prednisone and Antibiotics). Now patient presented again with elevated liver enzymes, Increase bilirubin and vomiting. Patient was hospitalized and treated with famotidine, cerenia and metronidazole.
Abnormal PE/Chem/CBC/UA Results: CBC: Neutrophils: 12.4 (2.9-11), Monocytes 1.96 (0.16-1.1), Baso 0.11 (0.0-0.1) CHEM: 12-8-21 Creatinine 2.7 (0.5-1.8) ALKP > 2,000 (23-215) GGT; 19 (0-11) TBIL: 6.4 (0-0.9) CHOL: 352 (110-320) AMYL: 1822 (500-1500) LIPA: 2471 (200-1800) Chem on 12-11-21: improved some liver values and other values ALP 1496 GGT 12 Normal TBIL, CHOL, AMY and LIPA

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 show a prominent, hyperechoic capsule with mild distal acoustic shadowing, cortical striations and a fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is mildly inhomogeneous but appears smoothly marginated with an inconspicuous periphery.

Adrenal glands

Both adrenal glands are normal.

Spleen

Splenic margins are mildly rounded. Splenic echogenic texture is mildly inhomogeneous without protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

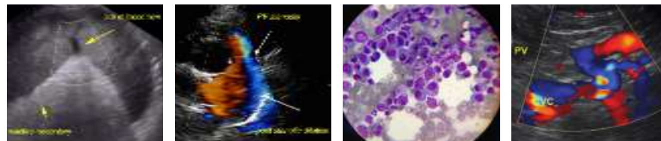
Liver/Gallbladder

The liver shows a subtle rounding of the liver edges. Liver echogenic texture appears generally and mildly hyperechoic and is inhomogeneous presenting multiple, cystic lesions partially with calcified content.

The gallbladder wall is significantly thickened with a hyperechoic, irregular inner outline. Multiple stones/calculi are detected causing complete distal acoustic shadowing. Cholestasis is not recognized although die CBD appears prominent.

Gastrointestinal

The gastric wall is mildly thickened with marked gastric rugae. The small intestine and colon present intact wall layers being normal in width and echogenicity. Mild fluid filling is noted in the course of the jejunum. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.



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Mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show hyperechoic echogenicity to the surrounding omental fat with intact detail. Signs of overt inflammatory changes or focal lesions are missing.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings. The medial iliac lymph nodes are mildly enlarged but show an inconspicuous shape and periphery.

ULTRASONOGRAPHIC FINDINGS

Primary

- Severe signs of cholelithiasis with secondary cholecystitis
- Cystic lesions liver partially with calcifications
- Signs of a gastritis/mild duodenitis/pancreatitis/enteritis

Secondary

- Mild, unspecific splenomegaly
- Signs of a bilateral and chronic nephropathy

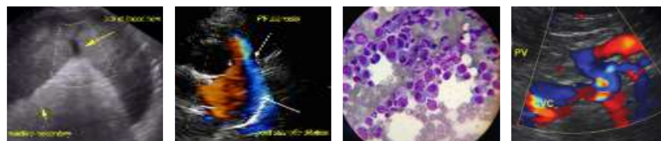
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the gallbladder likely represent chronic cholelithiasis with consecutive chronic cholecystitis. The cyst-like liver lesions with calcifications would match with that assumption. Typical findings of a mucocele are currently not present, gallbladder rupture is not suspected (murphy sign?). Cholestasis is not obvious, however mild extrahepatic biliary obstruction is indicated with the distended CBC.

Cystic lesions of the liver commonly are benign, of biliary origin or reflect degenerative/regenerative issues. However, cystic biliary adenoma or even -adenocarcinoma cannot be fully excluded. I do not suspect the latter. The calcifications likely are of biliary origin with regard to the gallbladder findings, hepatic mineralization/lithiasis due to chronic hepatitis/hepatopathy could be possible as well (FNA liver?). Please avoid gallbladder centesis.

Findings of the stomach, duodenum and pancreas may be secondary to the gallbladder/liver lesions but should be treated symptomatically (gastritis/cholangiohepatitis) as has been started already. Secondary infections are assumed. Complementary dietary management is recommended.

Changes of the kidneys are bilateral and show structural nephrosis. Possible differentials include but are not limited to residuals of inflammation/infection and/or progressive nephropathy. Clinical relevance is questionable.



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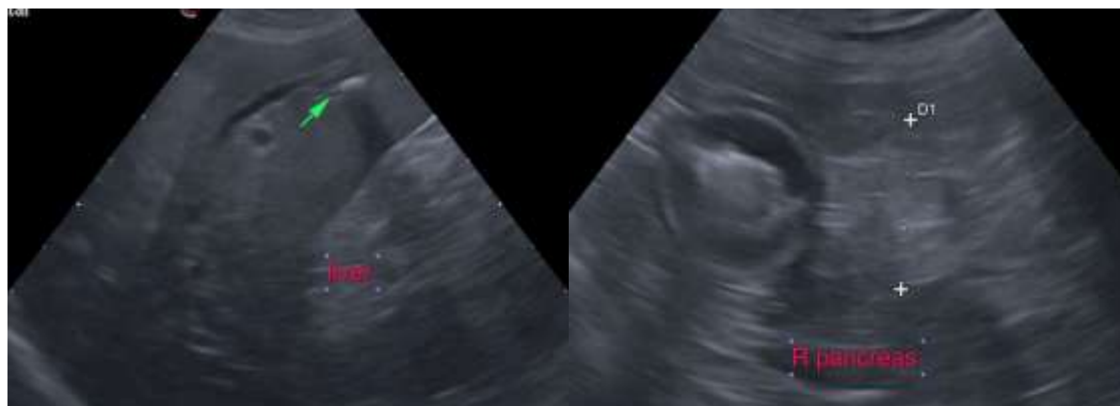

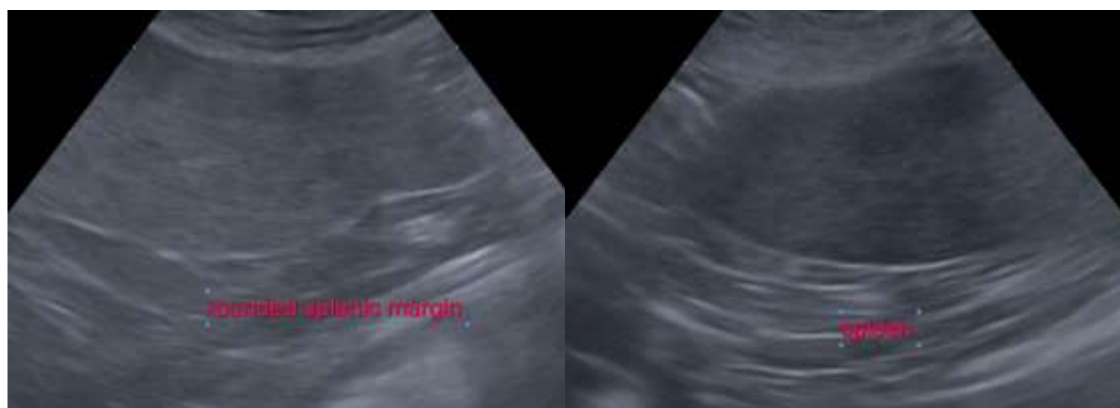

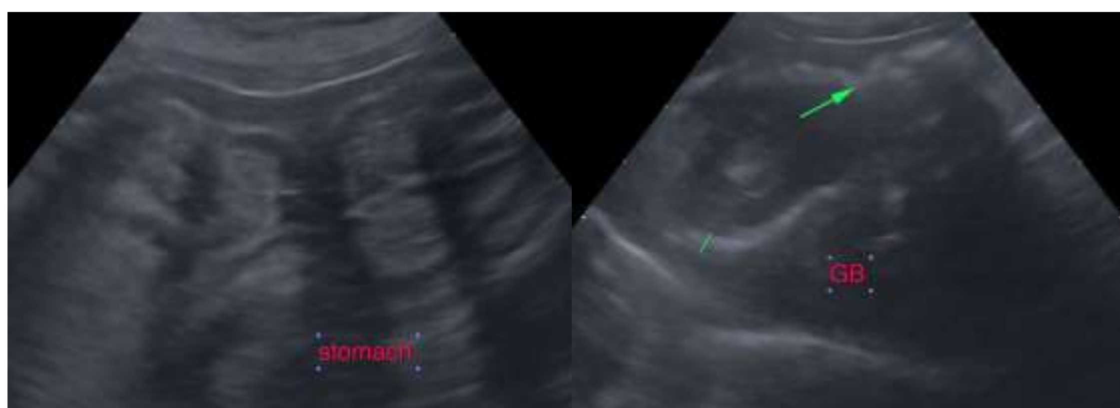

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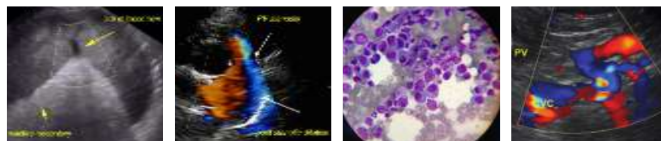

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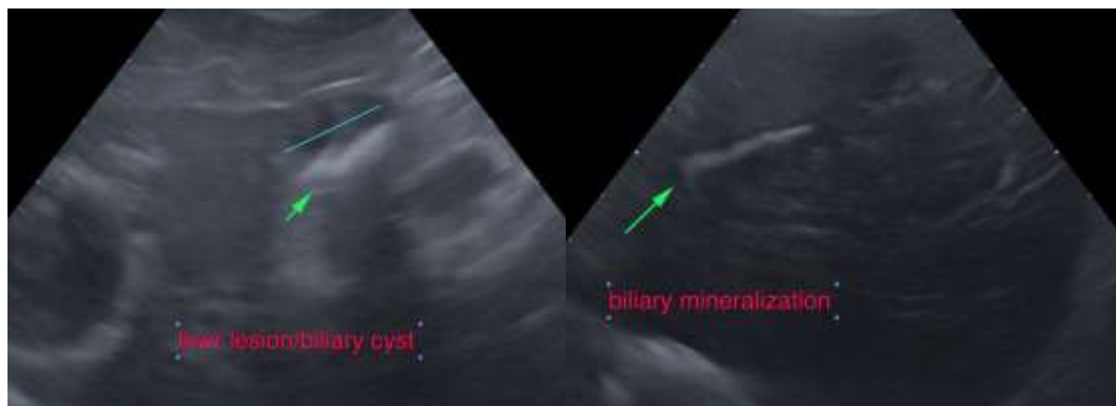

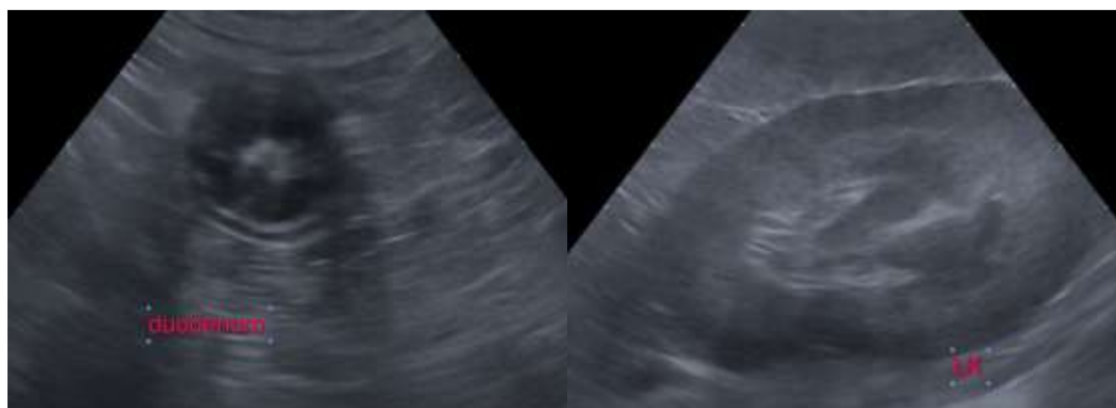

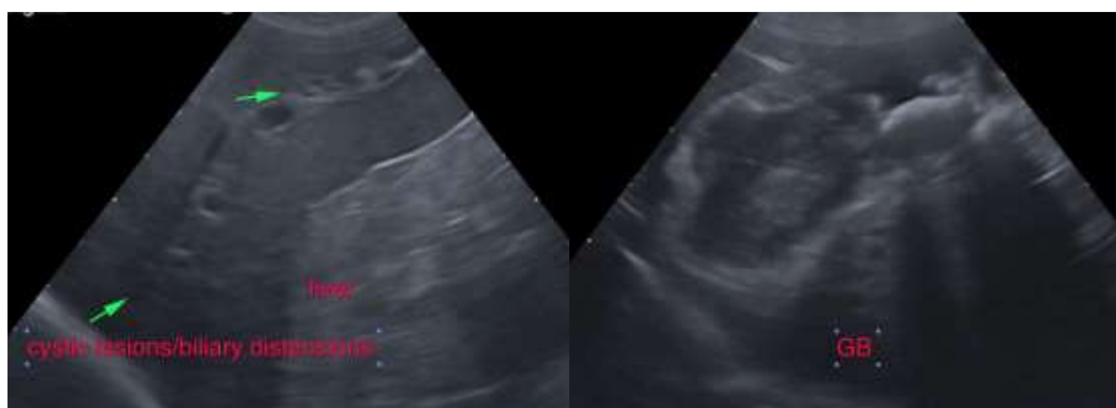

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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