



PATIENT PRESENTING CLINICAL SIGNS

Jezebel Mallin P seen 5/2023 for check-in on senior arthritis pain and dementia-like anxiety behavior. CBC/chem submitted prior to starting NSAID, revealed persistent mild increase in ALT (183) and new increase in ALP (174), AST not measured. O's started by adding in CBD and have noticed improvement in behaviors, but still see some head-pressing against walls. Recheck labs with bile acids show slight progression with ALT and ALP and very mild inc in pre-prandial bile acids (post WNL).. Hip and stifle arthritis are moderate to severe, no NSAIDs d/t liver value abnormalities. We are waiting for Librela to be available.

SPECIES

Canine

BREED

Lab Mix

Abnormal PE/Chem/CBC/UA Results: 7/17/23: CBC: WNL; chem: persistent inc ALT (250) and ALP (239); bile acids: mild elevation pre (18.9), normal post (18.1); 4dx: neg x 4 5/23/23: CBC: WNL; chem: persistent inc ALT (183), new ALP (174); T4 WNL (2.3) -since we have been measuring ALT (starting 2020), it has been elevated between 180-300

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SEX

A complete set of radiographs of the thorax (lateral) & abdomen (lateral and ventrodorsal) is provided for review.

FS

RADIOGRAPHIC FINDINGS

AGE

Thorax

15 Years

Multifocal spondylosis formation is seen along the thoracic spine. The costal cartilages present advanced degenerative changes.

INTERPRETED BY

The extrathoracic soft tissues present homogeneous without abnormalities.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

HOSPITAL NAME

Northshore
Veterinary Hospital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Brita Kiffney

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

Multifocal spondylosis formation is seen along the lumbar spine.

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No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

DATE

7-19-23

The hepatic volume is increased and the liver is protruding caudally beyond the costal arch. The hepatic margins are irregular rounded.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.



PATIENT Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

Jezebel Mallin

The stomach is in its anticipated position and presents normal content.

SPECIES The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

Canine

The colon is seen in the expected position and presents with appropriate content.

BREED **RADIOGRAPHIC DIAGNOSIS**

Lab Mix

- Hepatomegaly with irregular margins
- Degenerative changes costal cartilages
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± regeneration nodules, hepatitis or neoplastic infiltration. Ultrasound including FNA sampling can be used as minimally advanced diagnostic tests.

AGE

15 Years

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PATIENT

Jezebelle Mallin

SPECIES

Canine

BREED

Lab Mix

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AGE

15 Years

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REFERRING VET

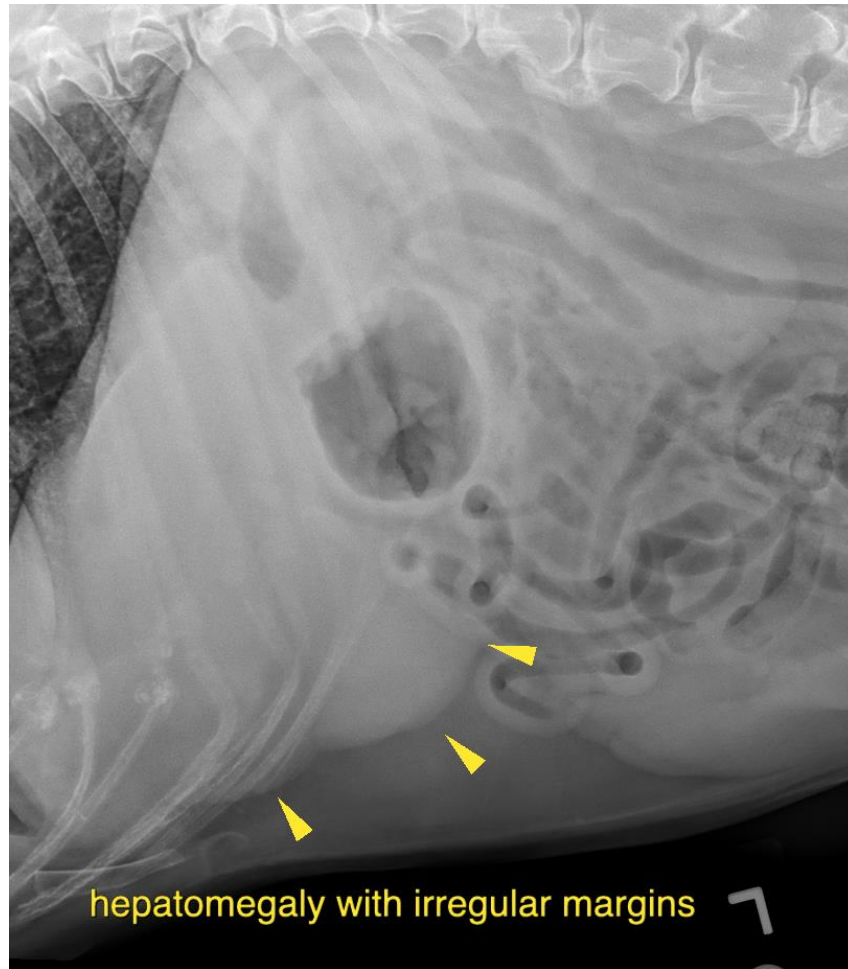
Brita Kiffney

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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.

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