



PATIENT PRESENTING CLINICAL SIGNS

Raye Kelly Progressively climbing chronic Alk. Phos. Blood rechecked as part of pre-ops for dental - Periodontal disease/dermal growths to remove. Current meds: Proin, Cosequin DS, Gabapentin 100mgs BID for arthritis, Credelio, HTWprev., Vit E, on Z/D diet.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 10/9/22: CBC: WNL. Chem: Alk.Phos. 3204, trigs 369, chol. 379, all else WNL.

BREED

Shepherd X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Spayed Female

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 6.1 cm. The right kidney measures 4.4 cm.

AGE

12 Years 7 Months

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 9.6 mm cranially and 7.5 mm cranially. The right adrenal gland measures 7.2 mm cranially and 7.5 mm caudally.

WEIGHT

59 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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Kelly Vazquez

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

Westwood Regional

The gallbladder is moderately distended with anechoic contents. There are multiple choleliths present within the gallbladder lumen measuring up to 7.0 mm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible. A moderate amount of sludge was also present within the gallbladder lumen.

REFERRING VET

Dr. Hartwick

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 3.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Jejunum wall measures 3.2 mm. Duodenum wall measures 4.3 mm. Intestinal motility appears normal.

DATE

10/14/22

The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is visualized and is normal.



PATIENT

Pancreas

Raye Kelly

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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Shepherd X

ULTRASONOGRAPHIC FINDINGS

SEX

- Reactive hepatopathy
- Cholelithiasis

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

12 Years 7 Months

WEIGHT

- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis
- ❖ bile acid testing is recommended to further assess severity of hepatic disease - if elevated then liver biopsies should be considered
- ❖ if bile acids are normal, but the ALT is increased, then initiation of liver support therapies such as SAME, Vitamin E and ursodiol, along with serial monitoring of liver enzyme levels every 2-3 months, could be initiated

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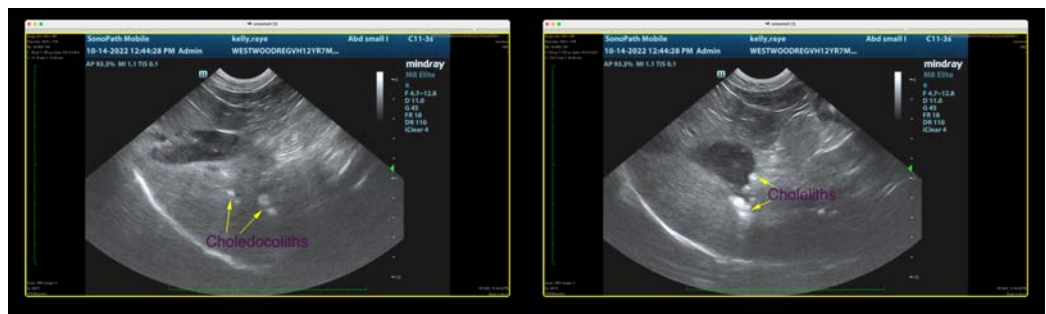
IMAGING PERFORMED BY

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The presence of choleliths within the gallbladder and biliary tree is typically an incidental finding, and there is no evidence of bile duct obstruction. Treatment with Ursodiol and SAME may be beneficial for this patient. In one study, 75% of patients with choleliths were found to have bacterial cholecystitis, and so empirical trial with antibiotics could also be considered. If there was a positive response in the elevated liver values, then 4-6 weeks of antibiotic therapy is indicated.

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SPECIES

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Shepherd X

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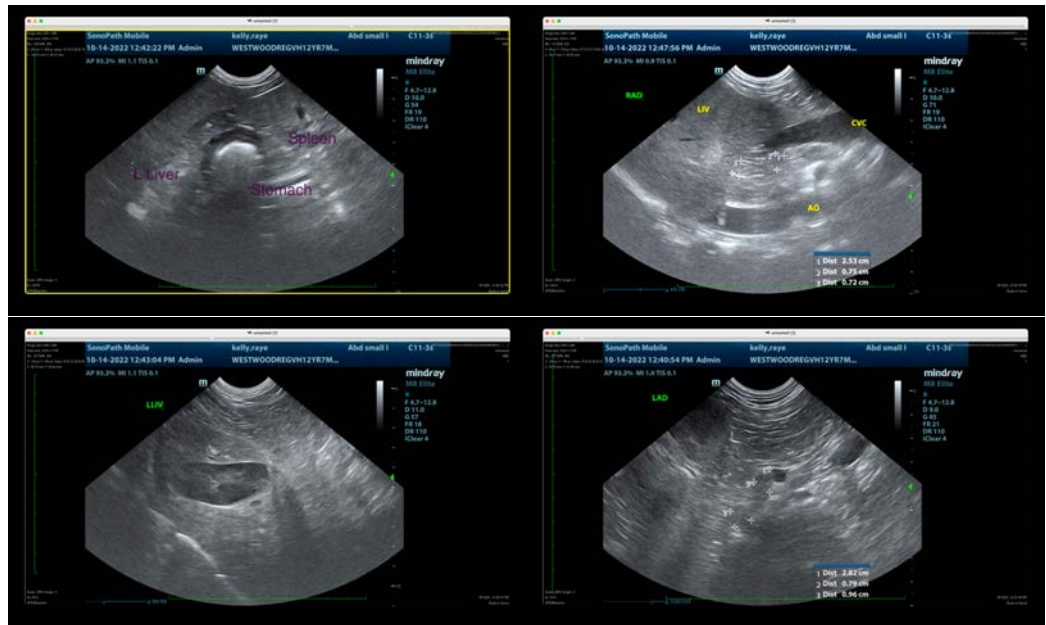
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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