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Clinical Sonography & Telecytology
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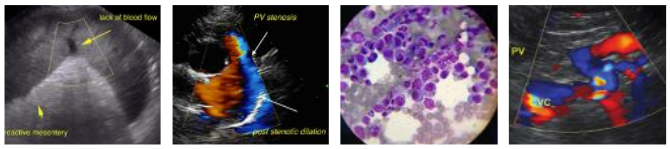

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Leo Mills

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

1 Year

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. George Cattiny

INVOICE

17318

DATE

9/16/22

PRESENTING CLINICAL SIGNS

History: Patient presents for hepatopathy, lethargy, and vomiting. Patient had a full lepto vaccine series 9/30/2021. Current meds: Denamarin, Amoxicillin, and Metronidazole.

Abnormal PE/Chem/CBC/UA Results: Leukocytopenia, high ALT/GGT/T. bili.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 is 7.3 cm in length. The right kidney is 5.1 cm in length.

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 height is 4.3 mm at the cranial pole and 3.5 mm at the caudal pole. The right adrenal gland height is 1.0 cm at the cranial pole and 6.1 mm at the caudal pole.

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.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is 4.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. The duodenal wall measures 5.4 mm. The jejunal wall measures up to 4.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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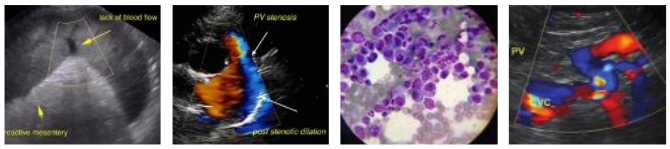

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Pancreas

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.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 2.7 cm in length, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal liver and gallbladder

Secondary Findings

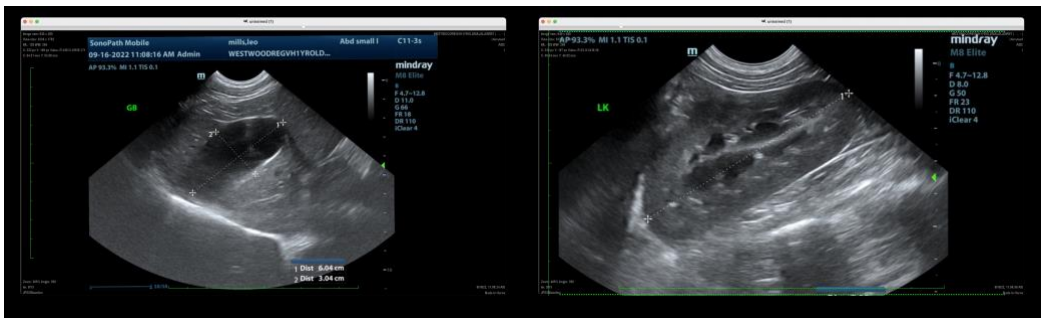
- Mild reactive change in the mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no changes on today's ultrasound to explain the patients clinical signs. Reactive mesenteric lymph nodes are common in young dogs, and may indicate antigenic stimulation, or perhaps the presence of a mild enteritis. This should be correlated with clinical signs.

Possible causes for the elevated liver values include toxin exposure, infectious or inflammatory disease, or less likely inherited disease, such as storage hepatopathy. Given that the Leptospirosis vaccine was given in September of 2021, Leptospirosis infection is among the differential diagnosis. Additional recommendations include:

- Leptospirosis titers, or PCR testing if there are urine or blood samples available that were obtained prior to starting therapy with amoxicillin.
- Bile acid testing to further assess severity of hepatic disease.
- Empiric therapy with SAM-e, vitamin E, and ursodiol, along with serial monitoring of liver enzymes.



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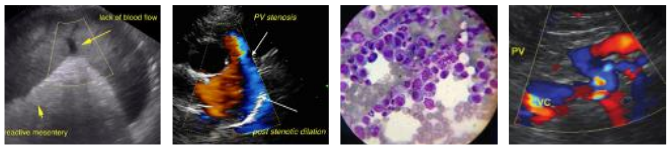

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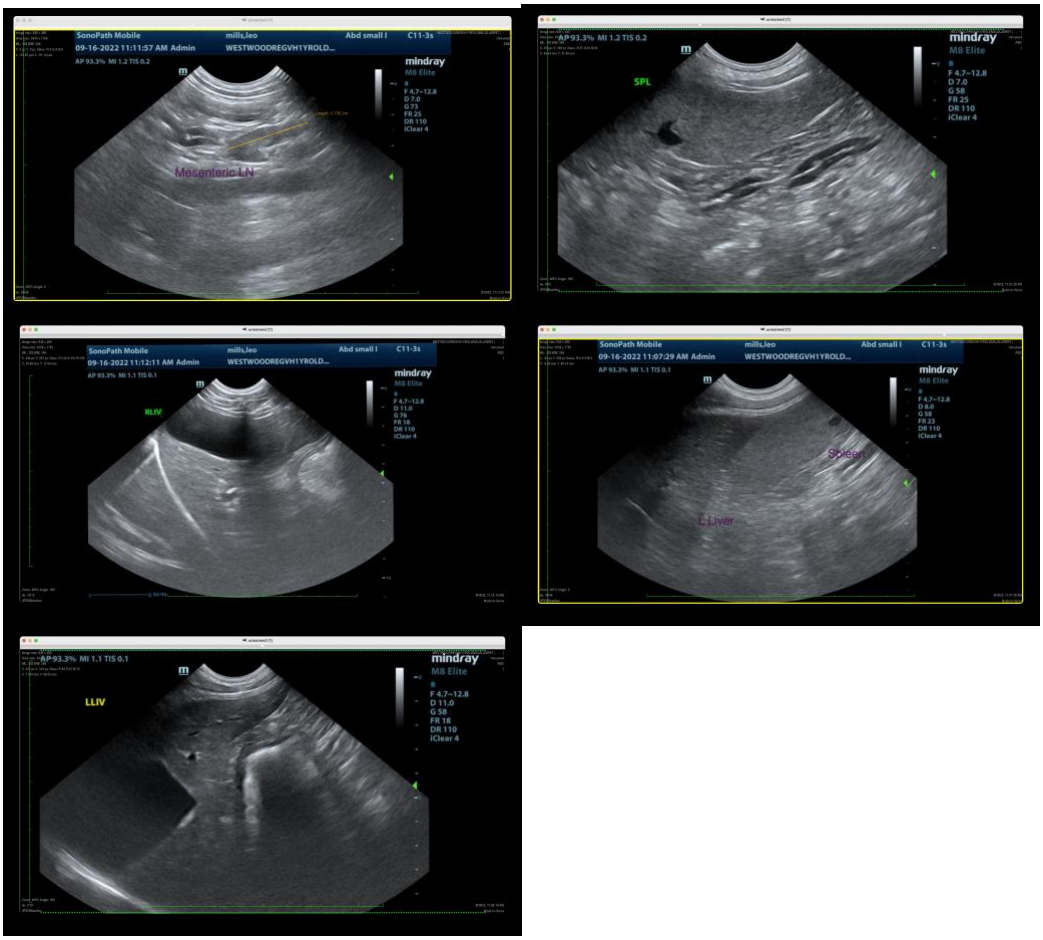

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com