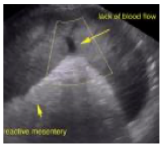
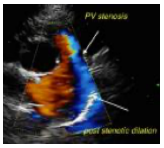
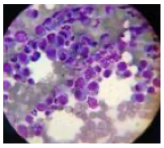
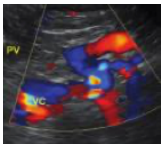

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PATIENT

Shiloh Floren

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 years

WEIGHT

84 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Saum Hadi

INVOICE

11854

DATE

10.19.22

PRESENTING CLINICAL SIGNS

History: Presented 9/21 as an ER follow up from eating raisins. On Galliprant for OA, had diarrhea after ER visit, Dr. Hadi rechecked lab work which showed that liver values were persistently increased since ER visit but improved, denamarin was continued and now ultrasound performed to look for any other cause for elevated liver values.
Abnormal PE/Chem/CBC/UA Results: 9/21: ALT was 181, ALKP was 694, cholesterol was 395 9/19: highest alt got was 492, alkp was 800, they left the clinic with alt of 310, and alkp of 699. Most other parameters were normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal in size (7.33 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (6.94 cm in length); with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.53 cm at cranial pole) (0.66 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (1.34 cm at cranial pole) (0.59 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (2.06 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

Liver

The **liver** is subjectively normal to prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic to mineralized, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal

layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Suspected benign diffuse hepatopathy. The top differentials include vacuolar hepatopathy, resolving inflammatory hepatopathy, or reactive hepatopathy with a lower possibility of fibrosis, neoplasia, or other hepatopathies.

- Gall bladder debris/sludge - incidental

Secondary Findings

- Minor bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver values should be rechecked in 3-4 weeks to assess for recurrent elevations. If the values have stabilized, serial monitoring (i.e., every 3 months) is recommended. If the values increase, repeat abdominal imaging +/- hepatic tissue sampling may be warranted.

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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