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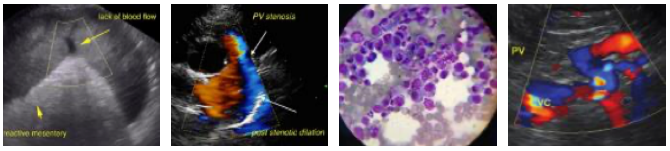

PATIENT
Stella Campbell

SPECIES
Canine

BREED
Shih Tzu

SEX
Female

AGE
1 Yrs.

WEIGHT
10.5 lbs.

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

IMAGING PERFORMED BY
Harold Mike Beard

HOSPITAL NAME
West Prince AH

REFERRING VET
Dr. Greg Hartman

INVOICE
12226

DATE
9/21/21

PRESENTING CLINICAL SIGNS

History: Persistently high ALT which has postponed her OHE since June. Ranges from 794 to 268, SAP remains normal. Ingested Zylitol in May, was treated successfully at ER. The patient appears normal in all other aspects - eats well, gains weight, no V/D.
Abnormal PE/Chem/CBC/UA Results: No abnormal physical findings. She has a ALT abnormality. CBC was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm at cranial pole) (0.34 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 (0.47 cm at cranial pole) (0.36 cm at caudal pole) (1.61 cm in length); 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 (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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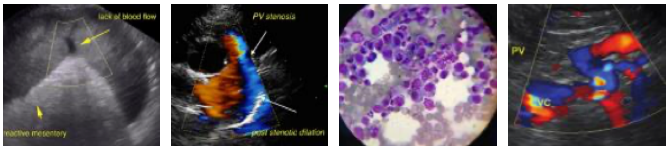

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.65 cm mesenteric lymph node is visualized.

Other

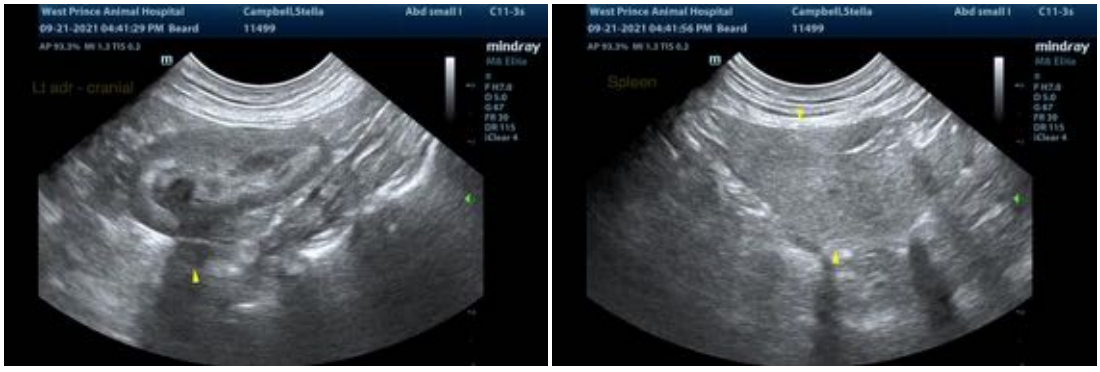
The uterine body is visualized (0.50 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen. There is no evidence of a congenital portosystemic shunt.
- An obvious cause for the patient's elevated ALT is not identified in this study. Differentials include microvascular dysplasia, prior insult (i.e., Zylitol toxicity), hepatotoxicosis (i.e., copper), inflammatory disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and post-prandial serum bile acids to assess hepatic function. Ultimately, a surgical biopsy would be necessary to get a definitive diagnosis. Consider obtaining a surgical biopsy at the time of ovariohysterectomy. Caution should be used with anesthetic agents. Benzodiazepines should be avoided and opioids should be used judiciously.



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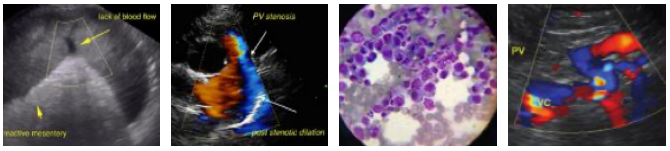

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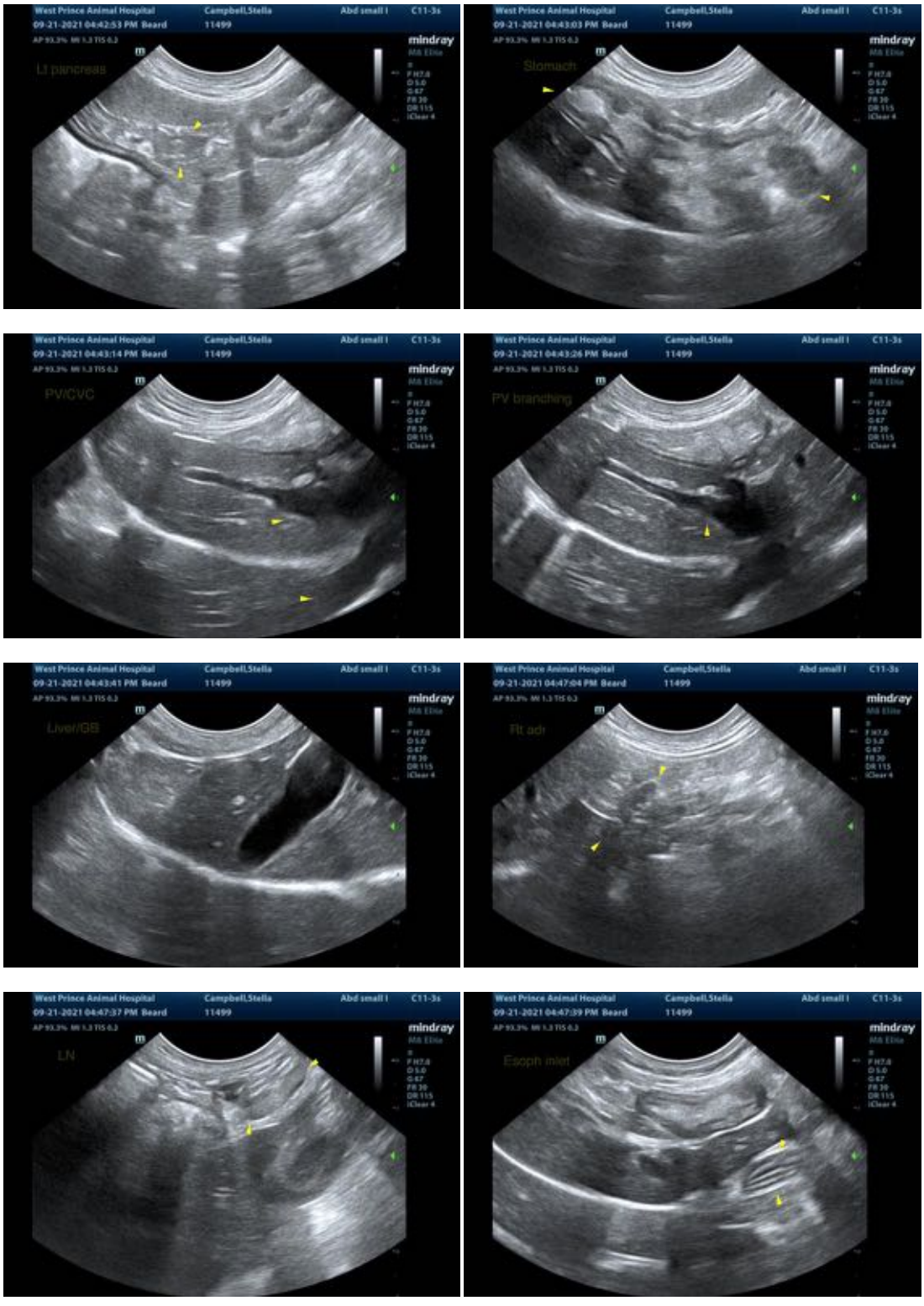

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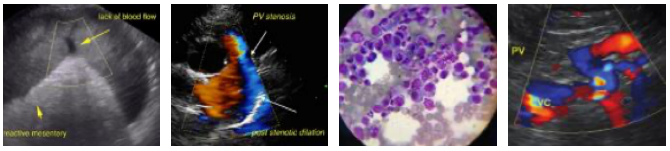

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com