



PATIENT PRESENTING CLINICAL SIGNS

Hopper Turnage Pre-neuter bloodwork: ALT 322. Asymptomatic. Bile acids: pre- 19.5; post – 45.9

SPECIES

Canine

BREED

French Bulldog

SEX

Male, intact

AGE

8 Months

WEIGHT

17.5 lbs.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 3-4 cm, are normal.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.33 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 (3.86 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 (0.38 cm at cranial pole) (0.35 cm at caudal pole) (2.08 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.

The right adrenal gland is normal size (0.75 cm at cranial pole) (0.34 cm at caudal pole) (1.70 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 (1.38 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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

INTERPRETED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

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HOSPITAL NAME

Foxbank

REFERRING VET

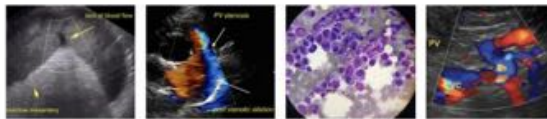
Dr. Parsons

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12/21/22



PATIENT

Gastrointestinal

Hopper Turnage

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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.

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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.

SEX

Free Abdomen

Male, intact

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.75 cm in length. The nodes are normal in shape and echogenicity.

AGE

8 Months

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen. There is no obvious evidence of a congenital extrahepatic portosystemic shunt.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's elevated ALT and serum bile acids is not identified in this study. Considerations include microvascular dysplasia (AKA portal hypoplasia), inflammatory disease (i.e., bacterial cholangiohepatitis), hepatotoxicity, Leptospirosis (less likely), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A liver biopsy would be necessary to get a definitive diagnosis. If a liver biopsy is not pursued, serial monitoring (i.e., every 3-6 months) of the patient's liver values is recommended to assess for progression.
- With regard to anesthesia for castration, benzodiazepines should be avoided, and opioids used judiciously.

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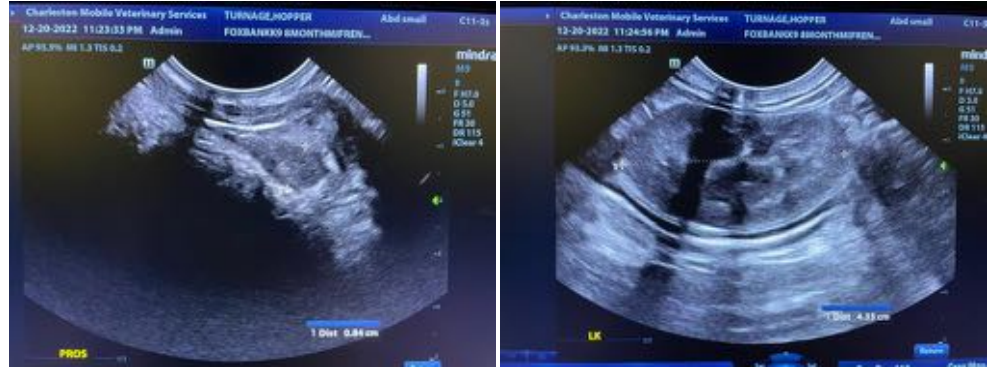
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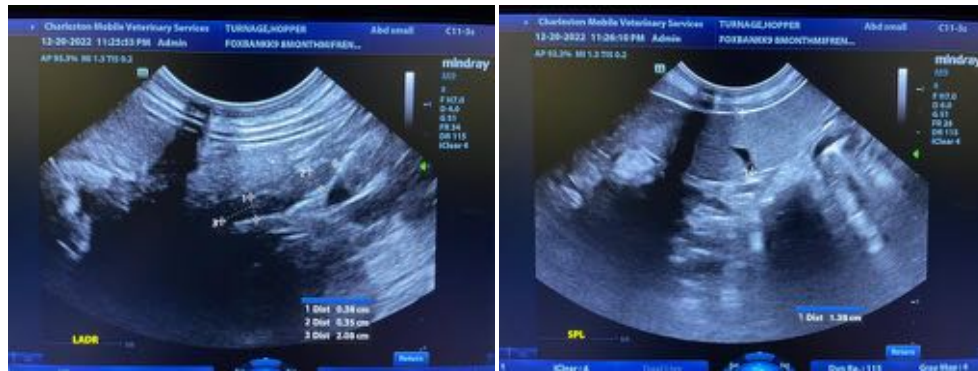
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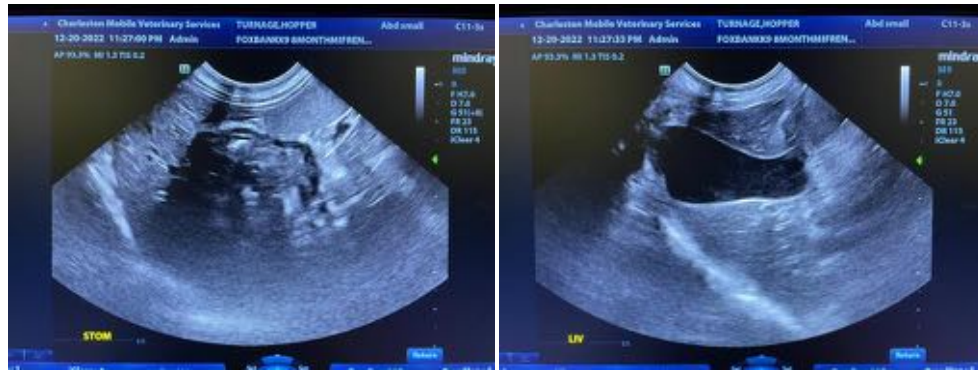


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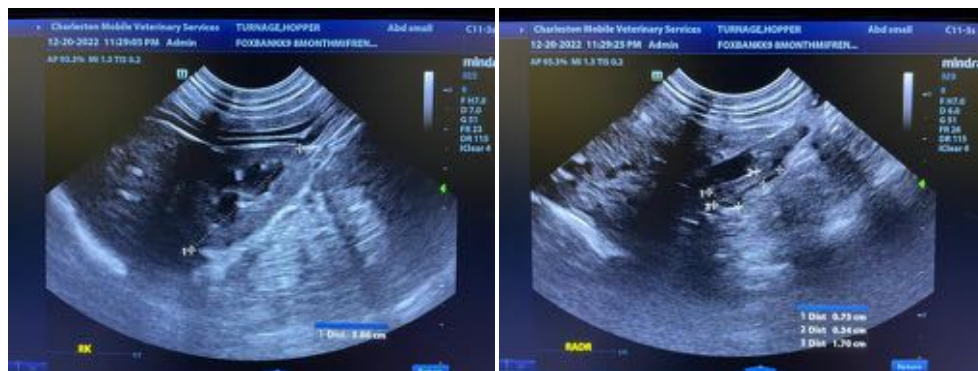
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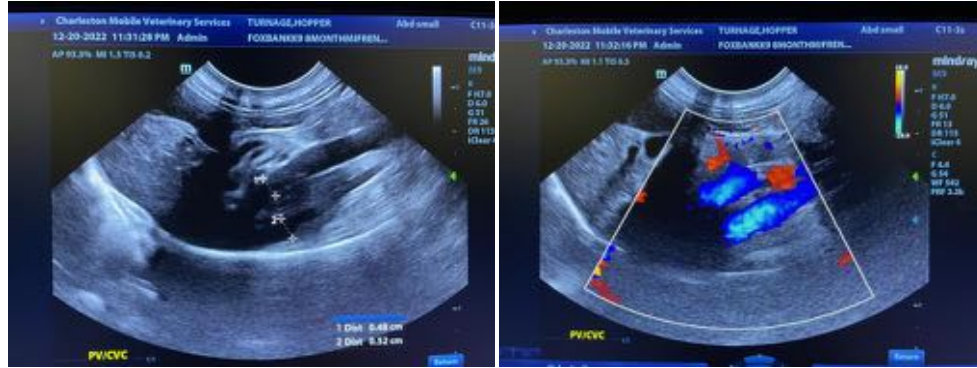
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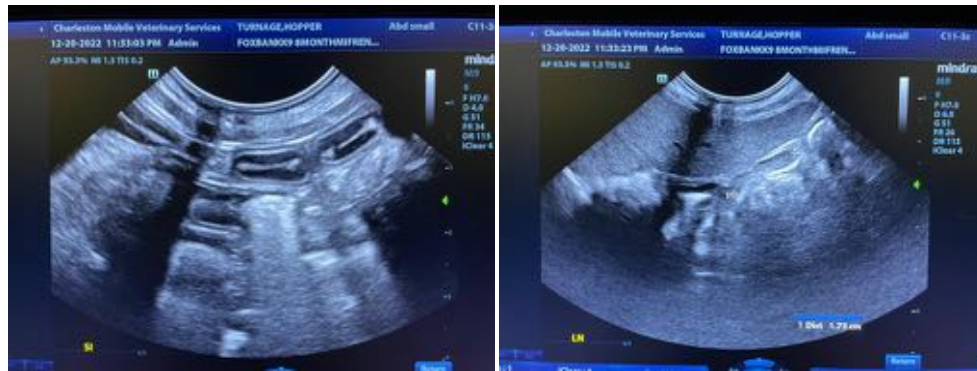
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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