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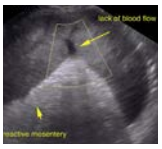
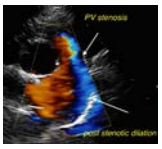
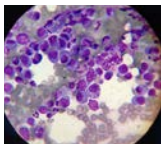
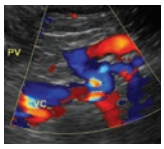

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1-800-838-4268 info@sonopath.com

PATIENT
Maverick Barger

SPECIES
Canine

BREED
French Bulldog

SEX
Neutered Male

AGE
5 Years 3 Months

WEIGHT
26.6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Carissa Rhoades

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Kim Allyn

INVOICE
34172

DATE
1/12/22

PRESENTING CLINICAL SIGNS

Has not been feeling good. Has been lethargic and not really wanting to eat. From the blood work it looked like the liver enzymes went up.
Abnormal PE/Chem/CBC/UA Results: PE: Quiet, alert, hydration adequate, membranes icteric(yellow), Heart and lungs sound normal. Abdomen palpates soft and non-painful. UA: Specific Gravity 1.015 pH: 7.0 Sediment quite CBC: Reticulocytes 140K/uL Neutrophils 13.356 K/uL Platelets 77 K/uL Chem: Calcium 8.2 mg/dL Potassium 3.6 mmol/L Na: K Ratio 41 Chloride 106mmol/L Albumin 2.3 g/dL ALT 1,407 U/L AST 868 U/L ALP 1,255 U/L GGT17 U/L Bilirubin - Total 6.2 mg/dL Bilirubin - Unconjugated 2.8 mg/dL Bilirubin - Conjugated 3.4 mg/dL Cholesterol 124mg/dL Lipase 417 U/L Spec cPL 360 ug/L Total T4 0.7 ug/dL Free T4 was normal. Heartworm / Ehrlichia / Lyme / Anaplas: Negative Fecal Antigen Screen & Flotation: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

Right kidney is normal in size (6.17 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (4.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Right adrenal gland is normal in size (2.0 cm long x 0.90 cm at cranial pole and 0.80 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (2.33 cm long x 0.76 cm at cranial pole and 0.87 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively small in size. Margins are mildly irregular. There are patchy areas of increased hepatic echogenicity and reduced visualization of vessels. No nodules or masses are evident.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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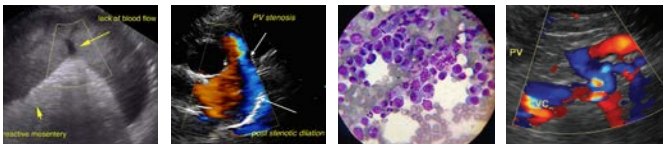

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is prominent and hypoechoic to surrounding tissue. It is slightly heterogeneous in appearance and surrounded by hyperechoic hyperreactive mesentery. No free fluid is visible and there is no evidence of post-hepatic cholestasis noted.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic irregular microhepatica – most consistent with chronic hepatitis versus other/normal variant.
- Mild acute or resolving pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This scan reveals evidence of mild pancreatitis. However, the visual severity of the pancreatitis, while not 100% sensitive for severity, seems inconsistent with the marked icterus and laboratory changes. Therefore, increased concern is for chronic hepatitis and intrahepatic cholestasis as well.

Recommendations include CPLI to further assess the pancreas is not already performed, followed by aggressive medical management of pancreatitis as well as acute hepatitis with antiemetic, gastroprotectants, appetite stimulant if necessary, broad-spectrum antibiotics, as well as fluid support, all while continuing to monitor for changes. If management of pancreatitis does not result in improvement of clinical signs and/or if laboratory values progress, a liver biopsy would be recommended as soon as the patient is stable enough for anesthesia. If not already performed, PT/PTT is also recommended. If bilirubin returns to normal, bile acids is recommended to further assess liver function.

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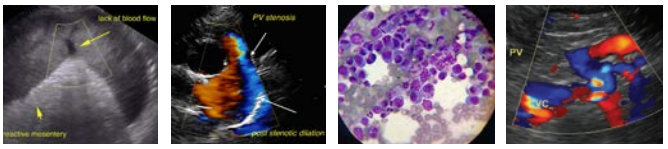

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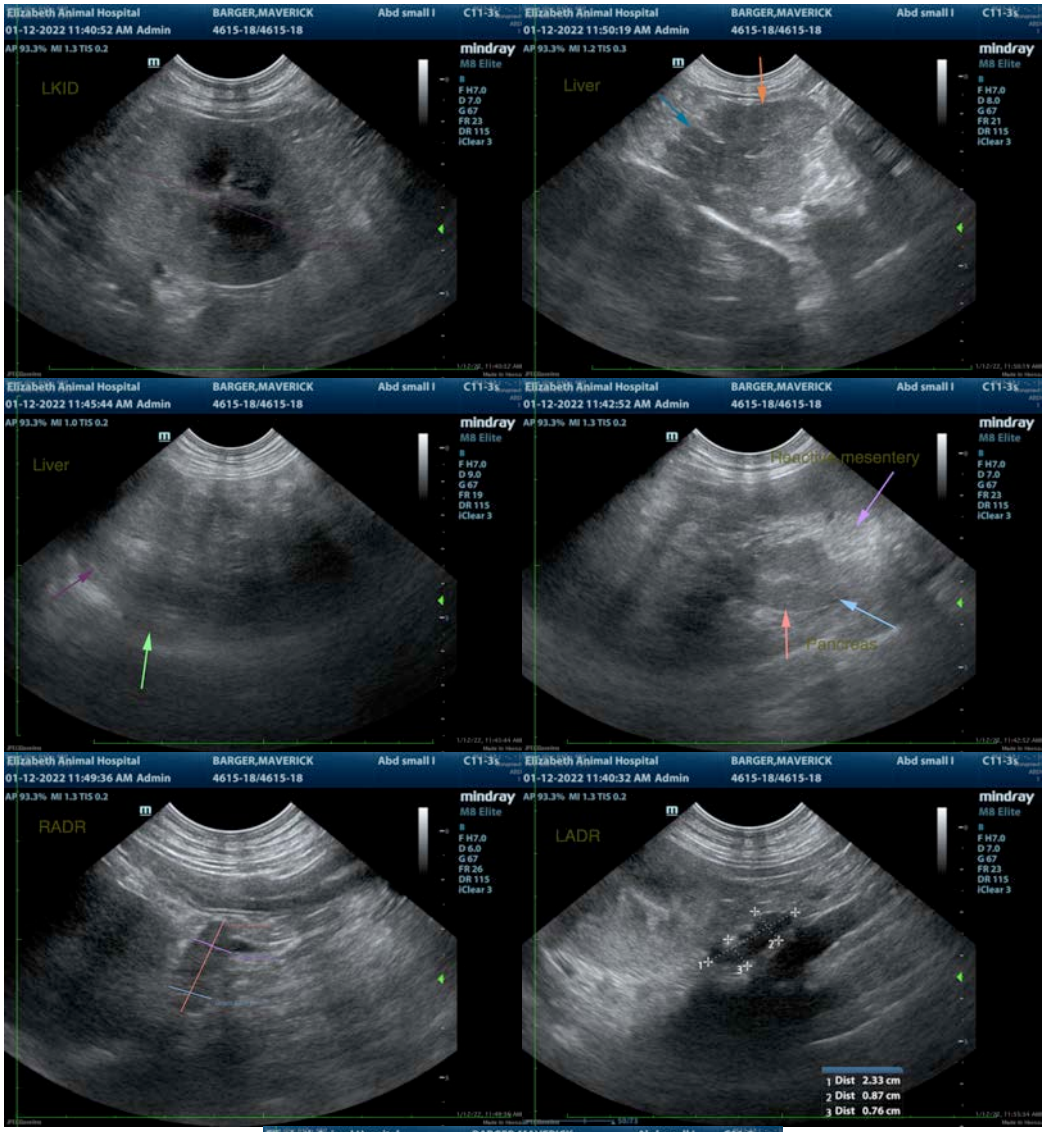

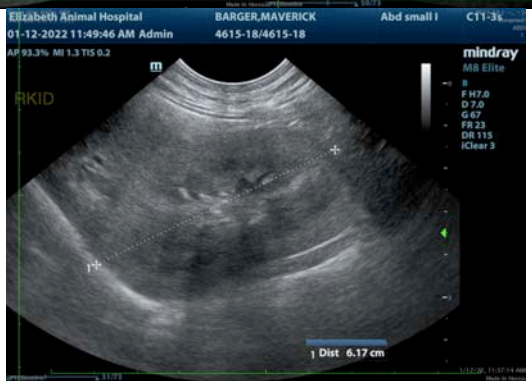

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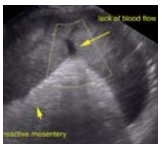
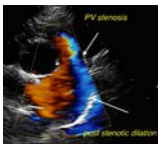
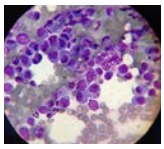
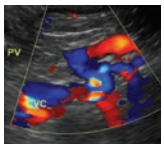

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com