



**PATIENT**

Cooper Babitz

**PRESENTING CLINICAL SIGNS**

Elevated liver enzymes, vomiting, polydipsia. Current meds: Amoxicillin, Metronidazole, Denamarin  
1/1/2022-BUN 6.2 (9L), Creat 0.6 (0.4L), ALT 683 (120H), CI 100 (102L), CPL normal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

**SEX**

Neutered male

Left kidney is normal in size (5.46 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.91 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**AGE**

4 years

**Adrenal Glands**

**WEIGHT**

37 lbs

Left adrenal gland is normal in size (2.05 cm long, 0.5 cm at cranial pole and 0.66 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.02 cm long, 1.1 cm at the cranial pole and 0.7 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

Spleen is subjectively mildly decreased in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. No vascular anomalies are identified; however, vascular anomaly cannot be definitively ruled out.

**IMAGING PERFORMED BY**

Shari Reffi CVT

**Liver**

**HOSPITAL NAME**

Newton VH

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**REFERRING VET**

Dr. Wyman Greenwald

**Gastrointestinal**

**INVOICE**

94952

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly fluid distended.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

**DATE**

1/4/22

Colon is normal in wall thickness (< 0.2 cm) and layering.



**PATIENT**

**Pancreas**

Cooper Babitz

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

**SPECIES**

Canine

**Free Abdomen**

Lymph nodes are normal with no observed enlargement.

**BREED**

Beagle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

**Primary Findings**

- Microhepatica. Differentials for which include normal variant versus vascular anomaly such as portosystemic shunt or diaphragmatic hernia. Neither one of those is evident in these images; however, they cannot be ruled out. Other differentials include chronic active hepatitis, infectious, and/or inflammatory.
- Mild gastric ileus.

**AGE**

4 years

**WEIGHT**

37 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend testing for Leptospirosis if not already performed in the form of serology since the patient is already on antibiotics or PCR if samples were obtained prior to antibiotics. Other recommendations include bile acids if total bilirubin is normal. If the bile acids are increased more advanced imaging of the abdomen to definitively rule out a vascular anomaly with an abdominal CT scan is recommended. Ultimately, liver biopsy may be warranted if a vascular anomaly is ruled out and other diagnostics are negative, if clinical signs and ALT elevations persist. In the meantime, I recommend to continue medical management with broad spectrum antibiotics as well as liver protectants and potentially a promotility agent given the gastric ileus to alleviate the clinical signs.

**INTERPRETED BY**

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DACVIM

Continue medical management including antibiotics for at least a week beyond resolution of the increased ALT as long as the ALT is improving on medical management.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Newton VH

**REFERRING VET**

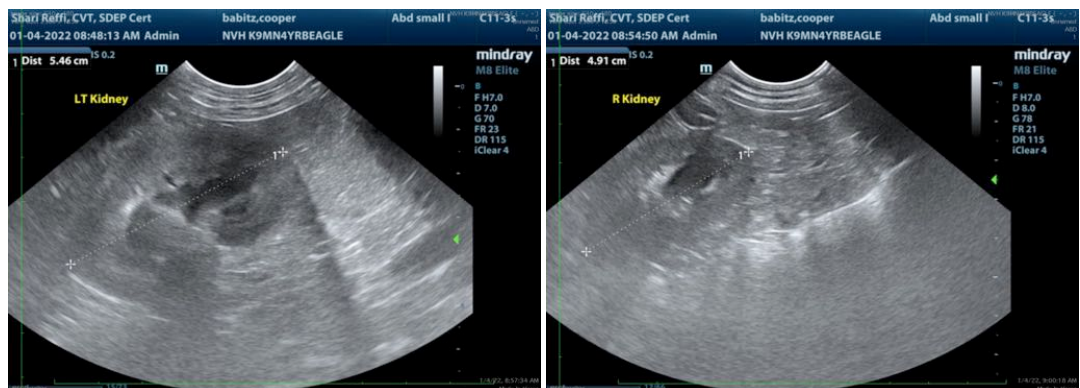
Dr. Wyman Greenwald

**INVOICE**

94952

**DATE**

1/4/22





**PATIENT**

Cooper Babitz

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

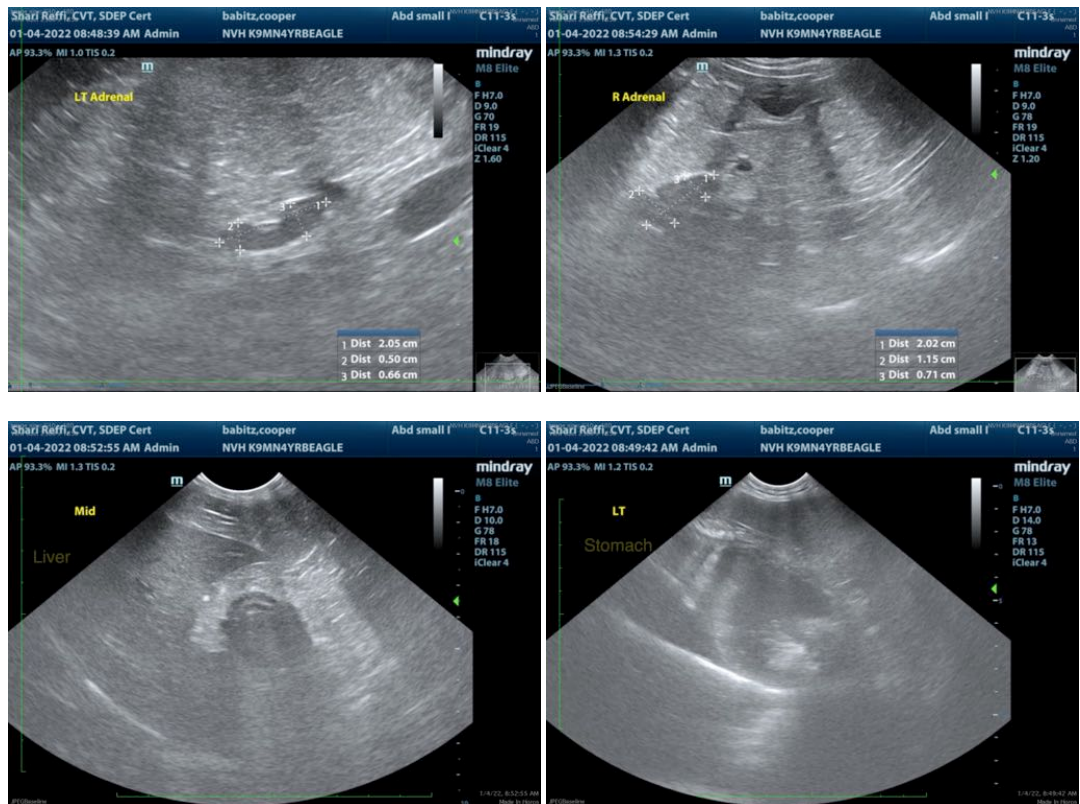
Neutered male

**AGE**

4 years

**WEIGHT**

37 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Wyman Greenwald

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**DATE**

1/4/22

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

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