

PATIENT PRESENTING CLINICAL SIGNS

Bakari Snider History: elevated liver enzymes, requires anesthetic for surgical procedure meds: gabapentin, zenequin, deramaxx, tacrolimus topical

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 677 (18-121) ALP 430 (5-160)

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Boston Terrier Urinary bladder is adequately 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.

SEX

Neutered Male

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

AGE

11 Years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. The left kidney measured 4.78 cm. The right kidney measured 4.82 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally.

WEIGHT

9.4 kg

Adrenal Glands

Left adrenal gland is normal in size (1.89 cm long x 0.45 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (1.47 cm long x 1.45 cm at cranial pole and 0.56 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING

PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Hartzel AH

Liver

Liver is visibly normal in size. Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Morris

INVOICE

19002

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic fluid/chyme. There is no evidence of foreign material or infiltrative disease noted.

DATE

12/5/22



PATIENT

Bakari Snider

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Boston Terrier

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Neutered Male

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

11 Years

Primary Findings

- Hypoechoic liver-This appearance can be consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

WEIGHT

9.4 kg

Secondary Findings

- Age-related kidney changes with nonobstructive dystrophic mineralization bilaterally

INTERPRETED BY

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Testing for Leptospirosis is recommended. Bile acids are recommended, if tбили is not increased. An empirical course of antibiotics and hepatic nutraceuticals may be tried empirically; however, ultimately, tissue sampling is likely warranted. FNA of the liver can be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. If round cell neoplasia is not diagnosed, a liver biopsy (including copper level assessment) may be required to definitively diagnose the underlying hepatopathy.

IMAGING PERFORMED BY

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HOSPITAL NAME

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REFERRING VET

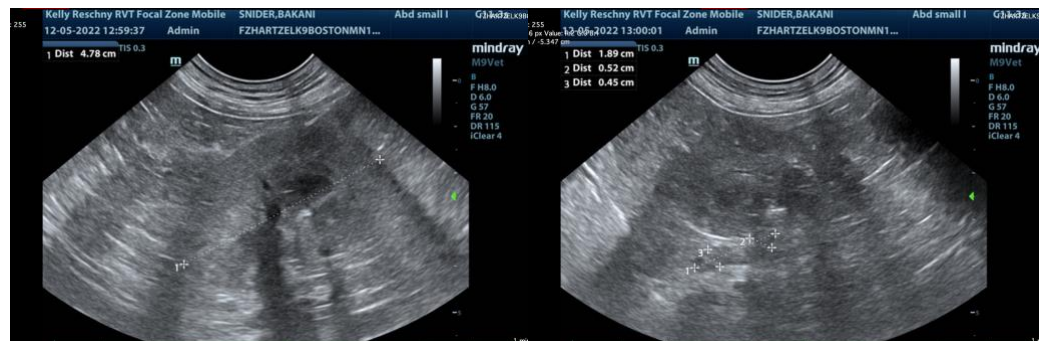
Dr. Morris

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PATIENT

Bakari Snider

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

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WEIGHT

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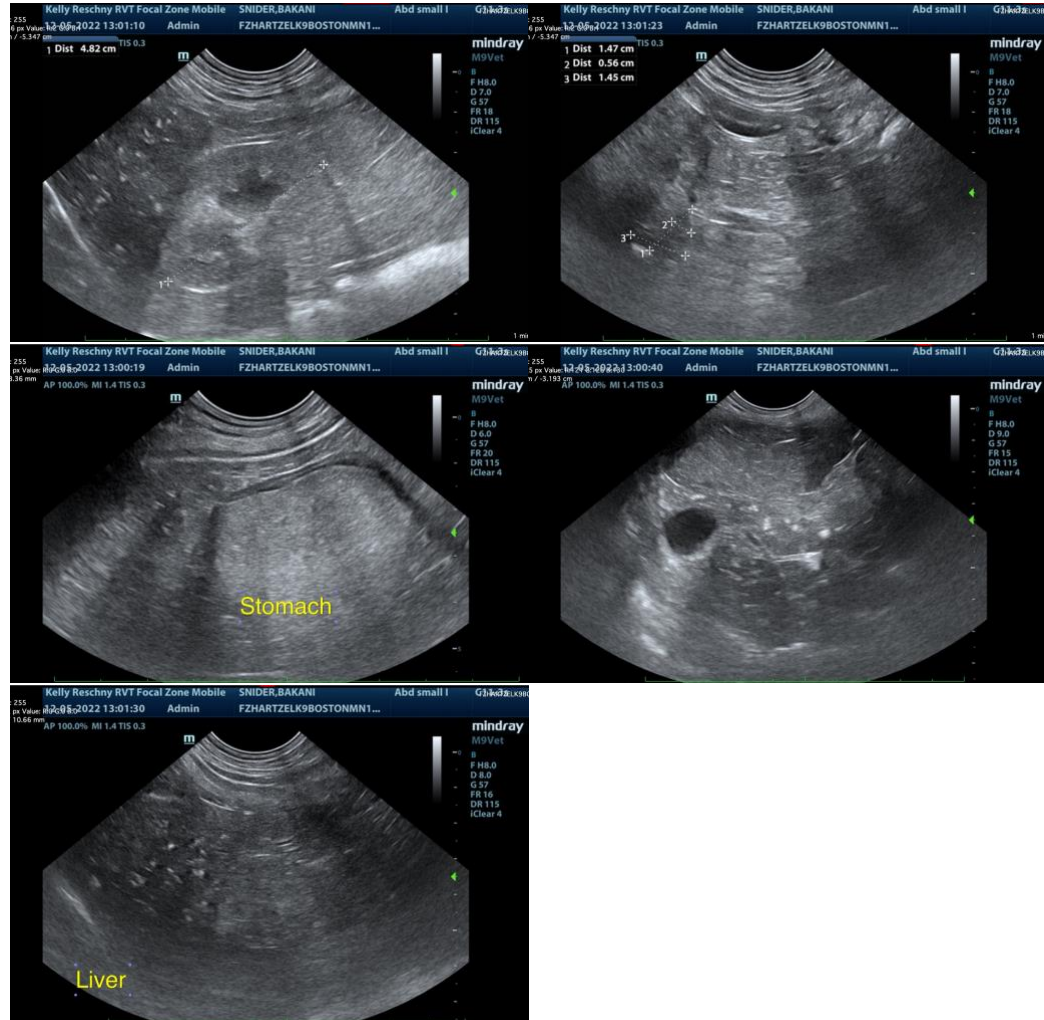
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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