



PATIENT PRESENTING CLINICAL SIGNS

Toro Collucci Patient presents for elevated ALT. Current meds: Biomax 100mg tabs, Denosyl 90 mgs.
Abnormal PE/Chem/CBC/UA Results: ALT 595.

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered male

AGE

20 months

WEIGHT

16 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

96108

DATE

2/16/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Left kidney is normal in size (3.79 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 (2.89 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (1.29 cm long x 0.37 cm at cranial pole and 0.31 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (1.29 cm x 0.54 cm at cranial pole and 0.47 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. The portal vein to vena cava to aorta ratio was normal. 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.

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty, yet 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.



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

Toro Collucci

Pancreas

SPECIES

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

Canine

BREED

Free Abdomen

Maltipoo

Lymph nodes are normal with no observed enlargement.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Unremarkable abdomen.

AGE

It is highly unlikely that this patient has an extrahepatic or portosystemic shunt given the lack of urinary bladder debris, normal sized kidneys and a normal portal vein size.

20 months

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

16 lbs

Although a portosystemic shunt is very unlikely based on these images bile acids are recommended to further assess hepatic function and investigate other potential causes of increased ALT. Testing for Leptospirosis can be considered as well as empirical deworming with a 5 day course of Panacur given the patient's young age. Other empirical therapies pending those results could include a course of broad spectrum antibiotics and Denamarin with monitoring of ALT for improvement.

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ALT - Alanine Aminotransferase (ALT) - ALT is more liver specific than other enzymes. It is a good indicator of active liver damage (cell membrane disruption, cellular necrosis) if the value is increased by at least 3-4 times normal. Differentials include infectious disease, including Leptospirosis, inflammatory disease (ie. active hepatitis, copper, other), toxic insult as well as infiltrative neoplasia.

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ALT levels vary in cases of vascular anomalies such as microvascular dysplasia and portosystemic shunts (PSS), but are often less significantly increased.

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Non primary hepatic causes of increased ALT can include a variety of other metabolic conditions including, but not limited to, pancreatitis, gastroenteritis, parasitic disease, dental disease, vacuolar or endocrine hepatopathy from diabetes mellitus or hyperadrenocorticism (steroid-induced), hypoadrenocorticism, certain drugs (e.g. phenobarbital, corticosteroids, azathioprine, etc.), and muscle ALT (more likely if AST and CK concurrently increased).

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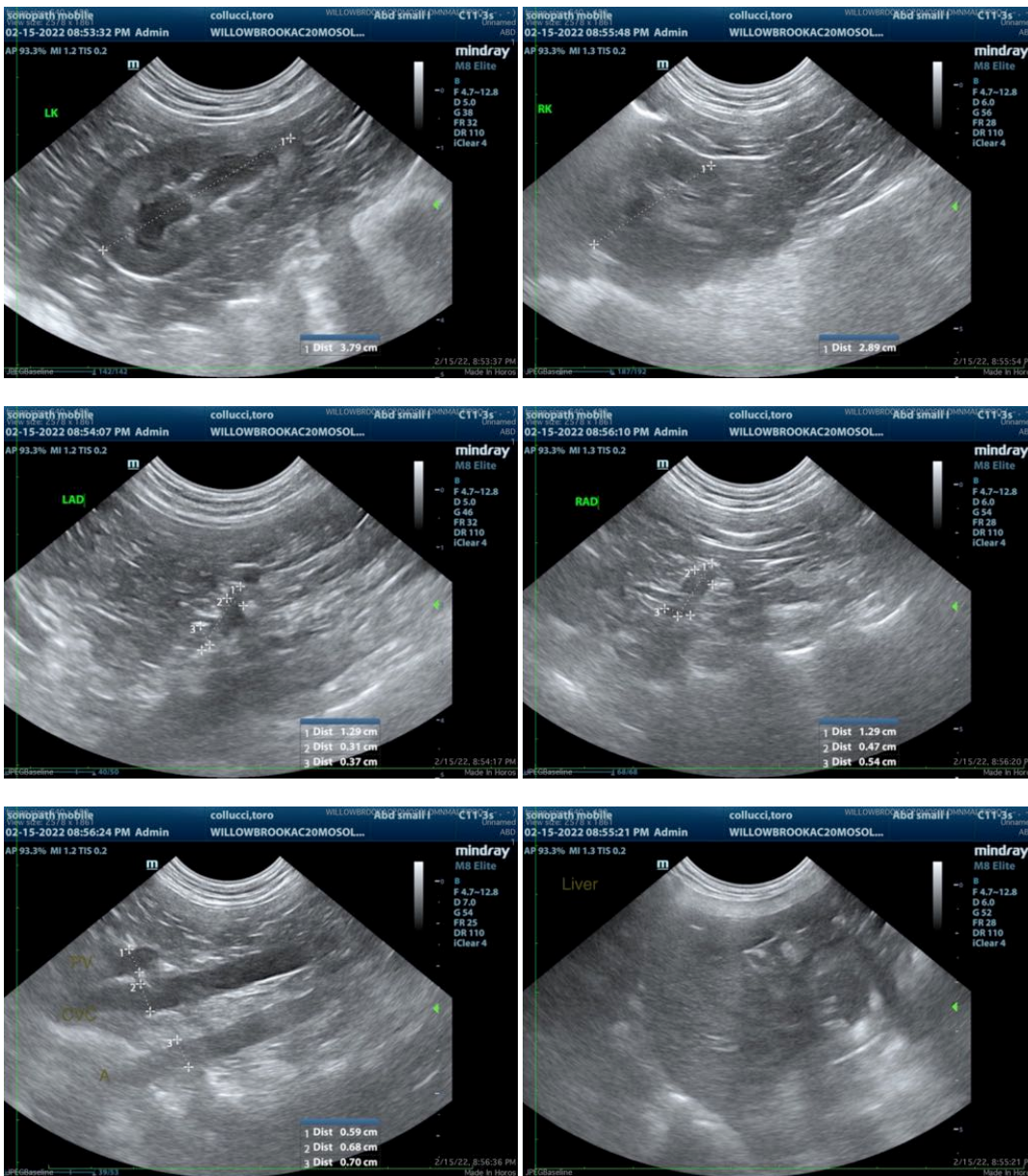
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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