



PATIENT	PRESENTING CLINICAL SIGNS
Dexter Byrne	Not eating, vomiting food and water, lethargic. No current meds. Abnormal PE/Chem/CBC/UA Results: Mild elevations of ALT/AST
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.5 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Jack Russell Terrier	The prostate is mildly enlarged. The parenchyma is diffusely homogeneous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. The testicles are examined with no significant findings.
SEX	The right kidney is normal in size (4.19 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. There is a 1.0 cm cortical cyst on the left caudal pole.
Intact Male	The left kidney is normal in size (4.62 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.
AGE	Adrenal Glands
13 Years	One of the adrenal glands appears normal (I believe it is the left), measuring 1.85 cm x 0.47 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland is not able to be visualized.
WEIGHT	Spleen
Not Given	The 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.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
IMAGING PERFORMED BY	Gastrointestinal
Shari Reffi, CVT	GB is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.
HOSPITAL NAME	Stomach
Animal Mansion	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.
REFERRING VET	Small Intestines
Dr. Parker	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
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PATIENT

Dexter Byrne

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.

SPECIES

Canine

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Jack Russell Terrier

Free Abdomen

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

SEX

Intact Male

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

WEIGHT

Not Given

- Incidental left renal cortical cyst
- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

- Normal prostate for intact dog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Animal Mansion

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

REFERRING VET

Dr. Parker

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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Given the urinary bladder changes, recommendations include a urinalysis and urine culture if indicated based on urinalysis results. Testing for Leptospirosis is indicated, given the increased ALT. Empirical therapies could include supportive care with antiemetics, gastroprotectants +/- appetite stimulants if necessary, as well as fluid therapy, broad-spectrum antibiotics, denamarin, and ursodiol (once the patient's appetite has improved) due to the gallbladder debris, with monitoring of liver enzymes for improvement.

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SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Intact Male

AGE

13 Years

WEIGHT

Not Given

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

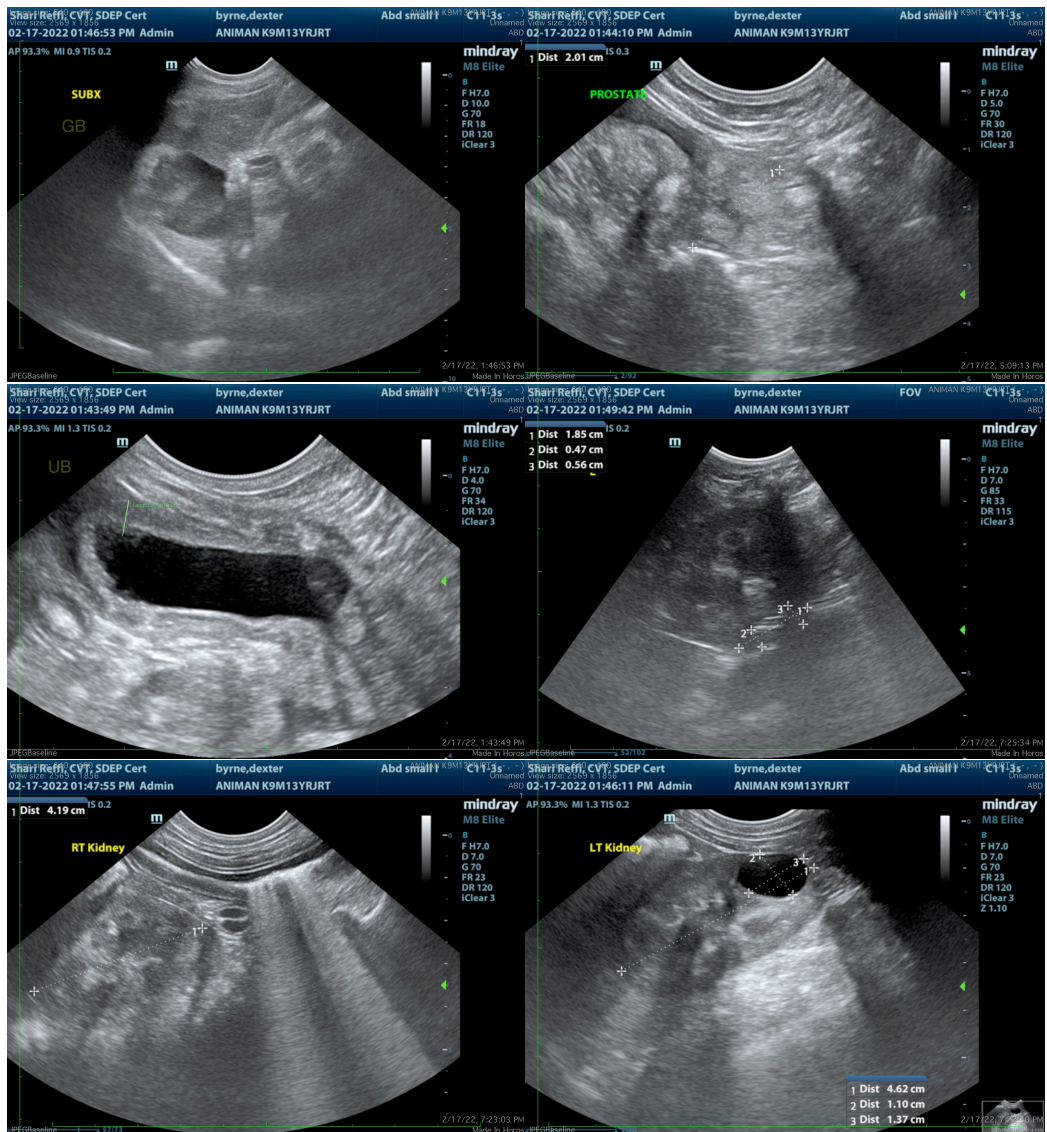
Dr. Parker

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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
Beth.Johnson@sonopath.com