



PATIENT

Caleigh Hitz

SPECIES

Canine

BREED

American Pit Bull
Terrier X

SEX

Spayed Female

AGE

3 Years

WEIGHT

67 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

45580

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History of elevated ALT noted on annual wellness labs last August (270 with normal range 12-118) 30 day round of antibiotics and some liver support supplement sent since Caleigh has no history of clinical signs we have been following the liver enzymes since- came almost down to normal after round of antibiotics, but has since elevated again and more than initially

Abnormal PE/Chem/CBC/UA Results: ALT 8/2022- 270 ALT 10/2022- 168 ALT 11/2022 - 142 ALT 2/2023 - 459, now ALKP elevated some at 183 (normal range 5-131) dog has some periodontal disease affecting upper fourth premolars, but nothing overtly infected no other clinical signs or meds radiographs taken of the abdomen 2/28/2023 - possibly some mild splenic enlargement - when compared to previous rads it was the same and suspected to be related to sedation - liver normal size and no other abnormalities detected in the abdomen we are going to pursue a dental cleaning, but wanted to be sure nothing overt going on with ultrasound review before general anesthesia pursued.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's scan appears relatively normal with no focal lesions visualized. Unfortunately, there are many causes for an elevation in ALT that cannot be diagnosed by ultrasound alone. Consider a liver function test. If bile acids are elevated, I would consider a biopsy of the liver. This is a young dog, so congenital issues such as a liver shunt would be possible (but very unlikely). No shunting vessels visualized on today's exam and the liver appears adequate in size, but a contrast CT scan could be necessary to identify a small shunt not visualized on today's exam. Additionally, you could considered screening for Leptospirosis, although this seems less likely with the chronic nature of the issue.

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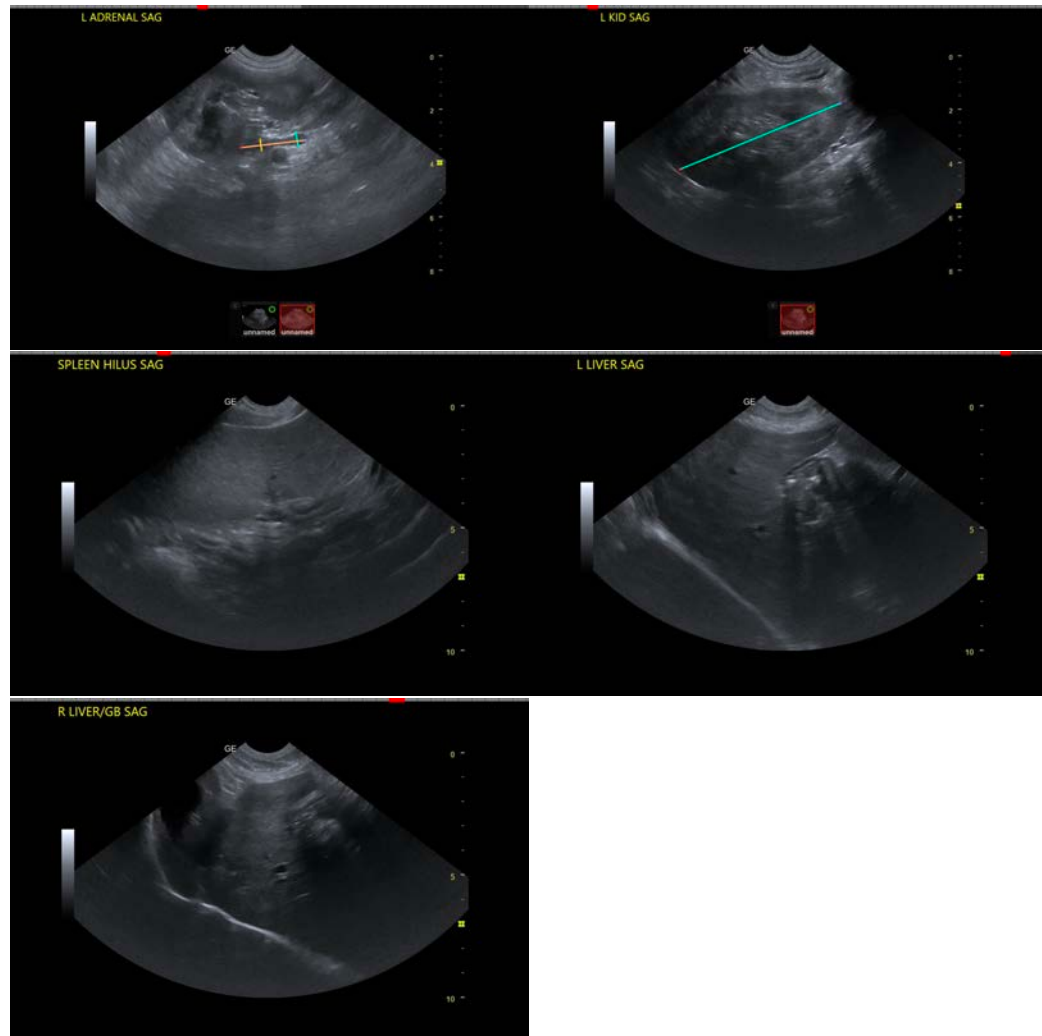
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com