

**DATE PRESENTING CLINICAL SIGNS**

4/21/22

Elevated LE - AST started with minor elevation in Sept. 2021, Had a TPLO surgery and was on Carprofen and AST elevated to 700 range

PATIENT

added in Denamarin advanced- and saw some improvement with AST but ALT, ALP are also now elevated. Patient has been off of NSAID for over 2 months clinically doing well and PE appeared well

Dora Renko

SPECIES

Current Medications: Gabapentin and Trazodone day of US.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Canine

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

French Bulldog

Urinary System

The urinary bladder is moderately 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

Spayed Female

The right kidney is normal in size (4.35 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

6/15/16

The left kidney is normal in size (4.68 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.

WEIGHT

20.6 Pounds

Adrenal Glands**INTERPRETED BY**

The right adrenal gland is normal in size (1.94 cm long x 0.50 cm at the cranial pole and 0.45 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (1.9 cm long x 0.55 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BYStephanie Pearce
RDMS, RVT**Spleen**

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.

HOSPITAL NAME

Noah's Ark Veterinary

Liver

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.

REFERRING VETDr.
Martinez/Hernandez**INVOICE**

37072

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

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. The pylorus is prominent and mildly thick with no evidence of gastric distention or obstruction.

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 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.

Pancreas

The left pancreas is prominent in size with a slightly coarse texture and hypoechoic to surrounding tissue. Surrounding fat and mesentery is hyperechoic. No free fluid is present. No evidence of pancreatic duct dilation.

Other

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

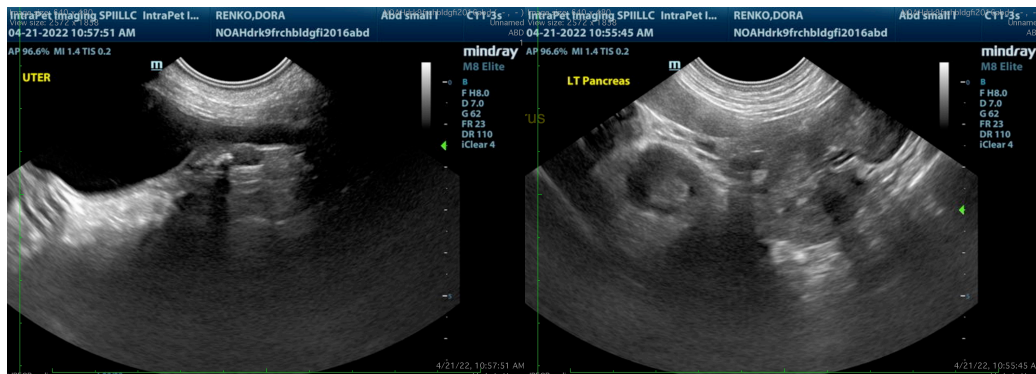
The uterine stump is visible and contains echogenic density consistent with possible suture material of unknown and likely irrelevant clinical significance.

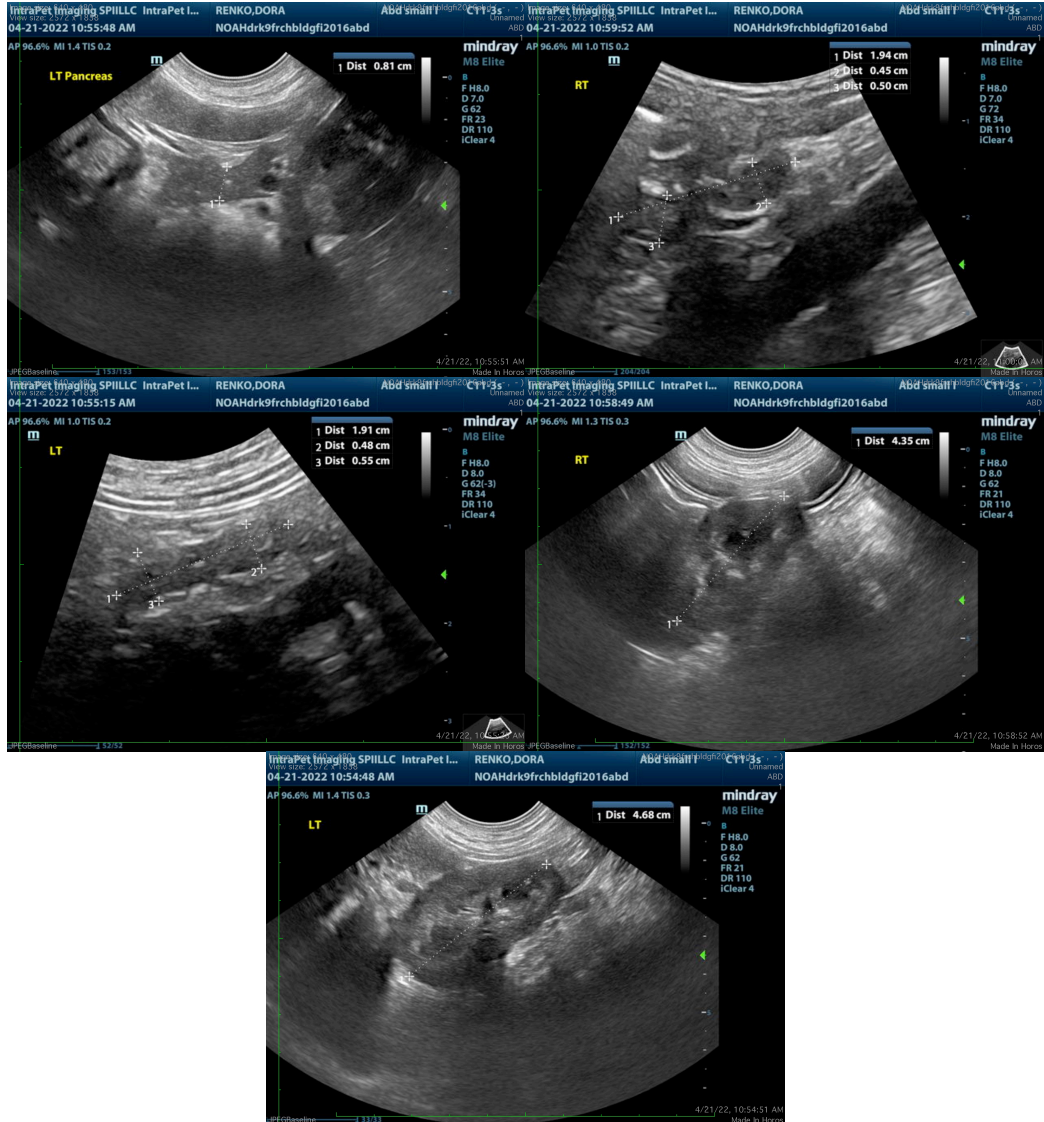
ULTRASONOGRAPHIC FINDINGS

- Mild acute or acute on chronic smoldering pancreatitis
- Mildly prominent, thick pylorus – rule out normal patient variant versus secondary to mild pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported liver enzyme elevations and the ultrasound findings consistent with possible pancreatitis, recommendations include a gastrointestinal malabsorption panel to assess TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further investigation of the GI tract and pancreas. Testing for Leptospirosis could also be considered. In the meantime, transition to a low-fat diet and empirical antibiotics with monitoring of liver enzymes for improvement could be considered.





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.

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