

**DATE PRESENTING CLINICAL SIGNS**

4/21/22 Patient presented on 4-15-22, had a seizure lasting 10 minutes. Two previously 9-8-22 and one between that and most recent. History of heart murmur-Grade III/VI left systolic- Patient will be going to specialist to have an MRI performed.

**PATIENT**

Reveilly Tiffany

Current Medications: will be on Gabapentin and Trazodone the day of US.

Lab Results: CBC: LO- decreased. CHEM: ALT mild elevation- Hepatic vs. Muscle Injury vs. Endocrine

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

**BREED**German Shorthair  
Pointer**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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**

Neutered Male

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

**AGE**

10/18/14

The right kidney is normal in size (5.58 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**

77 Pounds

The left kidney is normal in size (6.24 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.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (2.2 cm long x 0.72 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**Stephanie Pearce  
RDCS, RVT

The left adrenal gland is normal in size (2.6 cm long x 0.64 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Noah's Ark Veterinary

**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.

**REFERRING VET**Dr. Martinez-  
Hernandez**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.

**INVOICE**

37075

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. Pyloric outflow tract appears patent.

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 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.

### ***Free Abdomen***

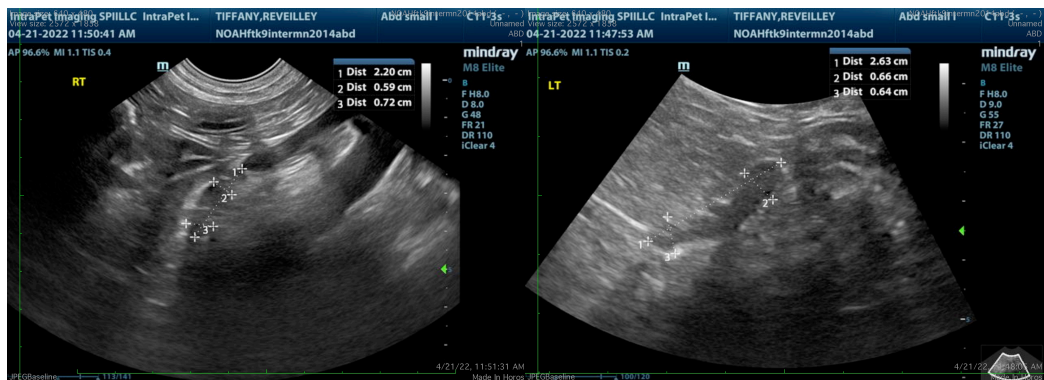
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

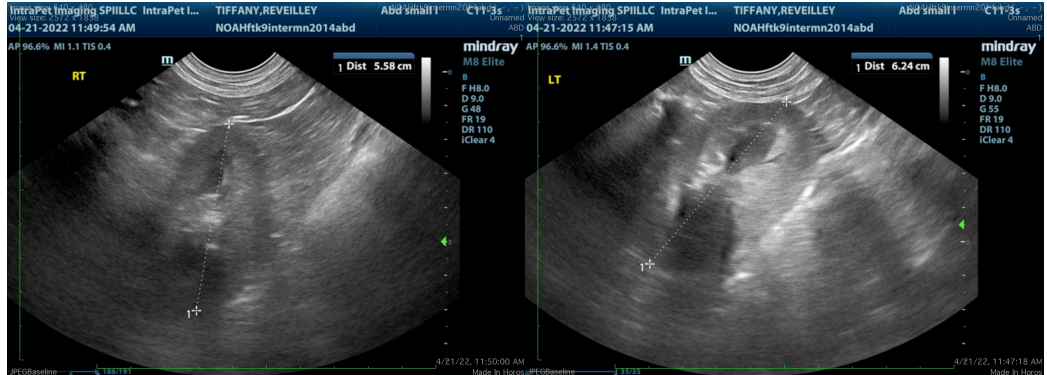
## **ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If this patient's ALT was increased at the time of or around the time of a seizure, recommendations would include rechecking liver enzymes when the patient has not had a seizure, as seizures can result in increased ALT. If an increased ALT persists, recommendations would include testing for Leptospirosis as well as bile acids to further assess liver function, given the history of seizures.





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