

PATIENT PRESENTING CLINICAL SIGNS

Alligator Moore Elevated liver values on BW - no other symptoms large mass on hind limb - unrelated.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: elevated liver values Current Medications gabapentin, trazadone, carprofen Radiographic Findings emailing x-rays.

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

11 yrs

The right kidney is normal in size (7.24 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.

WEIGHT

63 lbs

The left kidney is normal in size (6.72 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.

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (cranial 0.88 cm, caudal 0.98 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

Sara Hansen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

HOSPITAL NAME

West Salem AC

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 VET

Dr. Crane

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.

INVOICE

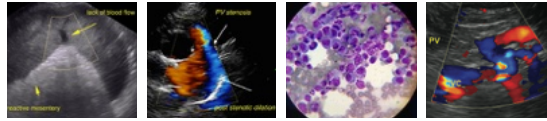
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Gastrointestinal

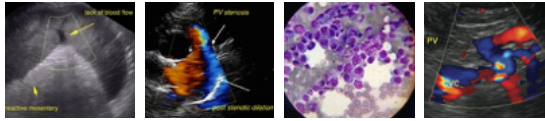
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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.



PATIENT	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 or foreign material.
Alligator Moore	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Mixed	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.
SEX	Free Abdomen
Spayed Female	There is no evidence of free peritoneal effusion noted in these images.
AGE	There is no apparent lymphadenopathy noted in these images.
11 yrs	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
63 lbs	<ul style="list-style-type: none"> Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease, or metastatic disease cannot be ruled out, but are considered less likely. An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Recommendations include an “antigen search” for sources of reactive hepatopathy (including testing for Leptospirosis), followed by a course of empirical antibiotics and hepatic nutraceuticals, with monitoring of ALT for improvement. If improvement is noted, antibiotics should be continued until liver enzymes either normalize or plateau (recheck every 2-3 weeks); however, if improvement is not noted and/or enzyme increase progresses, antibiotics should not be continued long-term and sampling, beginning with an FNA of the liver if patient’s coagulation status is appropriate or progressing to a liver biopsy (including copper level assessment) may ultimately be warranted.
IMAGING PERFORMED BY	
Sara Hansen	
HOSPITAL NAME	
West Salem AC	
REFERRING VET	
Dr. Crane	
INVOICE	Differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.
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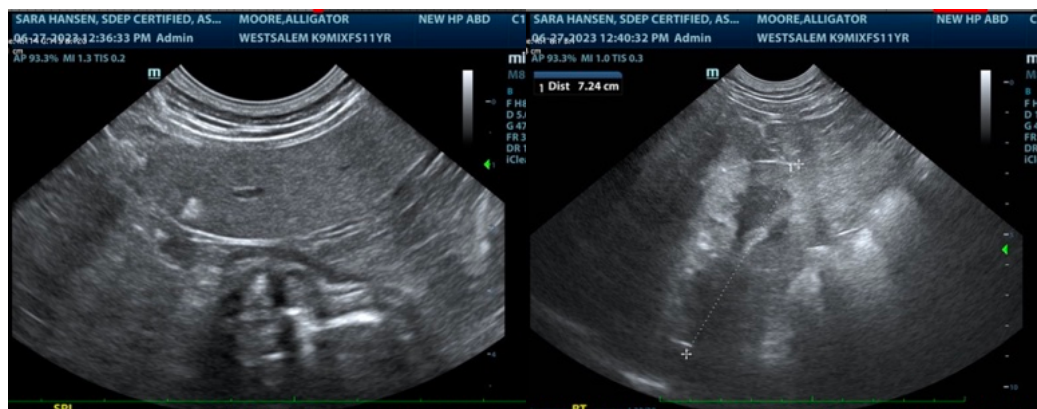
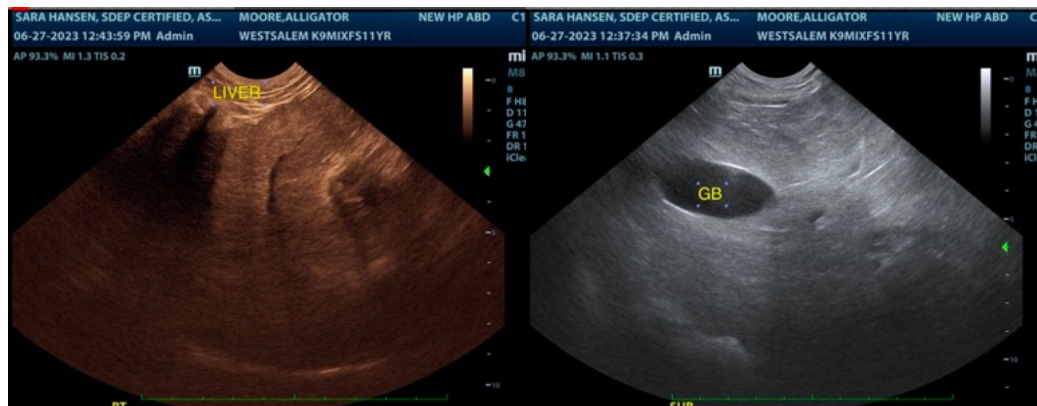
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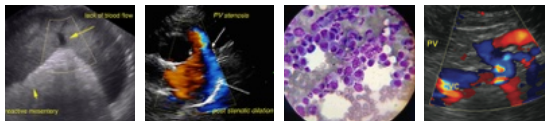
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There is no ultrasonographic evidence of cholestasis. Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present. Ursodiol could be considered if gallbladder sludge is noted. A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.





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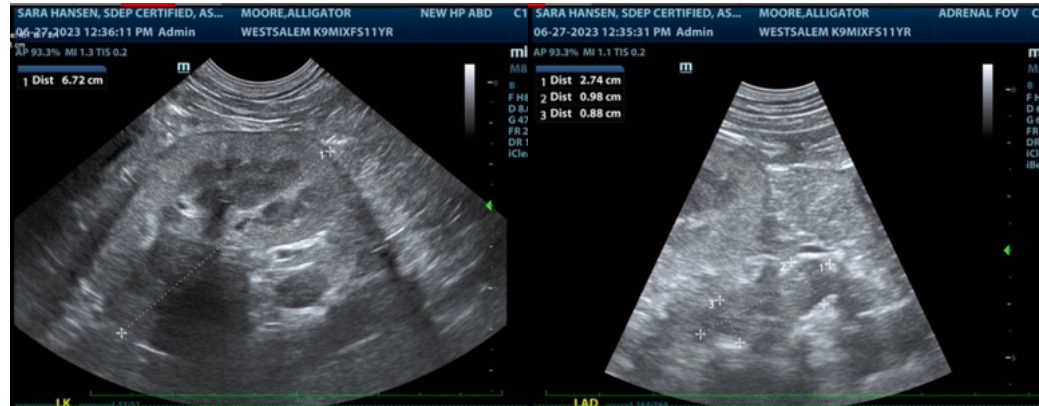
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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