



PATIENT	PRESENTING CLINICAL SIGNS
Treasure Riveron	History: Elevated liver values. No clinical signs. Abnormal PE/Chem/CBC/UA Results: ALT = 204 U/L; ALP = 752 U/L Rest is normal
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
BREED	
Chihuahua Mix	
SEX	Left kidney is normal in size (4.20 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. A hyperechoic band parallel to the corticomedullary border is present.
Spayed Female	
AGE	Right kidney is normal in size (4.20 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. A hyperechoic band parallel to the corticomedullary border is present.
10 years	
WEIGHT	Adrenal Glands Left adrenal gland is normal in size (0.32 cm at cranial pole / 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
12.2 lbs	
INTERPRETED BY	Right adrenal gland is normal in size (0.50 cm at cranial pole / 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen 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.
IMAGING PERFORMED BY	Liver Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Carlos Abdul-Chani	
HOSPITAL NAME	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.
Byram AH	
REFERRING VET	Gastrointestinal The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Carlos Abdul-Chani	
INVOICE	The visible small intestines are normal in wall thickness and layering. 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.
13534	
DATE	
6.30.23	



PATIENT The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Treasure Riveron

Pancreas

SPECIES

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Canine

Free Abdomen

BREED

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

Chihuahua Mix

ULTRASONOGRAPHIC FINDINGS

Findings

SEX

Spayed Female

- Hyperechoic hepatomegaly - This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.

AGE

10 years

- Subtle bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.

WEIGHT

12.2 lbs

- Urinary bladder debris

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the concurrent subtle kidney changes, testing for Leptospirosis is recommended (if not recently evaluated).

IMAGING PERFORMED BY

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, a urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

Otherwise, 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.

REFERRING VET

Carlos Abdul-Chani

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.

INVOICE

13534

DATE

6.30.23



PATIENT

Treasure Riveron

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

12.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

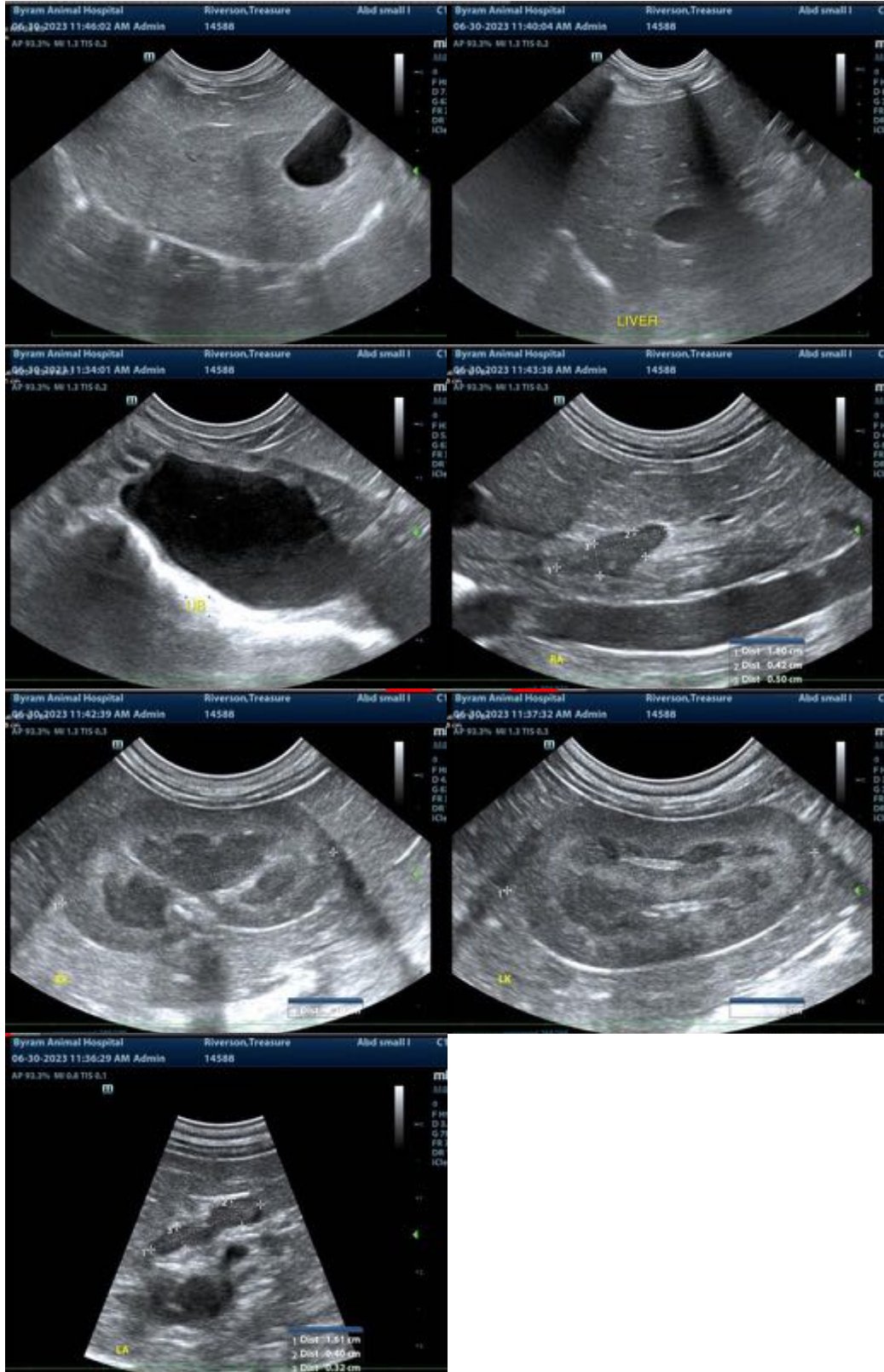
Carlos Abdul-Chani

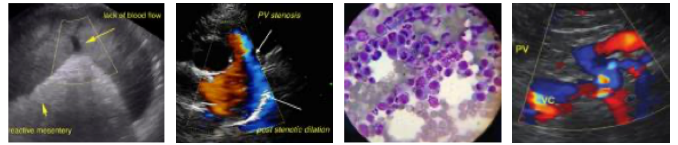
INVOICE

13534

DATE

6.30.23





PATIENT

Treasure Riveron

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

SPECIES

Canine

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.

BREED

Chihuahua Mix

Beth Johnson, DVM DACVIM
info@SonoPath.com

SEX

Spayed Female

AGE

10 years

WEIGHT

12.2 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Carlos Abdul-Chani

INVOICE

13534

DATE

6.30.23