

## PATIENT

Maurice Gleason

## PRESENTING CLINICAL SIGNS

## SPECIES

Chronic ALT, ALP elevation. Pet is asymptomatic-

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

### Urinary System

GSH

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

The right kidney is normal in size (6.61 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

10 Years 7 Months

The left kidney is normal in size (7.19 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

75 Pounds

### Adrenal Glands

The right adrenal gland is normal in size (0.90 cm at the cranial pole and 0.75 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

The left adrenal gland is normal in size (0.89 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### 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.

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### 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. A 0.8 cm hypoechoic nodule is seen in the middle of the liver. Visible vasculature and biliary tree appear normal without distension or congestion.

## REFERRING VET

Dr. Sarah Kalivoda

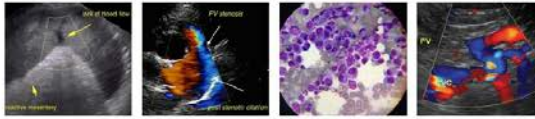
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

## INVOICE

39961

## DATE

7/28/22



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### **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.

## SPECIES

Canine

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.

## BREED

GSH

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

## SEX

### **Pancreas**

Neutered Male

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.

## AGE

### **Free Abdomen**

10 Years 7 Months

There is no evidence of free peritoneal effusion noted in these images.

The sublumbar, mesenteric, and possible pancreaticoduodenal lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

## WEIGHT

75 Pounds

## ULTRASONOGRAPHIC FINDINGS

## INTERPRETED BY

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- **Liver nodule** – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.
- **Reactive mesenteric and sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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.

## REFERRING VET

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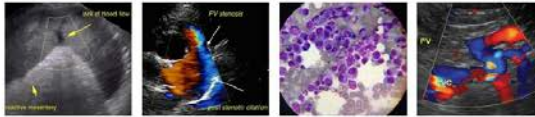
Therefore, recommendations include an “antigen search” for sources of reactive hepatopathy (including testing for Leptospirosis), followed by a course of empirical antibiotics and hepatic nutraceuticals, with monitoring of ALT for improvement. If improvement is not noted and/or enzyme increase progresses, a liver biopsy may be warranted. A fine needle aspirate of the liver or a liver biopsy may be warranted, if patient’s coagulation status is appropriate.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Maurice Gleason

**SPECIES**

Canine

**BREED**

GSH

**SEX**

Neutered Male

**AGE**

10 Years 7 Months

**WEIGHT**

75 Pounds

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**IMAGING BY**

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LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

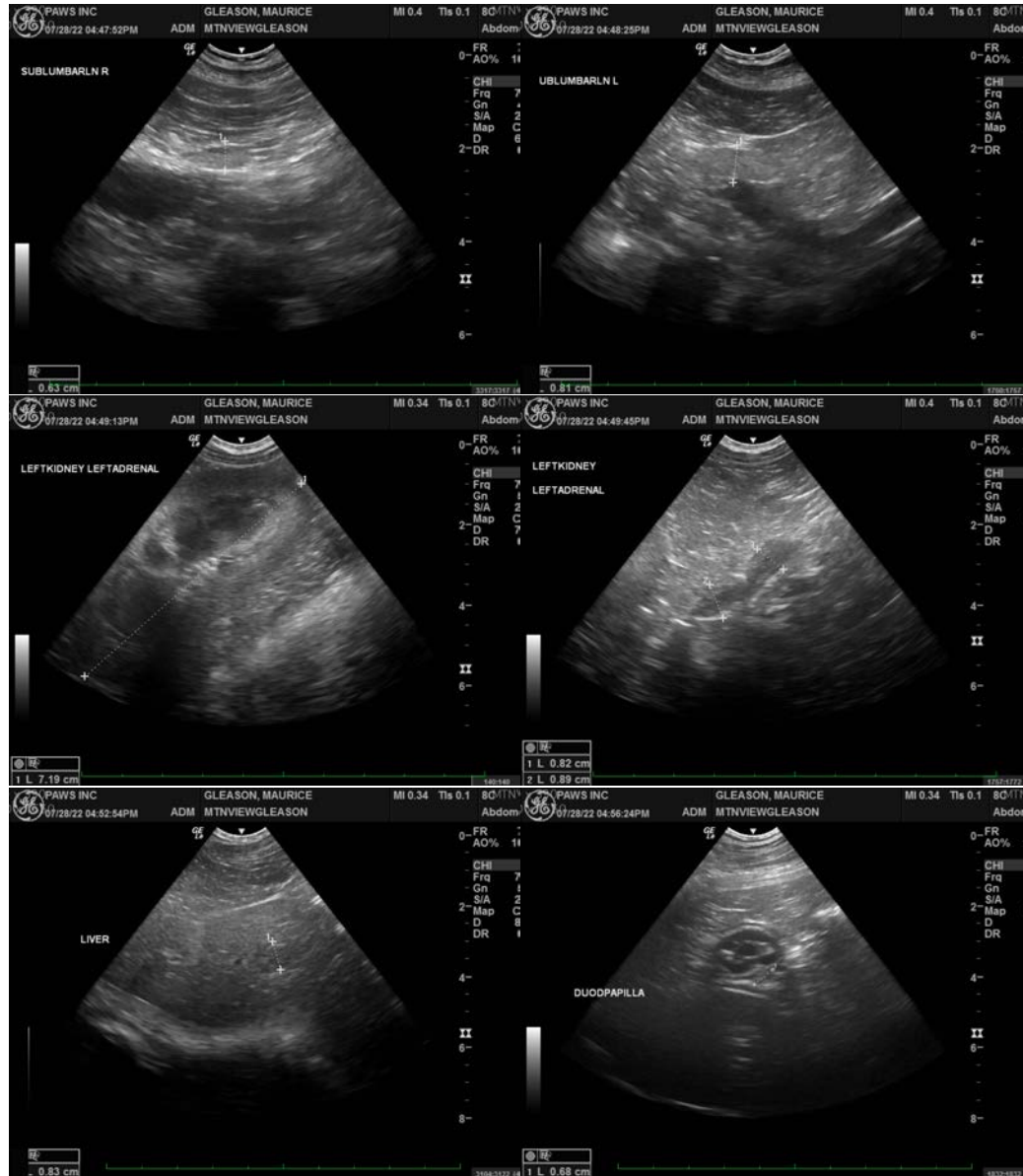
Dr. Sarah Kalivoda

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**SPECIES**

Canine

**BREED**

GSH

**SEX**

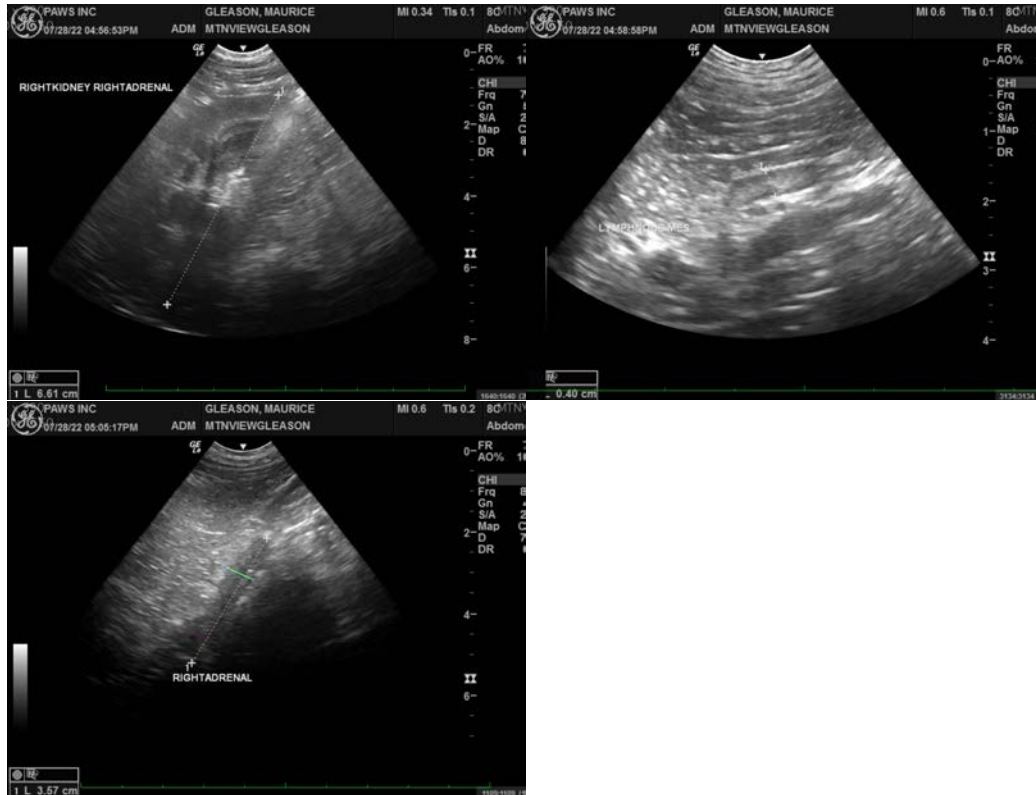
Neutered Male

**AGE**

10 Years 7 Months

**WEIGHT**

75 Pounds



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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.

**IMAGING BY**

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