



**PATIENT PRESENTING CLINICAL SIGNS**

**Tico Lytle** Cancelled surgery & ran Bile Acids test. Dog also has MPL's, collapsing trachea, and open fontanel. US to look for potential shunt.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Recent pre-op labs showed mild elevation of ALT(127). Post prandial elevated @ 32.

**BREED**

Chihuahua X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The prostate and bladder are unable to be well visualized in these images.

**SEX**

Intact Male

The right kidney is normal in size (2.98 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**

1 Year 6 Months

The left kidney is normal in size (2.68 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**

4.2 Pounds

**Adrenal Glands**

The adrenal glands are unable to be well visualized.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

The spleen is unable to be well visualized.

**Liver**

**IMAGING PERFORMED BY**

Dr. Katie Freson

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. Normal 1:1 portal vein to caudal vena cava ratio, making a portosystemic shunt highly unlikely.

**HOSPITAL NAME**

Kings Vet Hospital

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.

**REFERRING VET**

Dr. Katie Freson

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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 full GI tract is unable to be examined.



**PATIENT** *Pancreas*

Tico Lytle 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.

**SPECIES**

Canine *Free Abdomen*

**BREED**

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

Chihuahua X

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Relatively unremarkable/normal abdomen without any visible evidence or concern for portosystemic shunting.

Intact Male

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1 Year 6 Months

The reportedly mildly increased total bilirubin is more consistent with a non-hepatobiliary cause. Having said that, 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, bile acids could be rechecked. Antibiotics should not be continued long-term and sampling, beginning with a 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.

**WEIGHT**

4.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Katie Freson

**HOSPITAL NAME**

Kings Vet Hospital

**REFERRING VET**

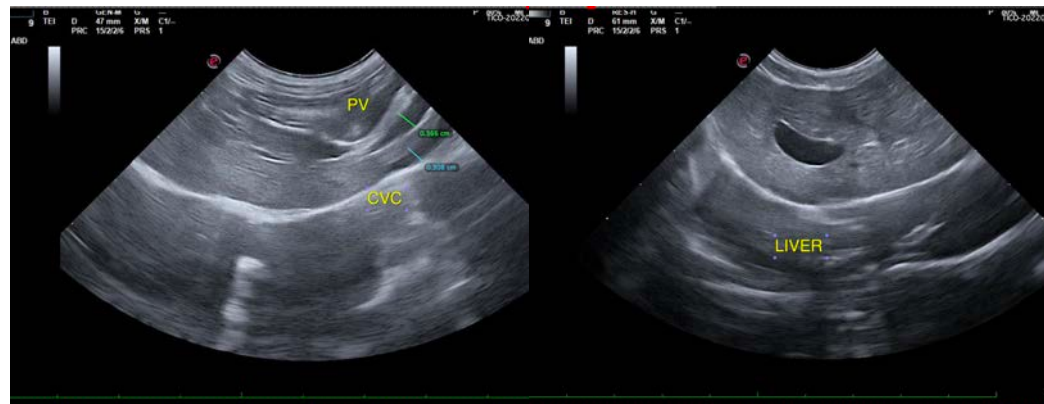
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**PATIENT**

Tico Lytle

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Intact Male

**AGE**

1 Year 6 Months

**WEIGHT**

4.2 Pounds

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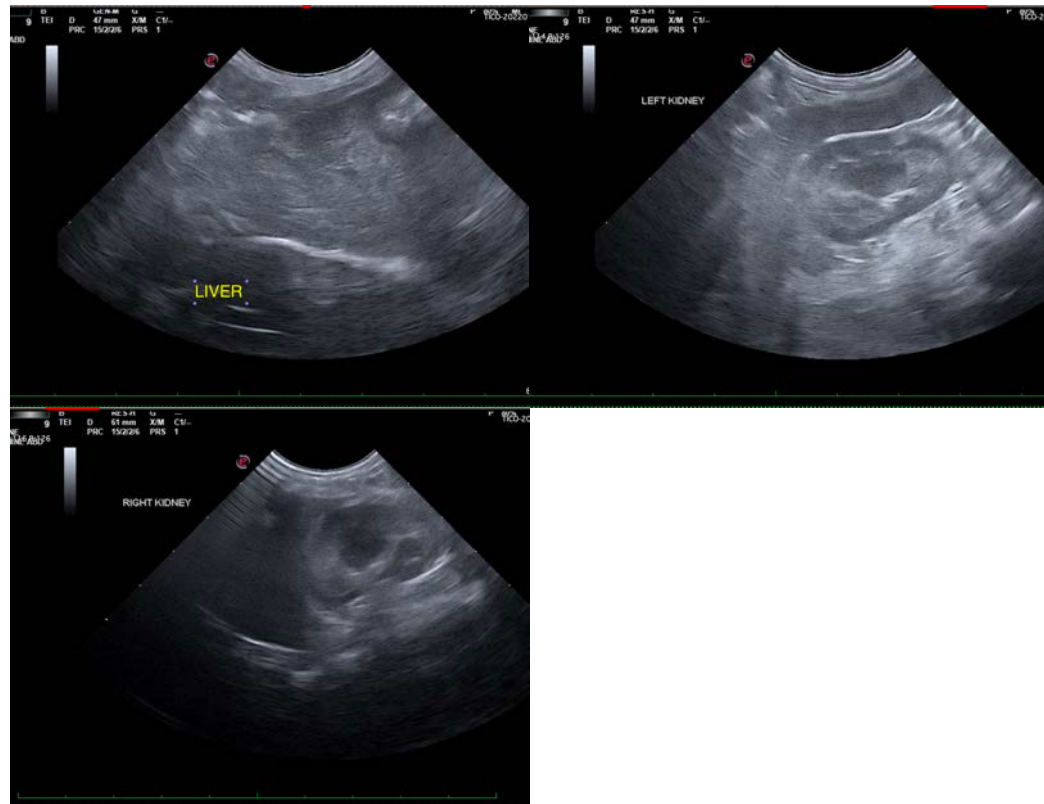
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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