

PATIENT PRESENTING CLINICAL SIGNS

Atlas Jarvis PE - NAF, no vomiting, diarrhea, coughing or sneezing. Elevated liver enzymes found on pre-anesthetic bloodwork. Has been started on Aventix Liver Complete.

SPECIES

Canine

BREED

American Bulldog X

Abnormal PE/Chem/CBC/UA Results: ALT 863(10-125). Ran bloodwork for neuter and found elevated ALP and ALT. Canceled neuter and sent home with Clavaseptin for 14 days and Aventix Liver Complete for 14 days. Recheck bloodwork showed ALT still high. Continued treatment for 4 more weeks and recheck and ALT still high. Owner opted for Ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Intact Male

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.

AGE

2 Years

Prostate is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

WEIGHT

41.2 kg

The right kidney is normal in size (7.2 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

The left kidney is normal in size (7.21 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

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.6 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measures 0.35 cm at the cranial pole and 0.42 cm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

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. Nazarali

Liver

The liver is subjectively mildly decreased 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.

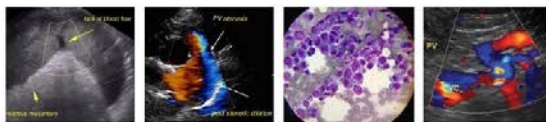
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DATE

8/22/23

The gallbladder is unable to be well visualized in these images.



PATIENT

Atlas Jarvis

**This study, especially the cranial abdomen, was reportedly partially inhibited based on patient temperament and lack of sedation.

SPECIES

Canine

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.

BREED

American Bulldog X

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.

SEX

Intact Male

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

AGE

2 Years

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.

WEIGHT

41.2 kg

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

Both testicles are visualized without evident testicular pathology.

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ULTRASONOGRAPHIC FINDINGS

- Mild microhepatica is suspected to rule out normal patient variant versus vascular anomaly versus end stage liver disease.
- Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Nazarali

Bile acid testing is recommended if patient's total bilirubin is normal. If bile acids are significantly increased and suggestive of a vascular anomaly, recheck sedated imaging with power doppler of the portal hilus and/or advanced imaging such as an abdominal contrast CT scan could be considered for further evaluation of possible vascular anomaly.

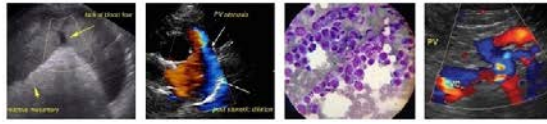
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Pending results, testing for Leptospirosis is recommended. An empirical course of antibiotics and hepatic nutraceuticals may be tried empirically; however, ultimately, tissue sampling is likely warranted. FNA of the liver can be performed to assess inflammatory cell type, rule in/out round cell neoplasia, etc. If round cell neoplasia is not diagnosed, a liver biopsy (including copper level assessment) may be required to definitively diagnose the underlying hepatopathy.

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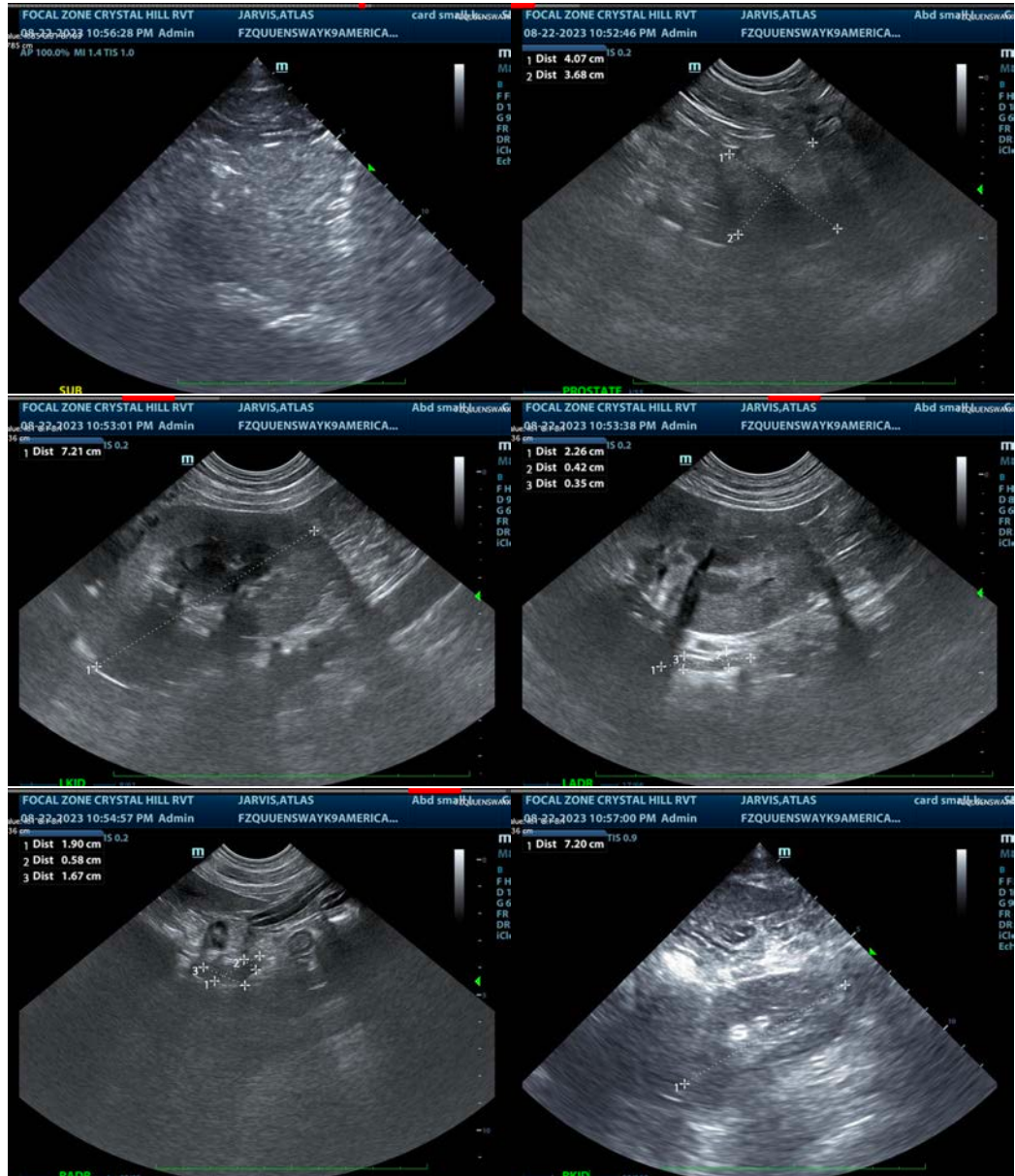
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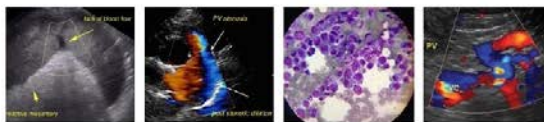
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Additionally, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.





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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.

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