



PATIENT

Gabby Grodski

PRESENTING CLINICAL SIGNS

Elevated TP and globulin, ALT, ALP. AUS recommended +/- bile acids pre and post. No current meds

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TP 7.7 (7.5 H); GLOB 4.3 (4 H); ALT 455 (121 H); ALP 200 (160 H); AMY 335 (1469 H) USG 1.0147, PH >= 9; PROT 2+, 2+ Ammonium ma phosphate 6-20/hpf

BREED

Shih Tzu X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

SEX

Spayed Female

The right kidney is normal in size (4.73 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

AGE

10 Years

The left kidney is normal in size (3.97 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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

WEIGHT

17.2 Pounds

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm long x 0.51 cm at the cranial pole and 0.39 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 (1.5 cm long x 0.35 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Shari Reffi, CVT

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). Two less than 1.0 cm discrete, hypoechoic, non-capsule disrupting nodules are noted. Splenic vasculature appears normal.

HOSPITAL NAME

Livingston AH

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. Portal vein to vena cava ratio is measured and is normal at 1:1.

REFERRING VET

Dr. Messina

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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.

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PATIENT	<i>Gastrointestinal</i>
Gabby Grodski	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	
Shih Tzu X	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	<i>Pancreas</i>
Spayed Female	The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There are several cystic areas in the left limb. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
AGE	
10 Years	<i>Free Abdomen</i>
	There is no evidence of free peritoneal effusion noted in these images.
WEIGHT	
17.2 Pounds	There is no apparent lymphadenopathy noted in these images.
INTERPRETED BY	PRIMARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Non-specific hepatopathy – 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. • Pancreatic age-related remodeling with cysts/cystic nodules – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs. The cysts/cystic nodules in the left limb trend toward a benign appearance. Infiltrative neoplasia can't be ruled out but is considered less likely.
IMAGING PERFORMED BY	SECONDARY FINDINGS
Shari Reffi, CVT	<ul style="list-style-type: none"> • Hypo to anechoic splenic nodules – likely represent benign lesions such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out. • Bilateral dystrophic mineralization in the kidneys
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Livingston AH	A urine culture is recommended to rule out an occult urinary tract infection.
REFERRING VET	Testing for Leptospirosis could be considered if not already evaluated, followed by bile acids for further evaluation of liver function (as are reportedly planned), and a fine needle aspirate of the liver if patient's coagulation status is appropriate.
Dr. Messina	A current fine needle aspirate of the pancreas could be considered to rule out or to look for evidence of
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infiltrative neoplasia more definitively. However, the lesions trend toward the benign in appearance, so monitoring is a reasonable approach as well.

SPECIES

Canine

In the meantime, a course of empirical antibiotics and hepatic nutraceuticals could be considered with monitoring of ALT for improvement prior to stopping the antibiotics. If improvement is noted, antibiotics should be continued until values either plateau or normalize. If improvement is not noted, antibiotics should not be continued long-term.

BREED

Shih Tzu X

SEX

Spayed Female

AGE

10 Years

WEIGHT

17.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Livingston AH

REFERRING VET

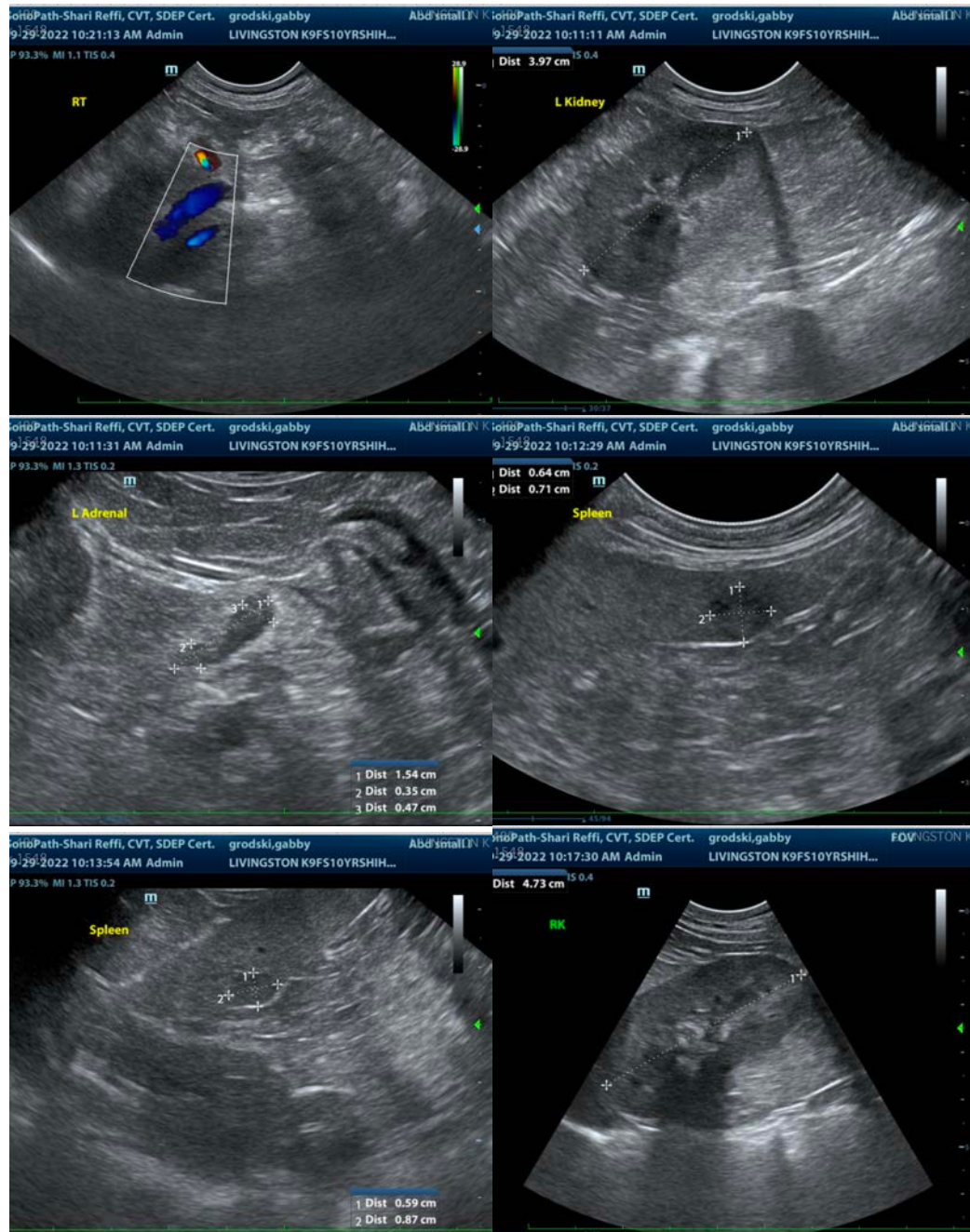
Dr. Messina

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SPECIES

Canine

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Shih Tzu X

SEX

Spayed Female

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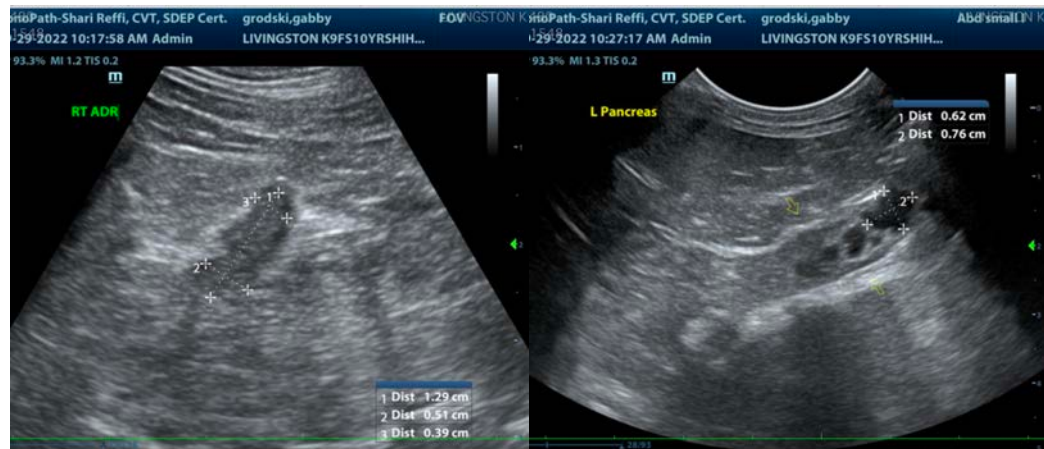
Dr. Messina

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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
Beth.Johnson@sonopath.com