

**PATIENT**

Tallahassee Sletta  
Bythrow

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered male

**AGE**

1 ½ years

**WEIGHT**

15 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Cole

**DATE**

10/4/22

**Invoice**  
39924

**PRESENTING CLINICAL SIGNS**

History: 16mo MN Chi/Terrier x, previous diagnosed with immunemediated CNS disease Current Medications Cyclosporine Primary Question/Differential to Be Answered in This Exam Cause for liver enzyme elevation. ALT 491

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately 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.

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

Left kidney is normal is size (3.81 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.

Right kidney is normal is size (4.48 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**

Left adrenal gland is normal in size (1.37 cm long, 0.28 cm at cranial pole and 0.31 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.39 cm long, 0.9 cm at cranial pole and 0.31 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

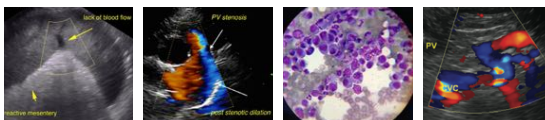
**Spleen**

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.

**Liver**

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.

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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***Gastrointestinal***

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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.

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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.

**BREED**

Chihuahua Mix

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

**SEX**

Neutered male

***Pancreas***

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.

**AGE**

1 ½ years

***Free Abdomen***

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

**WEIGHT**

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There is no apparent lymphadenopathy noted in these images.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

Unremarkable/normal abdomen.

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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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's concurrent neurologic signs, if not recently evaluated bile acids are recommended.

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Given the fact that the patient is immunosuppressed looking for and treating possible secondary infection is recommended in the form of Leptospirosis testing followed by empirical antibiotics, which should be continued until values plateau or normalize or discontinue if the liver enzymes do not change.

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Finally while not common, Cyclosporin can have hepatotoxic effects. Therefore, if possible to reduce the dose and/or transition to alternative therapy that is recommended with monitoring of the ALT improvement or if not hepatic nutraceuticals such as Denamarin in addition to fatty acids, etc are recommended.

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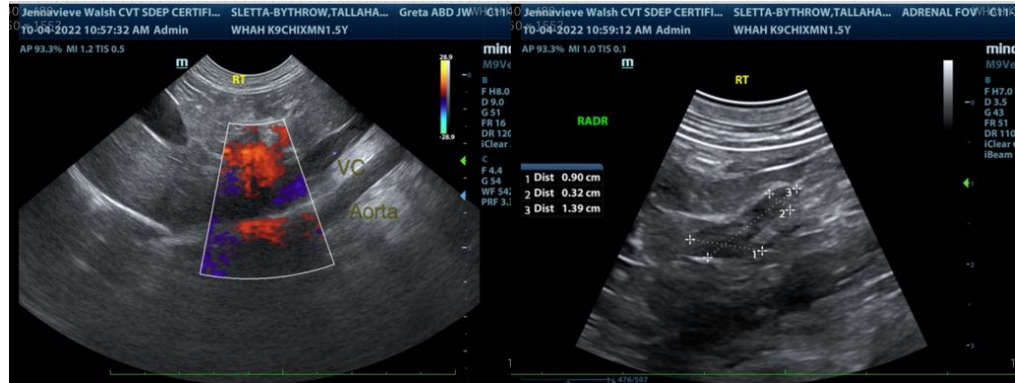
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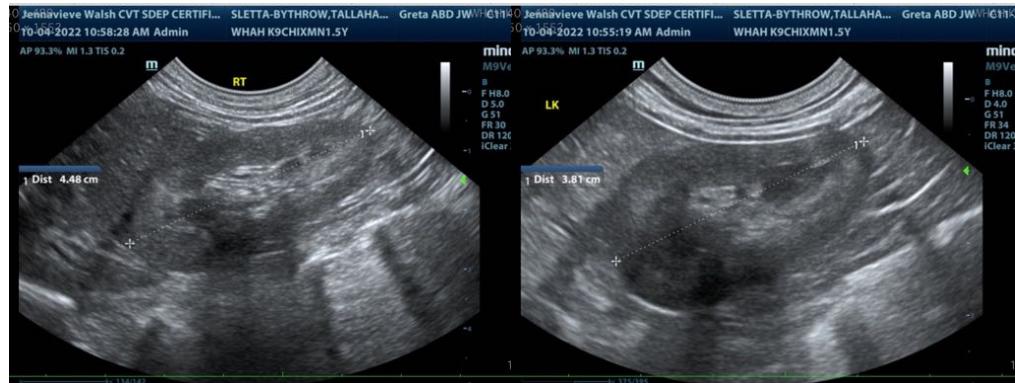
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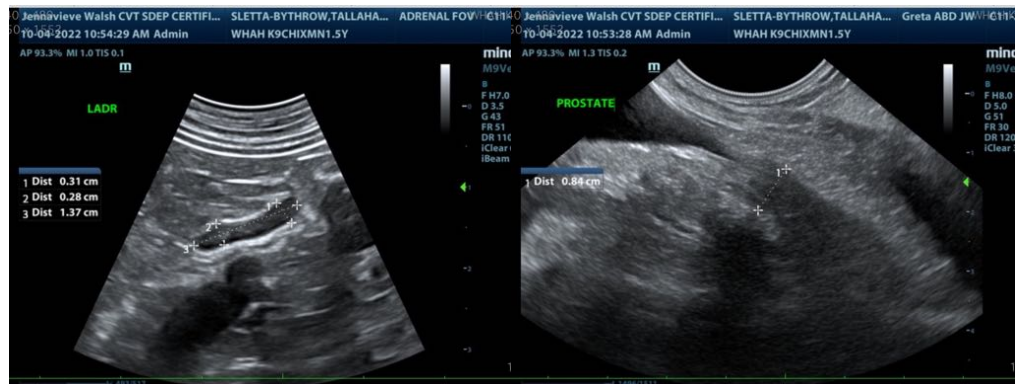
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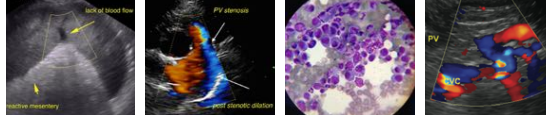
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS**

CEO of SonoPath.com

Eric.Lindquist@SonoPath.com



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