



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Primrose Post	History: Elevated ALT, hx of mild elevation in the past. GI issue a week ago. No current meds.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 181
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Maltese	<b>Urinary System</b>
<b>SEX</b>	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Spayed Female	Left kidney is normal in size (3.05 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
<b>AGE</b>	Right kidney is normal in size (3.02 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
2 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
9.7 lbs	Left adrenal gland is normal in size (1.11 cm long, 0.33 cm at cranial pole and 0.35 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
<b>INTERPRETED BY</b>	Right adrenal gland is normal in size (1.18 cm long, 0.64 cm at cranial pole and 0.4 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Shari Reffi CVT	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Tranquility VC	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. The portal vein to caudal vena cava had a 1:1 ratio. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
<b>REFERRING VET</b>	
Dr. Christensen	
<b>INVOICE</b>	<b>Gastrointestinal</b>
30898	The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is mildly fluid and chyme distended. There is no evidence of obstruction.
<b>DATE</b>	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
6/7/22	



**PATIENT** Colon is normal in wall thickness (< 0.2 cm) and layering.

Primrose Post

**Pancreas**

**SPECIES**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Canine

**BREED**

**Free Abdomen**

Maltese

No free fluid or lymphadenopathy is appreciated in this images including no pericardial effusion.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

**Primary Findings**

**AGE**

Mildly fluid distended stomach. Rule out normal variant versus post prandial versus mild gastritis.

2 years

Otherwise, unremarkable abdomen with no visible evidence of an extrahepatic portosystemic shunt. Portal vein to caudal vena cava had a 1:1 ratio.

**WEIGHT**

9.7 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

1. Bile acids are recommended to further assess liver function if not recently evaluated. There is no evidence in this study of a PSS, but if bile acids are increased, especially > 100, a follow-up abdominal CT scan could be evaluated to definitively rule out a shunt.
2. Urinalysis is also recommended if not recently evaluated.
3. In the meantime, recommendations include empirical deworming with a 5 day course of Panacur, testing for Leptospirosis and an antibiotic trial to eliminate possible antigenic stimulation in the liver causing a mildly increased ALT. If the ALT does not improve and it progresses a surgical biopsy may ultimately be warranted.

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

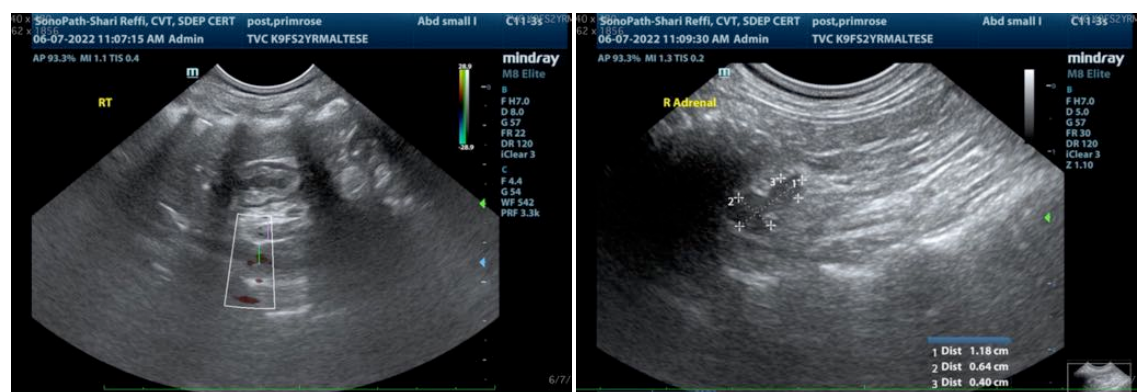
Dr. Christensen

**INVOICE**

30898

**DATE**

6/7/22





**PATIENT**

Primrose Post

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

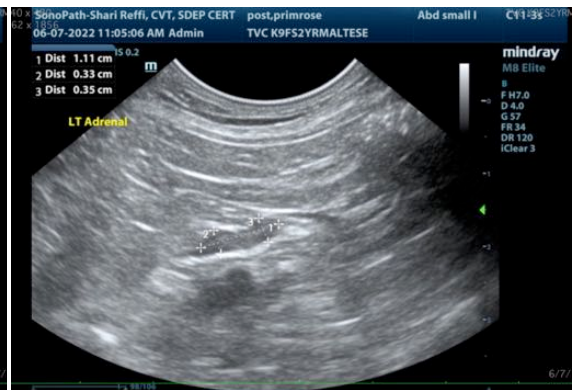
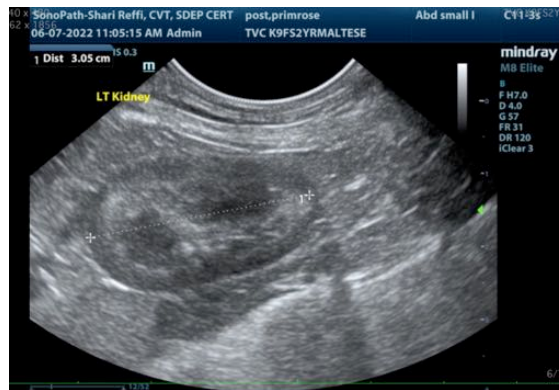
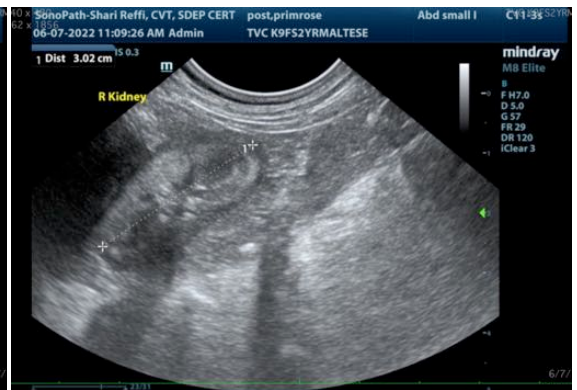
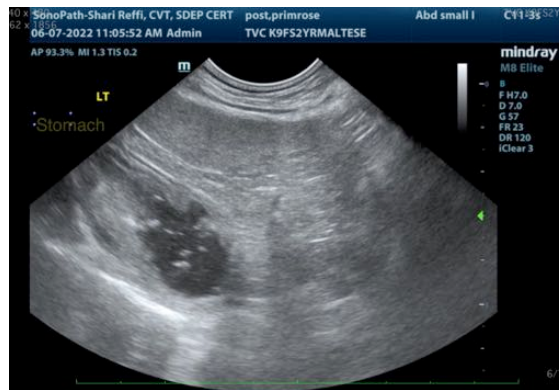
Spayed Female

**AGE**

2 years

**WEIGHT**

9.7 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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 PERFORMED BY**

Shari Reffi CVT

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Christensen

**INVOICE**

30898

**DATE**

6/7/22