



PATIENT

Minnie Tejada

PRESENTING CLINICAL SIGNS

History: Elevated liver values. Ultrasound prior to Dental
Abnormal PE/Chem/CBC/UA Results: ALT 155, ALP >993 LDDS pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

SEX

Spayed female

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.06 cm. The left kidney measured 4.93 cm.

AGE

10 years

Adrenal Glands

WEIGHT

15 lbs

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic with no specific masses or nodules seen. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.56 cm in length x 0.63 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.09 cm in length x 0.62 cm at the caudal pole and 0.51 cm at the cranial pole.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Spleen

IMAGING PERFORMED BY

JK

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

HOSPITAL NAME

Hamburg VC

Liver

REFERRING VET

Dr. DenHeyer

The liver is subjectively enlarged in size with slight rounding of lobes and otherwise homogenous parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

INVOICE

76300

The gall bladder is moderately distended with anechoic fluid, non-shadowing debris that is partially adherent to the gall bladder wall present. There is no surrounding free fluid or signs of active inflammation.

DATE

7/31/23



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Gastrointestinal

Minnie Tejada

The stomach contains minimal luminal contents. It appears of normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Yorkie

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Pancreas

Spayed female

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

10 years

Lymph Nodes

WEIGHT

15 lbs

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

INTERPRETED BY

No masses or free fluid were noted.

Dr Brittany Sinclair,
BVSc(hons), DACVECC

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

JK

1. Slightly rounded liver lobes
2. Gall bladder debris
3. Bilateral adrenomegaly

HOSPITAL NAME

Hamburg VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. DenHeyer

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. Gall bladder debris and hepatic border changes may be an incidental finding given lack of surrounding inflammation. Given adrenomegaly, underlying hyperadrenocorticism may be the underlying cause of both changes. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued. Pursuit of dental

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cleaning is reasonable presuming pet is otherwise healthy for anesthesia as inflammation and bacteremia induced by dental disease is a cause of elevated liver enzymes.

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Canine

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. If corresponding clinical signs are present, testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).

BREED

Yorkie

SEX

Spayed female



AGE

10 years

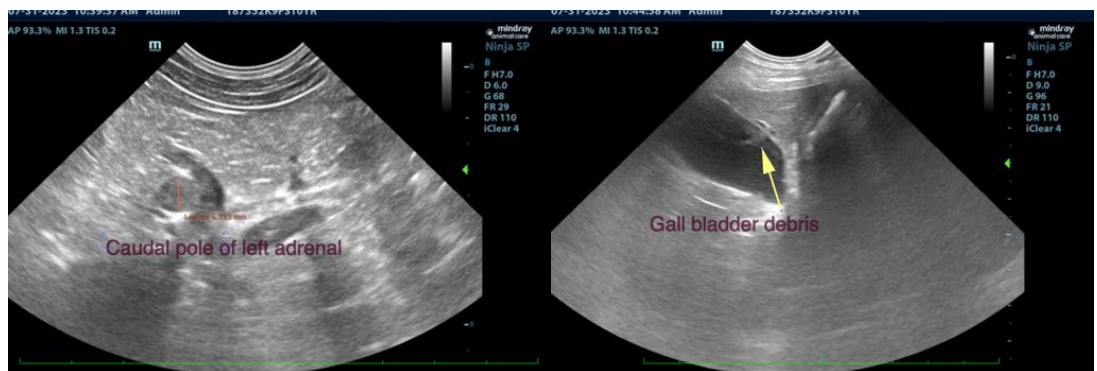


WEIGHT

15 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC



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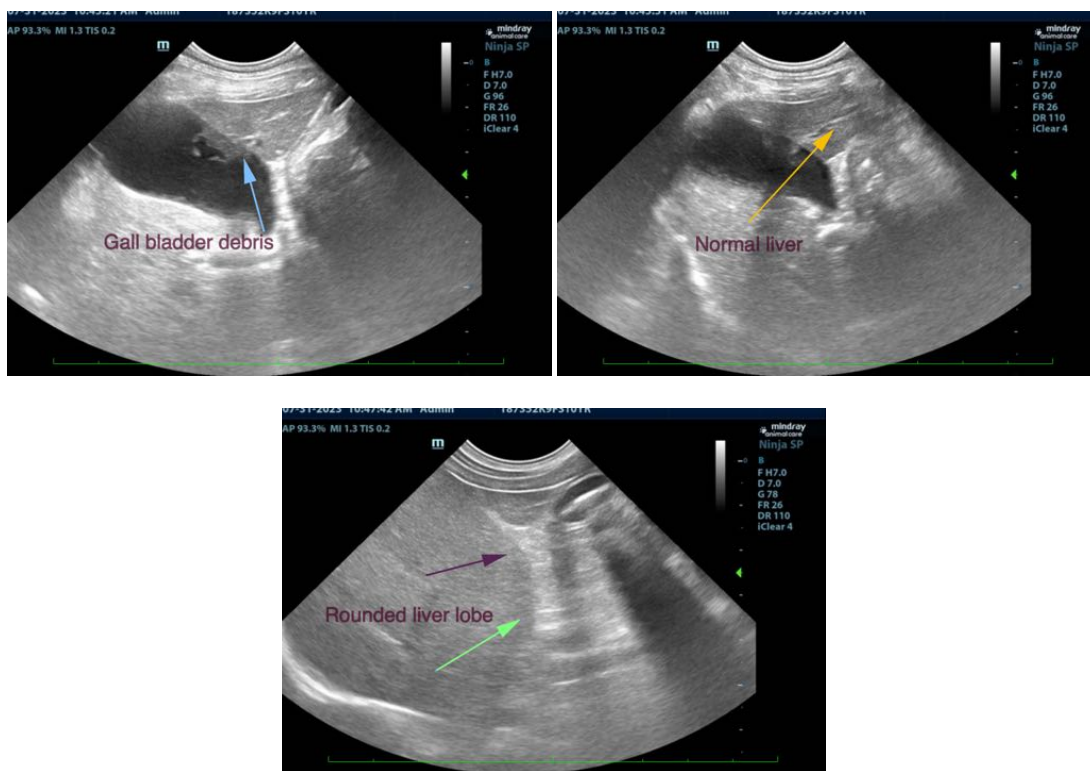
Dr. DenHeyer

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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