

DATE PRESENTING CLINICAL SIGNS

10/25/22 August 2022 pre-op dental ALT elevated. Persistently elevated and rising over next 2 months despite Denamarin use. Asymptomatic.
Current Medications: Denamarin 8/22- current.

PATIENT Lab Results: 8/2/22 ALT 309, 8/16 ALT 278, 10/13 ALT 503, AST 79. Bile acids pending.
Date of Previous IntraPet Ultrasound: No previous.

Bailey Protani Sedation: IV sedation.
Stat Report: Not requested.

SPECIES Imaging Performed By: Rachel Brilhart, RDMS.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Labrador

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.88 cm. The left kidney measured 6.3 cm.

AGE

11/13/18

Adrenal Glands

WEIGHT

85 lbs

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.46 x 0.82 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 2.72 x 0.77 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Lyle

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The liver was slightly subnormal in size. The vascularity is normal. The portal vein to vena cava ratio was 1:1 The gallbladder and common bile duct were unremarkable.

INVOICE

42139

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

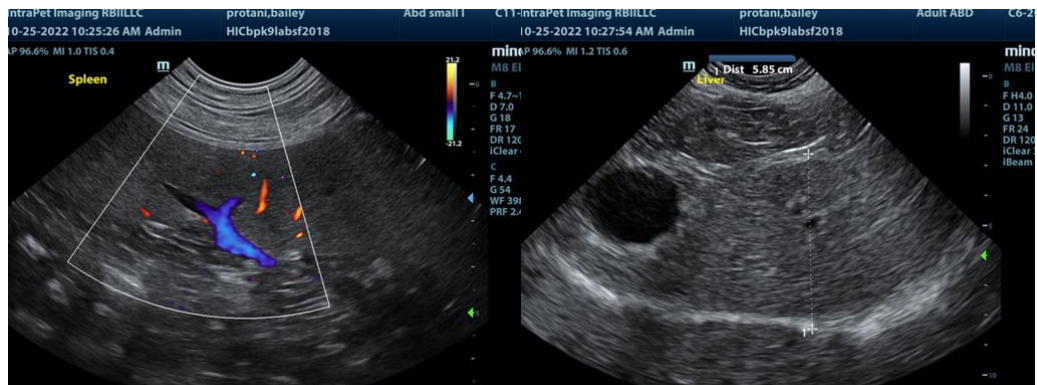
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

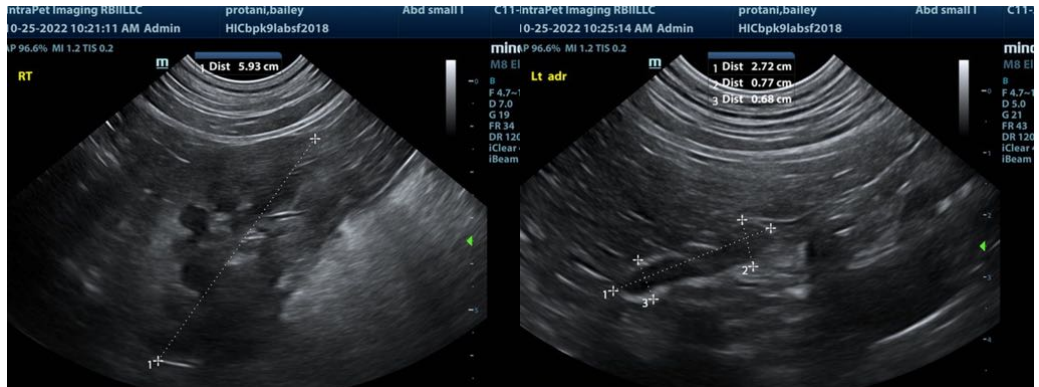
ULTRASONOGRAPHIC FINDINGS

Chronic hepatic remodeling. Chronic active hepatitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted. Core liver biopsy would be ideal with copper quantification to assess for primary copper storage disease given the age of the patient, sonographic appearance and liver enzyme elevations. The prognosis is good to guarded depending on progression of the disease. A recheck sonogram is recommended in 2-3 months to assess for any progression.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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