**DATE**

10/27/22

PRESENTING CLINICAL SIGNS

Elevated ALT noted on pre-anesthetic labwork; bile acids elevated.

Current Medications: Denamarin.

Lab Results: ALT 221 (10-125), Bile acids pre-prandial 1.1 (normal, Bile acids post-prandial 67.6 (0-29.6).

PATIENT

Luna Behe

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Poodle Mix

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Wall thickness measured up to 0.41 cm. Minor muscularis layer hypertrophy was noted in the apical wall. This is an idiopathic finding. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

SEX

Spayed female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight, pinpoint renal mineralization was noted. The left kidney measured 3.91 cm. The right kidney measured 3.56 cm.

AGE

8/26/14

WEIGHT

10.2 lbs

Adrenal Glands

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 left adrenal gland measured 1.7 x 0.58 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.57 x 0.52 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Bay Country VH

REFERRING VET

Dr. McLean

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.

INVOICE

42191

Liver

The **liver** revealed increased portal markings and slightly coarse architecture. The portal vein measured 0.5 cm and the vena cava measured 0.5 cm. Intrahepatic vascularity appeared normal. The gallbladder and common bile duct were normal.

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

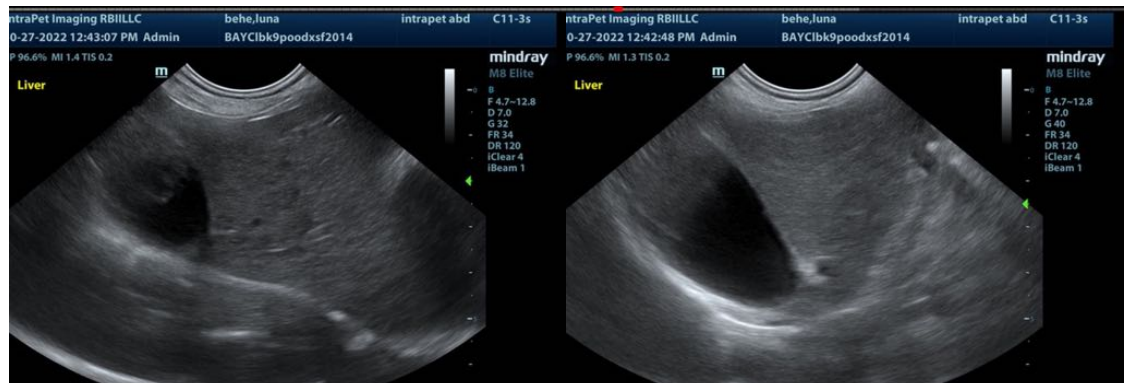
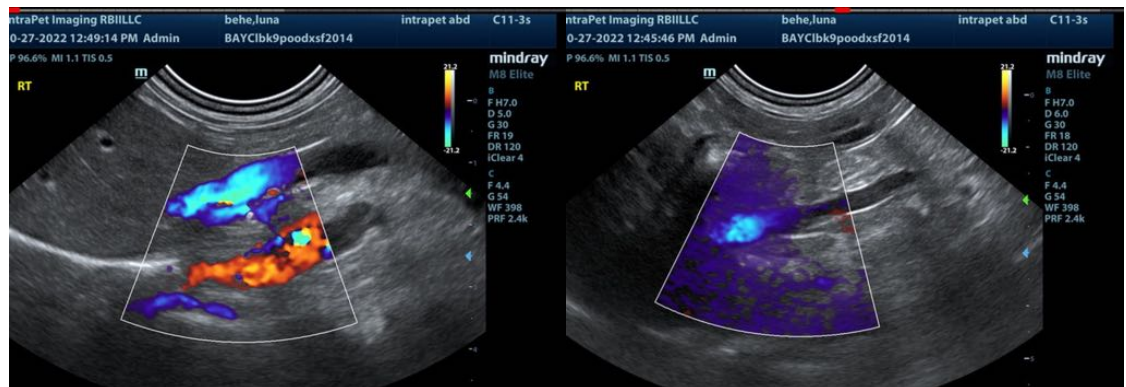
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

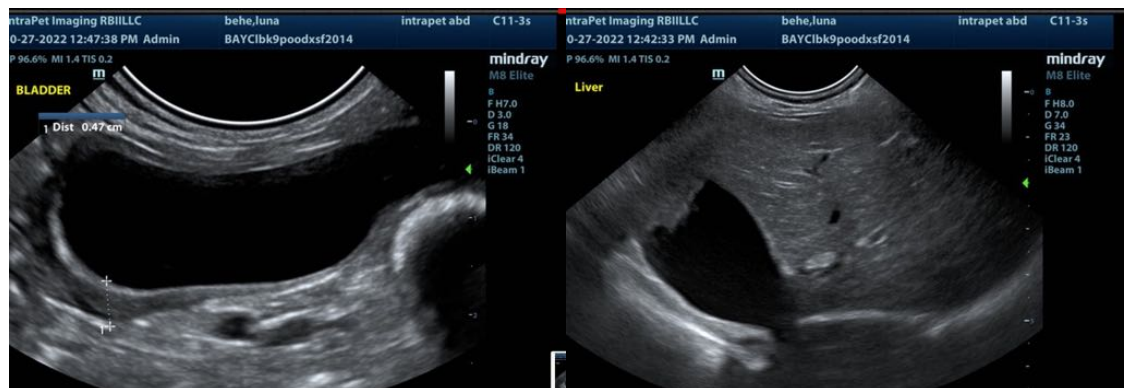
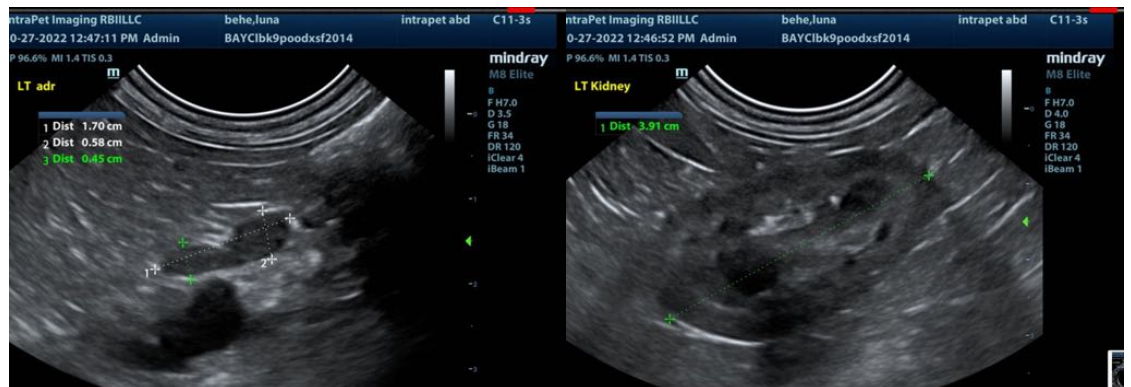
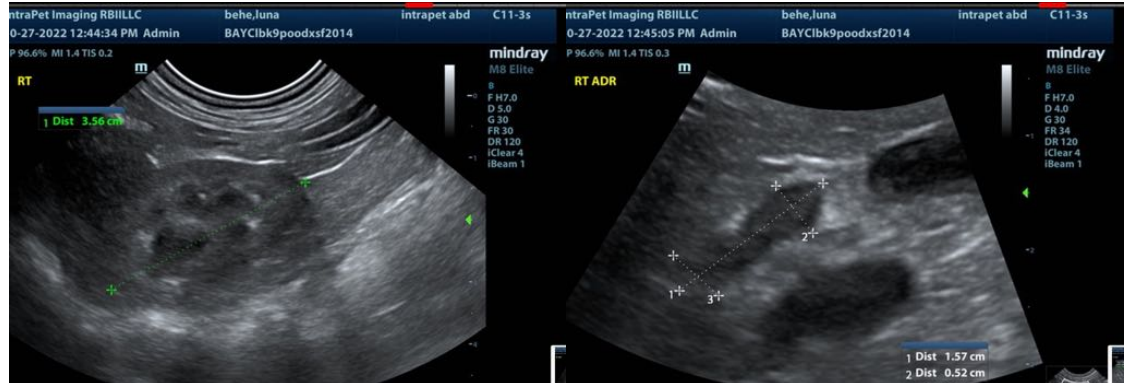
ULTRASONOGRAPHIC FINDINGS

Mild, non-specific inflammatory hepatopathy.
Minor renal mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Occult Leptospirosis should be ruled out in this patient. Core liver biopsy or ultrasound-guided FNA should be considered to assess inflammatory cell type. Bile acid elevations may be spuriously elevated. Portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. Liver oriented diet is warranted with possible 10 days of Metronidazole and a recheck of the bile acid elevation in a month.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
 Eric.Lindquist@SonoPath.com