



PATIENT

Sophie Colacicco

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed female

AGE

9 years

WEIGHT

55.6 lbs

PRESENTING CLINICAL SIGNS

History: Wellness on 11/21/22 - routine BW showed liver enzyme elevations (ALT - 687) (ALP - 203). No CS or O concerns. On 11/30/22 AUS performed and fasted liver panel. Fasted liver panel showed significant improvements in liver enzymes. (ALT - 108), ALP (157). However, GGT is elevated at (12). See below for full panel results. No meds. Supplement - glucosamine daily
Abnormal PE/Chem/CBC/UA Results: ALP - 157 ALT - 108 GGT - 12 BA - 0 Tbil - 0.3 Alb - 4.2 BUN - 12 Chol - 213

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 left kidney measured 6.0 cm. The right kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.5 cm. the left adrenal gland was visualized obliquely. The region of the right adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Wymard

Spleen

The **spleen** revealed a hyperechoic fatty nodule or lipogranuloma. This was noted at the caudal pole of the spleen and measured approximately 3.0 cm. It appears benign. Other hyperechoic, lipogranulomatous changes were noted in the spleen.

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Liver

The **liver** revealed coarse architecture with mild gallbladder debris and mildly increased portal markings. The liver is normal in size. Minor coalescing gallbladder debris was noted.

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Gastrointestinal

The **stomach** revealed a minor amount of fluid filled lumen. The intestines were 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.

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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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Non-specific inflammatory hepatopathy.

Minor gallbladder debris.

Minor gastric fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any history of gastritis is present then empirical treatment for Helicobacter or similar is indicated. FNA of the liver can be considered for further definition; however, subjectively it appears benign. Reactive hepatopathy is a potential.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.



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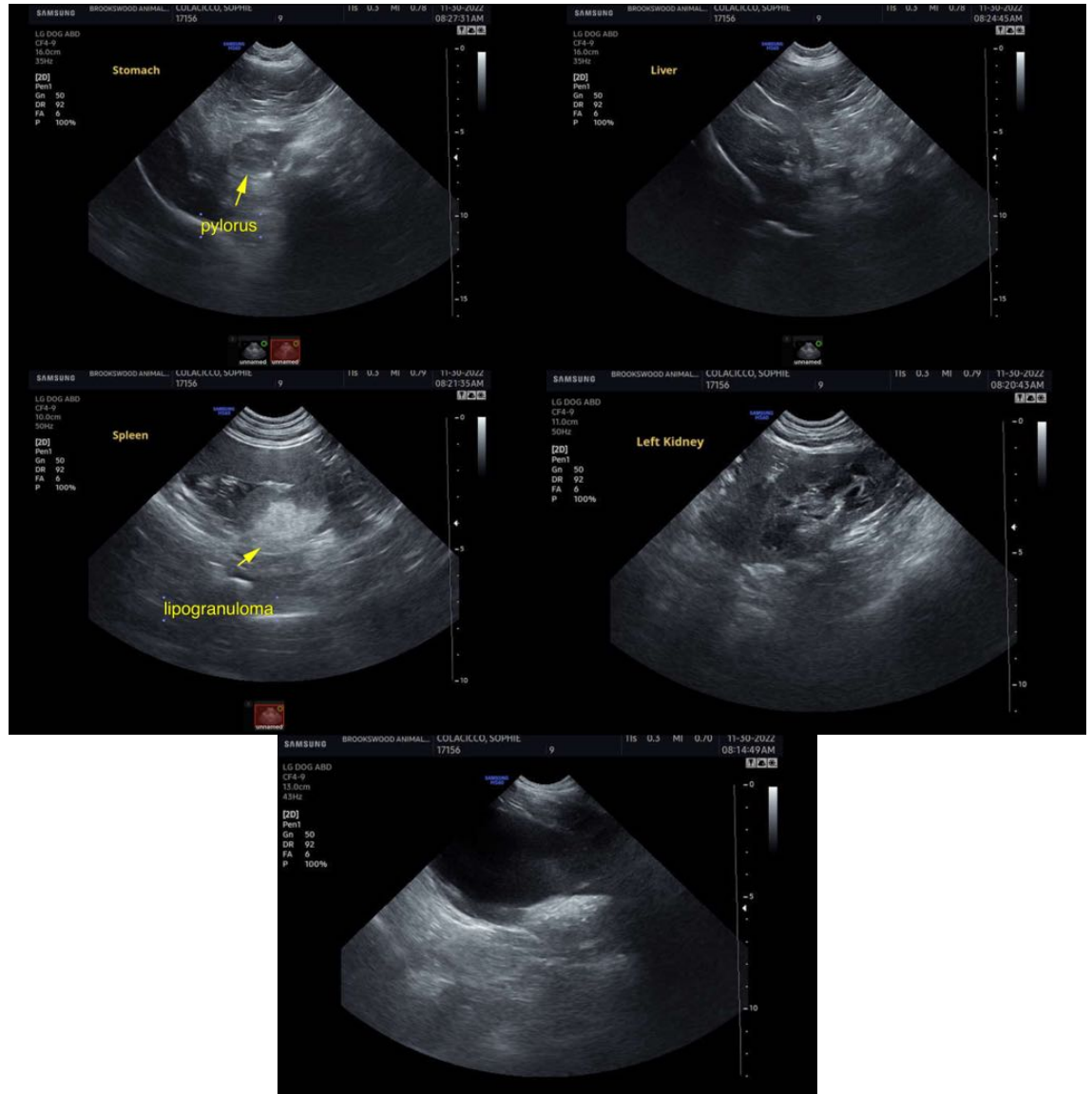
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Sophie Colacicco

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