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Clinical Sonography & Telecytology
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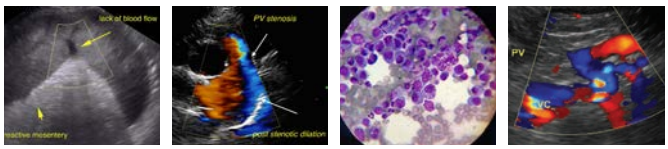

PATIENT
Olive Toomb

SPECIES
Canine

BREED
Shephed X

SEX
Intact Female

AGE
9 Months

WEIGHT
20.8 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Kristin Peterson

HOSPITAL NAME
Wilvet Salem

REFERRING VET
Dr. Kristin Peterson

INVOICE
33823

DATE
12/30/21

PRESENTING CLINICAL SIGNS

Patient was seen for pre surgical labs work tuesday. Her lab work showed elevated ALT (O is now sure what the value is). BA performed which showed pre 380 and post was 400. AUS was recommended. She has had a decreased appetite for the last 3 weeks. She has also been drinking and urinating for the past week and a half. No vomiting for diarrhea Lab/trends: ALT - 370 S/O:: _BAR, MM pink and moist, CRT <2s, EENT wnl, Thoracic auscultation no murmur, regular rate and rhythm, eupenic with normal BV sounds, Abdominal palpation nonpainful, Abdominal skin has recently been shave and has clipper burn in areas _ A:: _Elevated liver values, r/o shunt.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Note: Image set arrived as "unnamed", however was confirmed verbally that the image set corresponds to this patient.

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 were 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 kidneys measured approximately 6.0 cm each.

Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** was imaged, no overt pathology.

Spleen

The **spleen** was uniformly enlarged, typical for the breed.

Liver

The **liver** presented relatively normal size with slight increased portal markings. Intrahepatic vasculature appeared to have normal volume. The right medial liver appeared subjectively subnormal in size. The gallbladder was unremarkable.

The vena cava appeared subjectively enlarged. The visible portal vein was unremarkable.

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.

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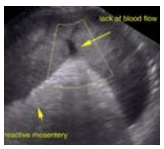
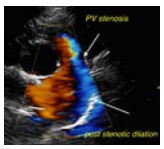
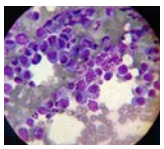
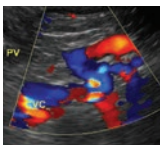

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Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling (likely owing to inflammatory insult) with slight poor right medial lobar development

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not appreciate any overt intrahepatic or extrahepatic shunts. However, this cannot be completely ruled out. The kidneys and bladder do not demonstrate any calculi that would usually be present when portosystemic shunting is an issue. Acute hepatic insult such as Leptospirosis, mushroom toxicity or similar could cause elevated bile acids without the presence of portosystemic shunting. Recommend Leptospirosis titers, IV fluid support, hepatic nutraceuticals, ultrasound guided FNA, and reassessment of the clinical status as well as bile acids in one week. If bile acids remain significantly elevated, then CT with contrast would be appropriate.

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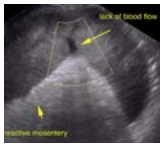
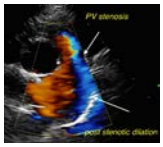
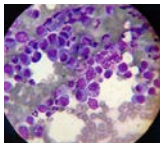
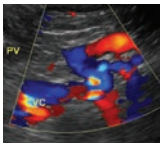

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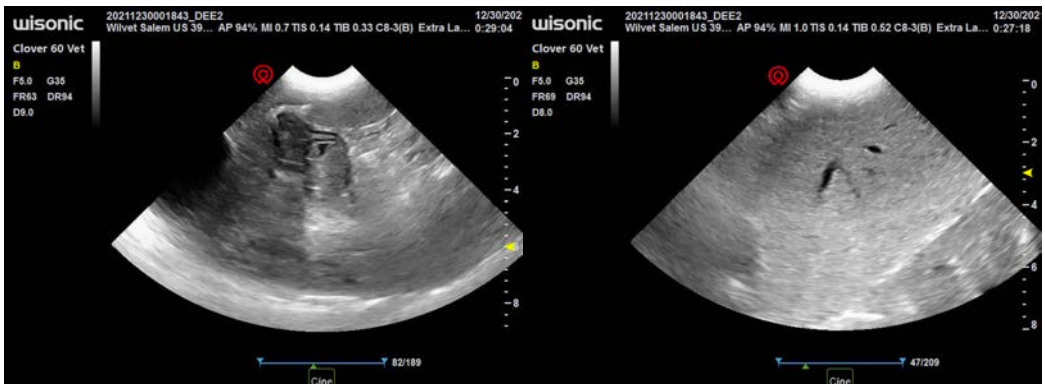

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com