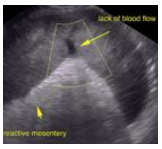

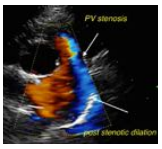

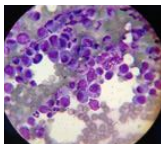
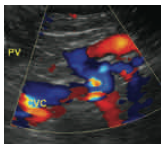

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PATIENT

Teddy Gibbons

SPECIES

Canine

BREED

Miniature Poodle

SEX

Male

AGE

2 years

WEIGHT

8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwood Family PC

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PRESENTING CLINICAL SIGNS

History: July lab work performed due to diarrhea and decreased appetite. ALT elevated (316), ALP normal, other liver values not included on panel. Follow up in October, in preparation for upcoming neuter surgery. ALT elevated (397), ALP normal. Patient was taking muscle building supplement after bilateral TPLO surgery. Labwork did not include CK or other liver values. Requested owner stop supplement and return for fasted lab. work. Follow up testing showed higher ALT (653) with more details listed below. Recommended ultrasound. Patient has normal appetite, stool, energy level, BCS and physical size. PE is normal.
Abnormal PE/Chem/CBC/UA Results: ALT 653 (Nov), 397 (Oct), 316 (July) (18-121); AST 166 (16-55); GGT 12 (0-13); ALP 51 (Nov) (5-160); CK 202 (10-200); remainder of CHEM, as well as CBC and cPL were normal; fasted bile acids test pending

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 **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 3.0 cm.

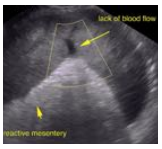
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.2 cm. The right kidney measured 4.9 cm.

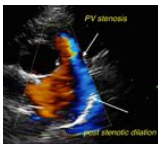
Adrenal Glands

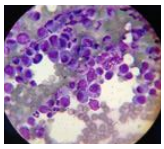
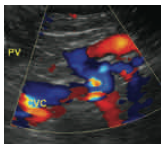
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.39 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the cranial pole and 0.44 cm at the caudal pole.

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





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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

Minor **pancreatic** remodeling was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Minor pancreatic remodeling.

Structurally unremarkable liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reactive hepatopathy/non-specific inflammatory hepatopathy is likely. Antigen surveillance phenomenon owing to low grade food intolerance or dietary indiscretion may be playing a role in this patient. Structurally the liver appears normal. FNA of the liver can be considered for further definition. Bile acid profile can be considered for security prior to anesthesia; however, if it is normal there is no contraindication. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

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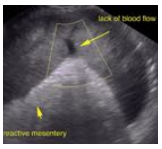
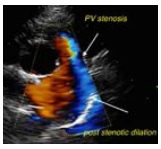
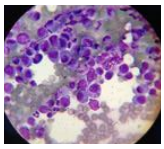
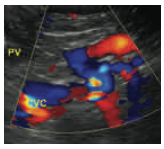

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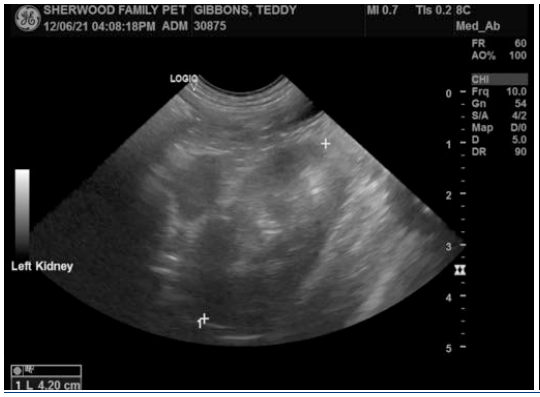

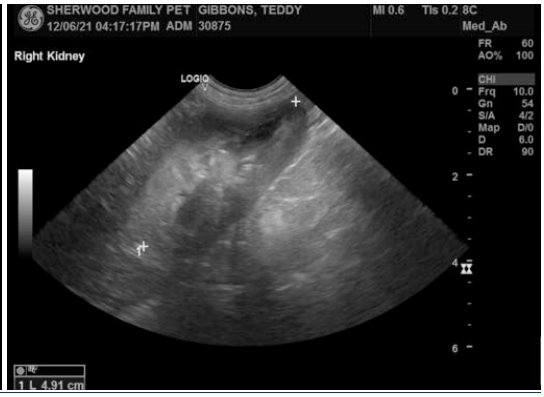

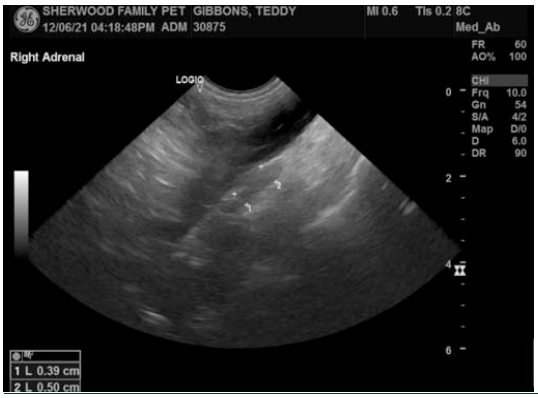

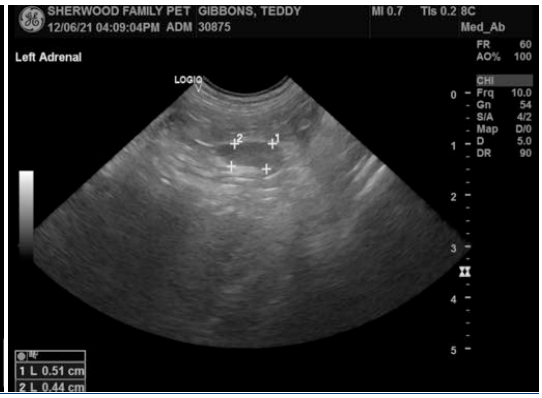

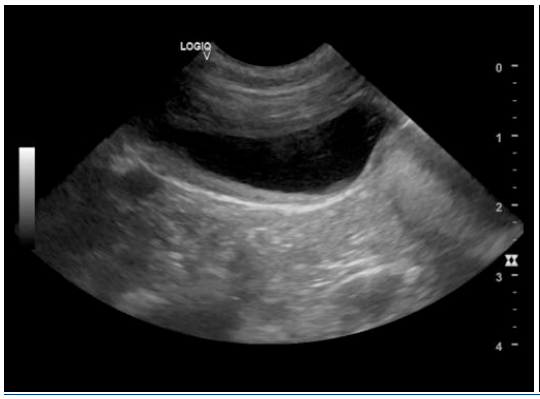

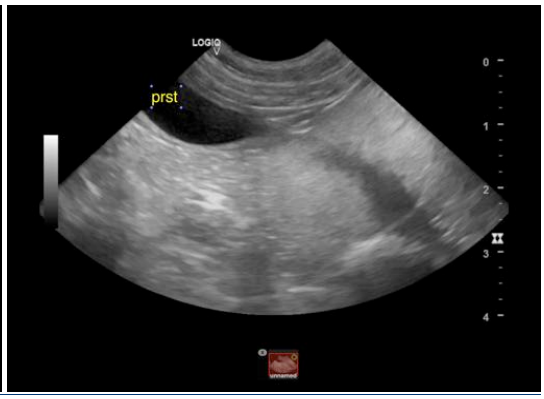

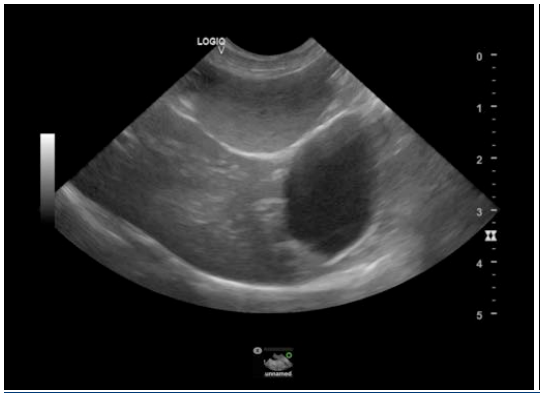

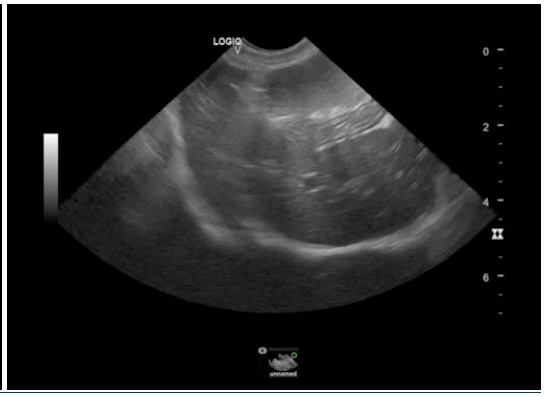

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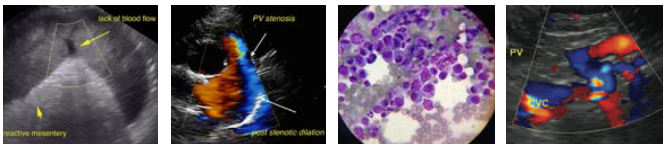

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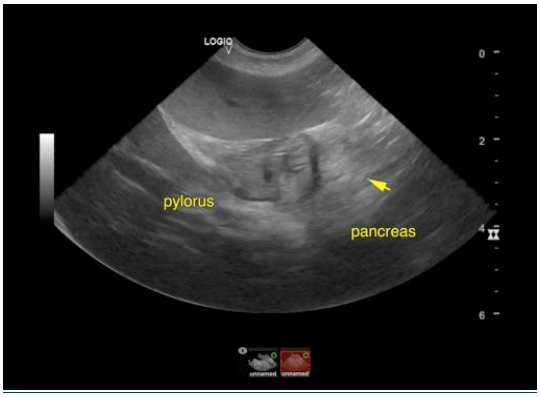

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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