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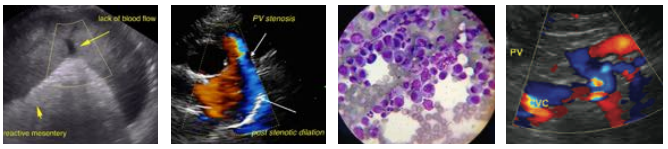

PATIENT

Chooch Deweese

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

9 years

WEIGHT

15.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Coe

INVOICE

93622

DATE

2/24/22

PRESENTING CLINICAL SIGNS

Elevated liver enzyme tests found on dental pre-anesthetic labwork 1/24/22. Recheck labwork 2/24/22 revealed persistent elevations in ALT, ALKP, AST, GGT following treatment with Amoxicillin/Denamarin. TBili WRI.
Abnormal PE/Chem/CBC/UA Results: 2/24/22: ALT = 1992U/L AST = 343U/L ALKP = 1704U/L GGT = 16U/L TBili = <0.4mg/dL Severe tartar remaining teeth. Bilateral flanks/lateral thighs alopecia/erthema/pruritus. No other significant physical abnormalities.

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 residual prostate measured 1.0 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 right kidney measured 4.48 cm. The left kidney measured 5.0 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 left adrenal gland measured 1.75 x 0.53 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 0.7 cm at the cranial pole and 0.5 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** in this patient revealed macronodular changes with portal markings and coarse architecture. Irregular contour was noted. The gallbladder revealed a minor amount of debris. The common bile duct was unremarkable.

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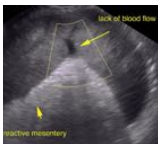
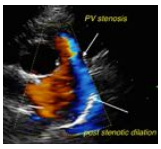
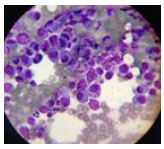
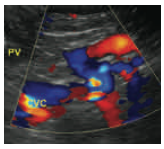

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Gastrointestinal

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.

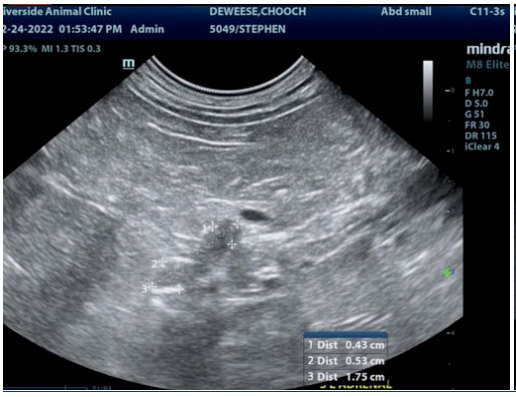
ULTRASONOGRAPHIC FINDINGS

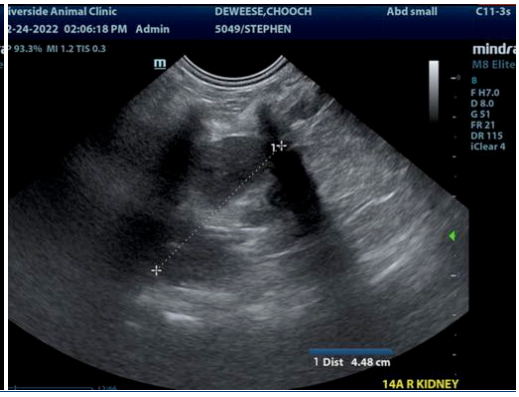
Hepatic cirrhosis pattern.

Nodular hyperplasia and remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy is indicated along with bile acid profile. Leptospirosis titers are recommended. FNA could be considered for assessment of inflammatory cell type. However, core liver biopsy is necessary for a definitive diagnosis from a structural standpoint. The prognosis is guarded.





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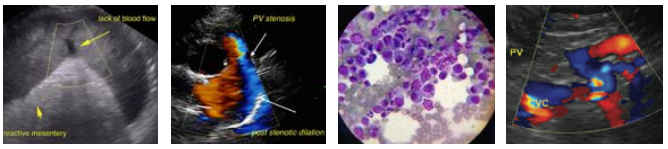

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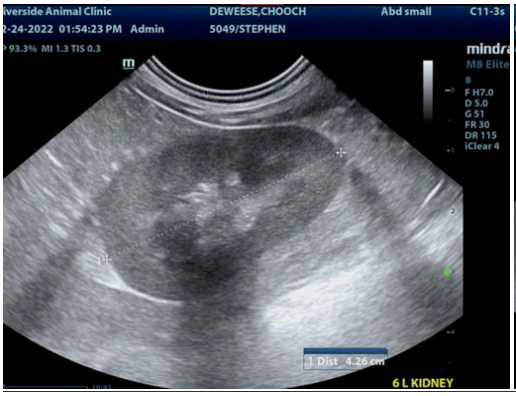

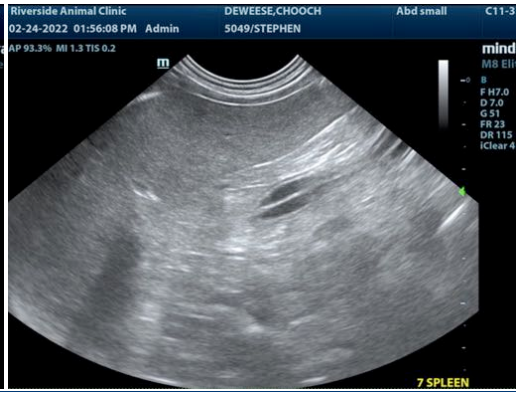

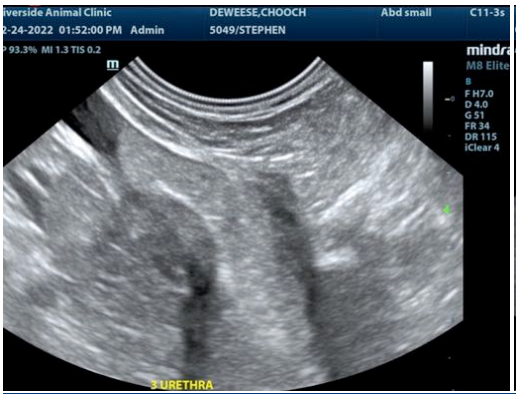

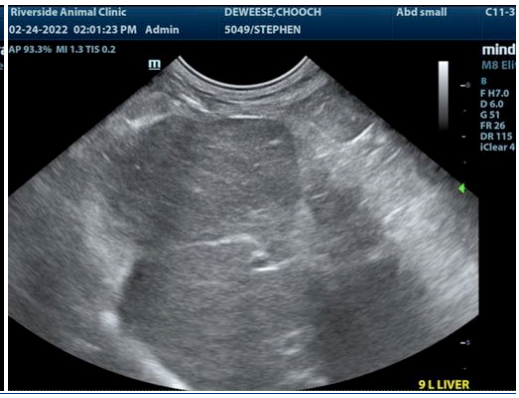

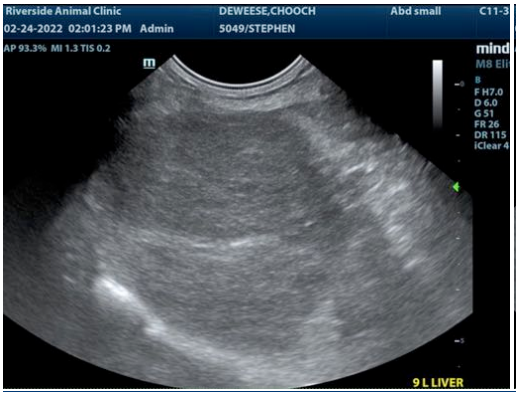

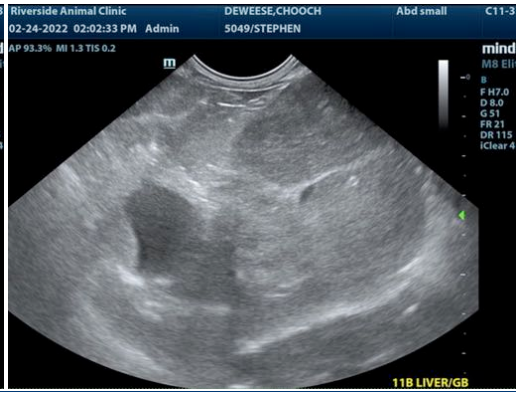

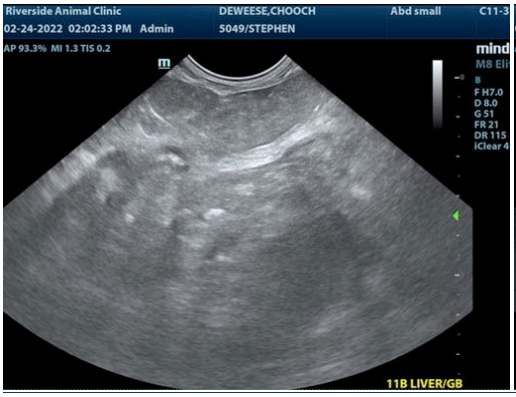

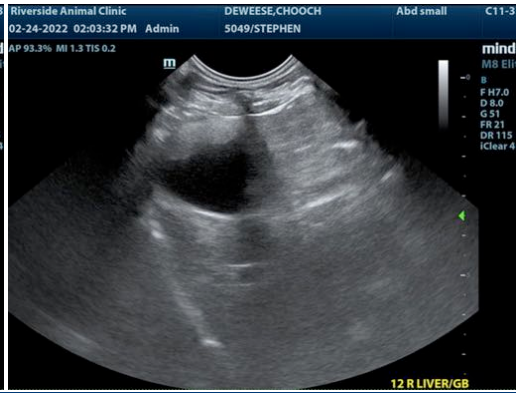

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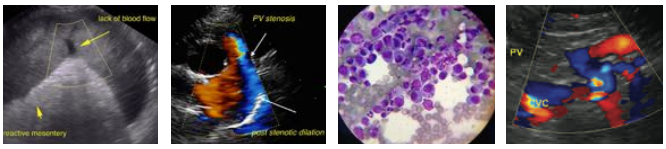

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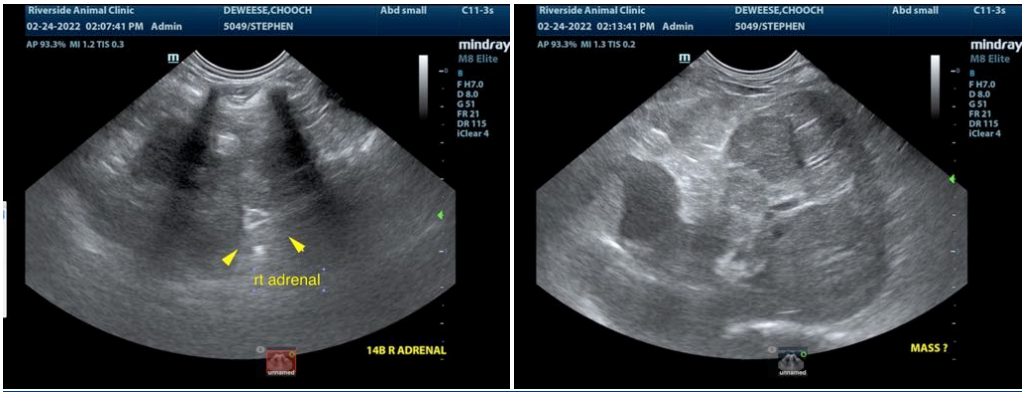

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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