

**DATE**

3/16/22

PRESENTING CLINICAL SIGNS

No overt abnormalities on PE. Elevated liver values noted on pre-anesthetic bloodwork on 12/13/21. Initially seemed to be responding to empirical antibiotic therapy on recheck bloodwork on 12/30/21.

PATIENT

Phred Sanford

No further improvement on recheck bloodwork on 1/28/22 and no improvement on ursodiol noted on BW on 3/1/22.

SPECIES

Canine

Current Medications: 12/13/21: Amoxi/clav 500/125 mg (21 tabs) - give 1/2 tab, PO, BID x 21 days, Metronidazole 250 mg (21 tabs) - give 1/2 tab, PO, BID x 21 days. 12/31/21: Amoxi/clav 500/125 mg (21 tabs) - give 1/2 tab, PO, BID x 21 days, Metronidazole 250 mg (21 tabs) - give 1/2 tab, PO, BID x 21 days. 1/31/22: Ursodiol 250 mg (30 tabs) - give 1 tab, PO, SID x 30 days.

BREED

Pug

Lab Results: 12/13/21: ALT: 189 U/L (10-125), ALKP: 400 U/L (23-212); 12/30/21: ALT: 137 U/L (12-118), ALKP: 480 U/L (5-131); 1/28/22: ALT: 150 U/L (10-125), ALKP: 329 U/L (23-212); 3/1/22: ALT: 174 U/L (10-125), ALKP: 655 U/L (23-212).

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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

11/21/09

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.

WEIGHT

34.6 lbs

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 5.43 cm. The left kidney measured 5.65 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The right adrenal gland was at the upper limits of normal and measured 1.95 x 0.51 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland was slightly enlarged and measured 2.67 x 0.83 cm at the cranial pole and 1.0 cm at the caudal pole.

HOSPITAL NAME

Stevenson Village VH

Spleen

The **spleen** revealed a focal, hypoechoic nodule in the medial body measuring 0.73 cm. The remainder of the spleen was unremarkable.

REFERRING VET

Dr. Rathbun

Liver**INVOICE**

96938

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal

The **stomach** was filled with ingesta. This is consistent with post prandial presentation. The small intestines and colon were unremarkable.

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.

Heart

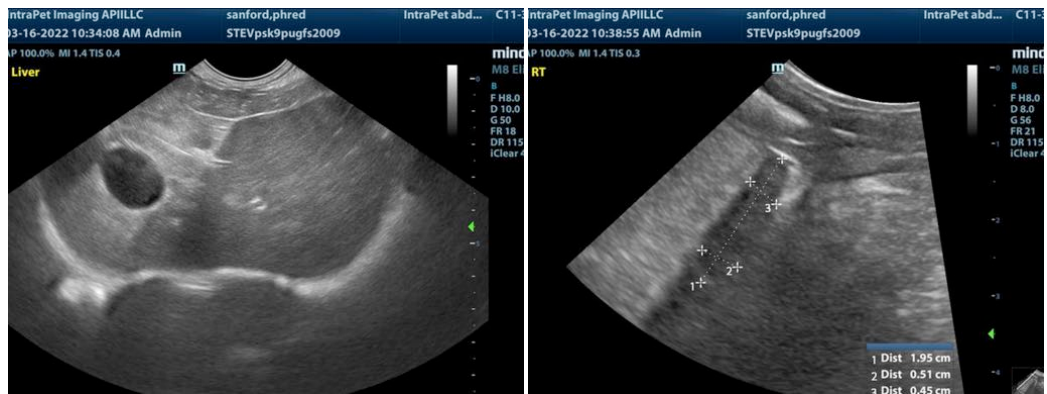
Rapid view of the heart revealed no evidence of pathology.

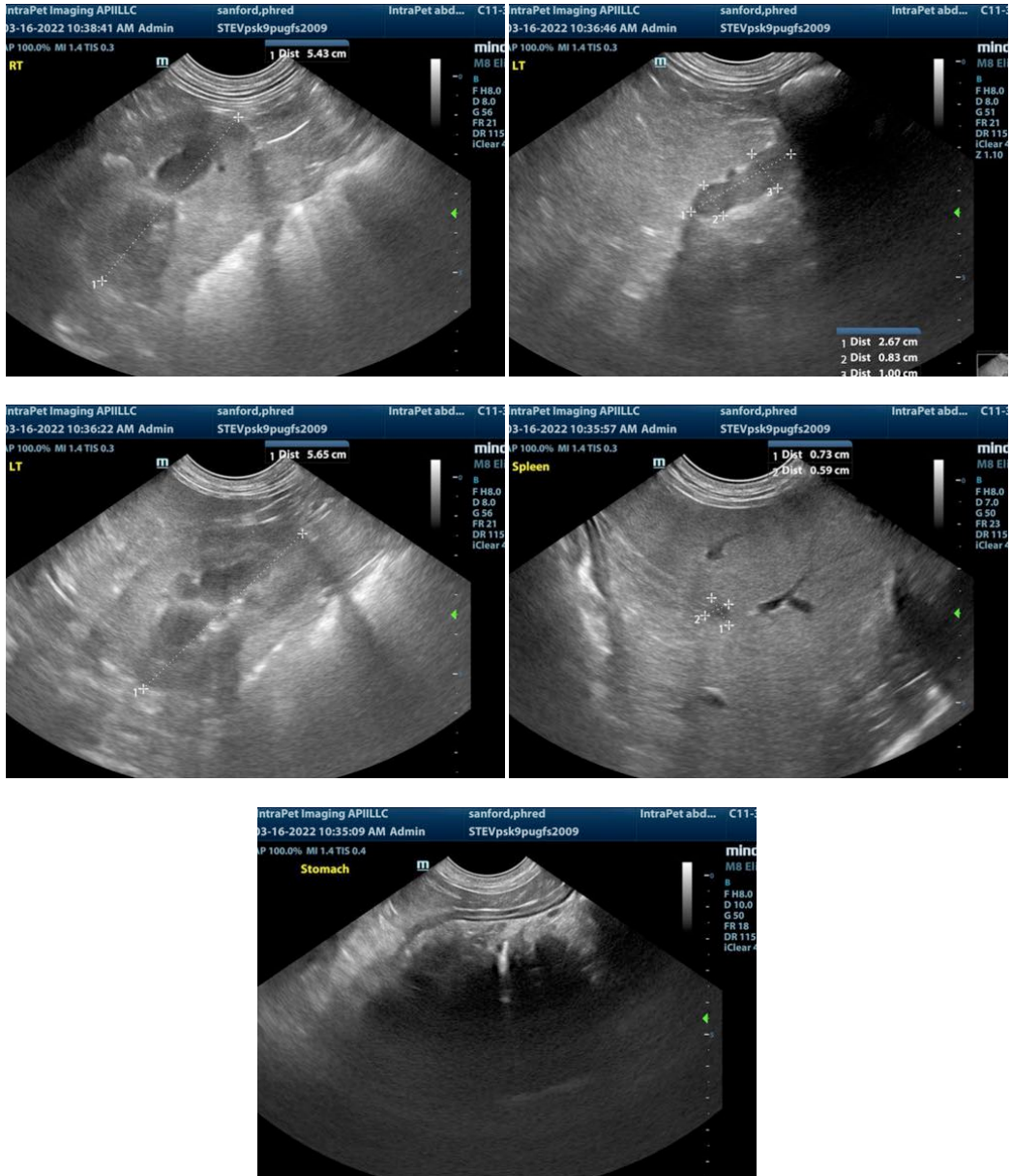
ULTRASONOGRAPHIC FINDINGS

Non-specific vacuolar hepatopathy, inflammatory hepatopathy pattern.
Mild left adrenal enlargement, upper limits of normal on the right.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and liver would be ideal. If isosthenuria is an issue work-up for Cushing's is indicated. This is likely pituitary dependent Cushing's if present.





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.

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