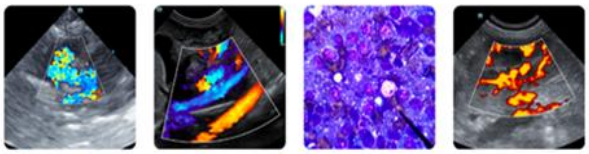

PATIENT

Oliver Lee

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

9yr

WEIGHT

8.82kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

24658

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate progressively elevated liver enzymes despite the use of denamarin. ALT progressed from 385 H to 494H. Initial medical mgmgt included antibiotic trial and denamarin. Developed D+ while on abx. Last update, reported to be ED, normally, normal urination and BM.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC low at 4, Neuts low 1.3, low Eos Chem: ALT 494 H (prev 385 H) Bile Acids: 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 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 4.3 cm.

The right kidney measured 4.3 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 1.85 cm x 0.39 cm cranial x 0.45 cm caudal.

The left adrenal gland measured 1.9 cm x 0.66 cm cranial x 0.5 cm caudal.

Spleen

The spleen was mildly enlarged with hyperechoic lipid plaques, not overtly pathological. Reactive spleen is likely, however, if weight loss is an issue, then an FNA indicated. The largest lipid plaque measured 2 cm.

Liver

The liver was mildly subnormal in size with no gross evidence of portosystemic shunting. Intrahepatic vascular volume appeared to be normal. The left lobes of the liver are poorly developed and the usual space they are occupied is occupied by the spleen. There is mild microhepatica, structurally unremarkable otherwise. Portal vein is normal volume. Portal hypoplasia is a strong potential in this patient. No evidence of macroscopic shunting given the normal portal vein size. Extrahepatic shunting is unlikely and no intrahepatic shunts were evident. The portal vein measured 0.8 cm at its trifurcation.

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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

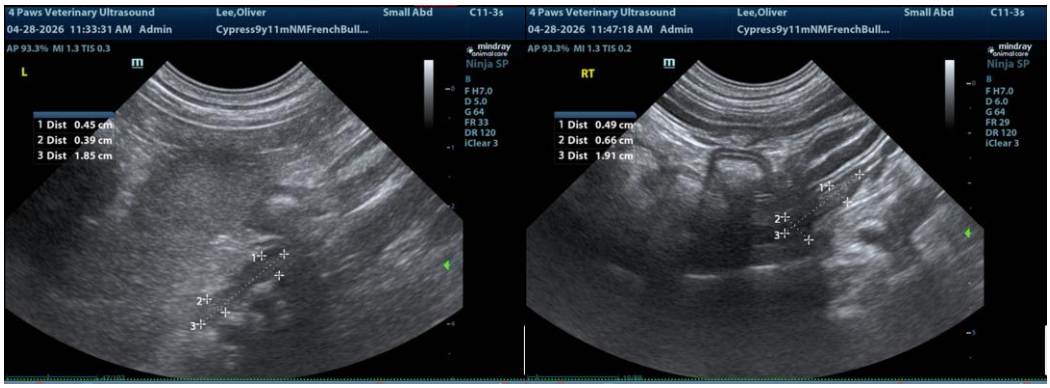
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Microhepatica, likely portal hypoplasia / microvascular dysplasia with unremarkable hepatic remodeling.
- Folded spleen with lipid plaques.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted to rule out underlying occult cause of an infectious agent and cause of inflammation. Liver biopsy would be best in this patient, however, may be challenging from an ultrasound guided perspective given the microhepatica. Laparoscope or surgical biopsies may be the best option. Copper storage is a remote possibility in this patient.



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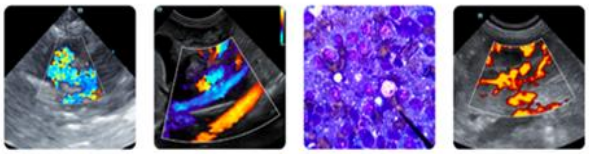

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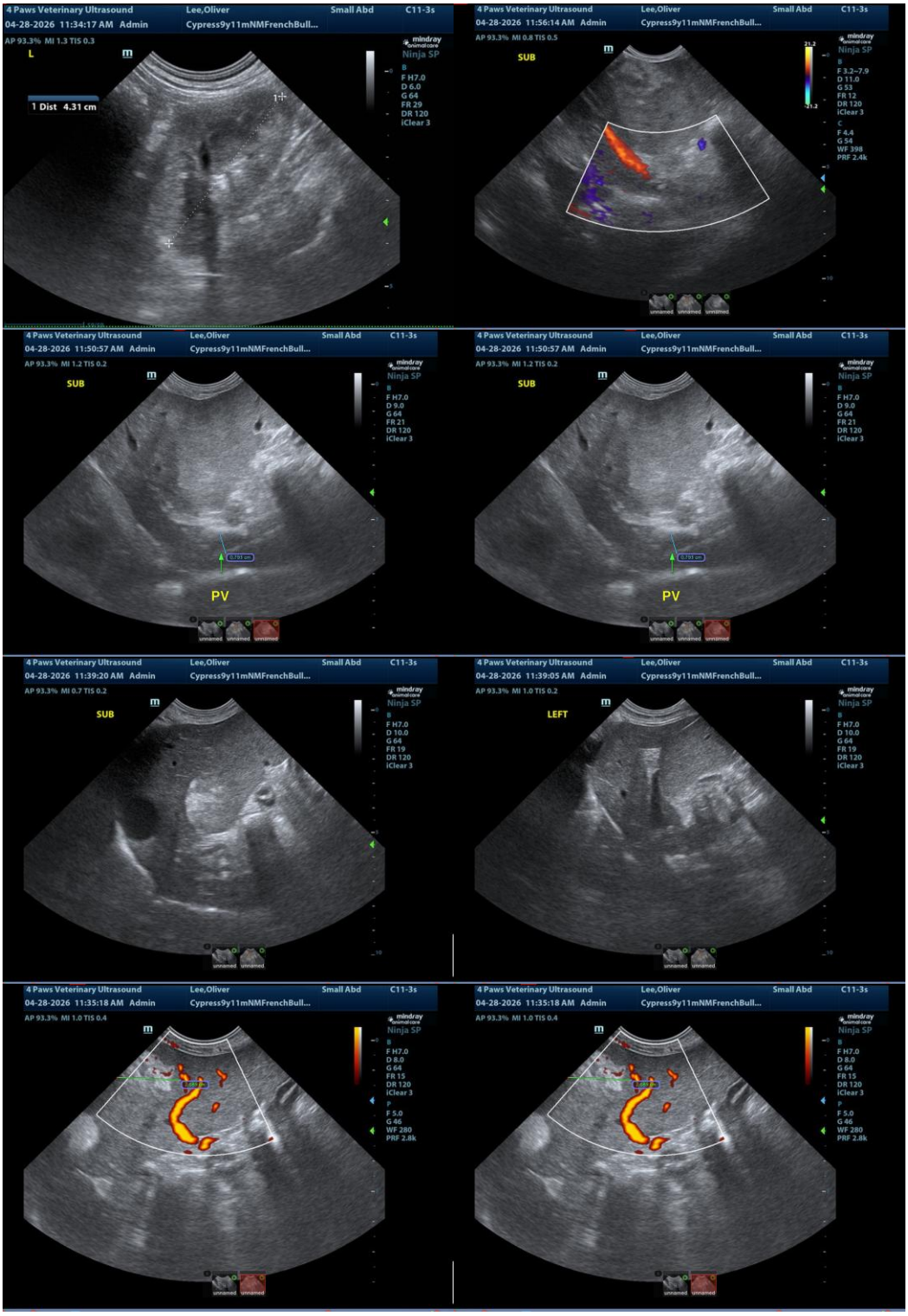

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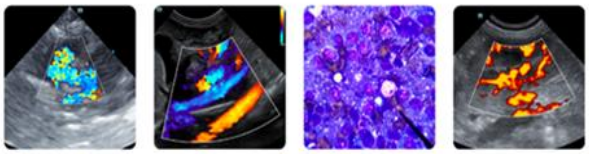

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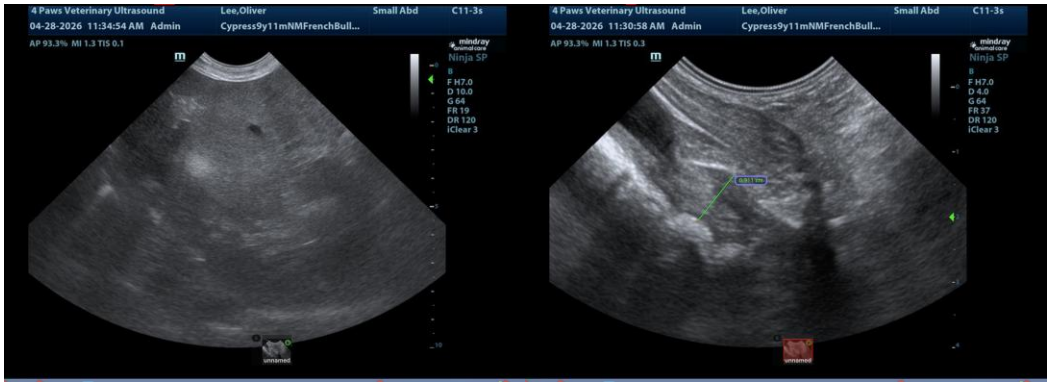

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com