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Clinical Sonography & Telecytology
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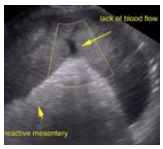
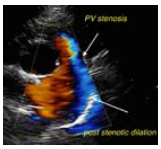
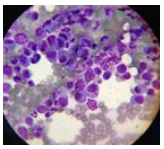
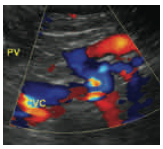





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Luna Cafaro

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
5 years

WEIGHT
6.1 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Animal General Hudson

REFERRING VET
Dr. Ng

INVOICE
98091

DATE
4/6/22

PRESENTING CLINICAL SIGNS

History: Elevated ALT, not clinical. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 454, rest of blood work pending. Bile acids pending. (being drawn today).

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 right kidney measured 3.63 cm. The left kidney measured 3.0 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 right adrenal gland measured 1.28 x 0.57 cm at the caudal pole and 0.58 cm at the cranial pole. The left adrenal gland measured 1.37 x 0.47 cm at the caudal pole and 0.41 cm at the cranial pole.

Spleen

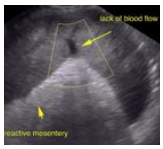
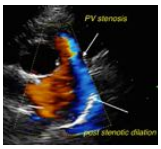
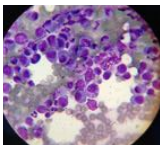
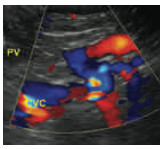
The **spleen** was largely normal with a focal, hypoechoic, 0.71 cm nodule in the mid body.

Liver

The **liver** was slightly subnormal in size. Portal hypoplasia is suspected if bile acids are elevated. Slight increased portal markings were noted. The portal hilus revealed a portal vein, vena cava, aortic ratio 1:1:1. There was no evidence of extrahepatic shunting. Lobar biliary calculus was noted and measured 0.5 cm. 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

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

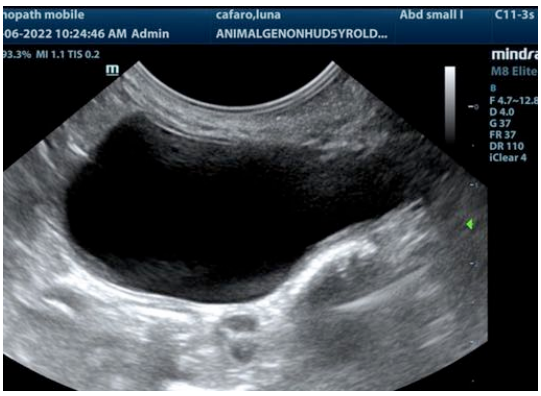
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

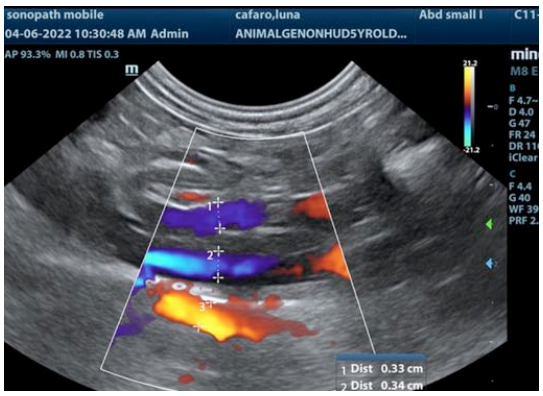
ULTRASONOGRAPHIC FINDINGS

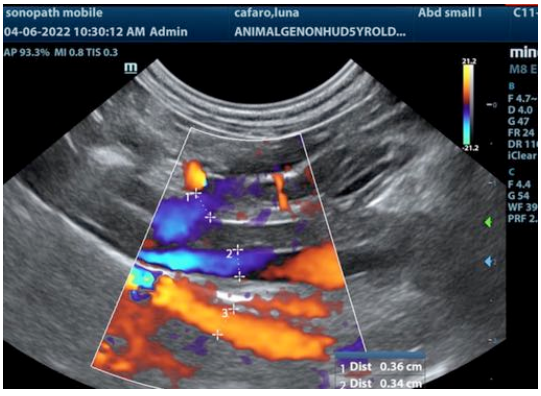
Minor microhepatica.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of intrahepatic or extrahepatic shunting. Leptospirosis titers are warranted. Ursodiol Therapy could be considered in an attempt to dissolve the calculus, yet this is within the hepatic parenchyma and not in the extrahepatic biliary tree and is non-obstructive. This is an incidental finding, yet likely secondary to inflammatory hepatopathy. A clinical trial of Enrofloxacin and Metronidazole over a 10 day period with Ursodiol over a 6 week period is recommended. Further treatment is recommended based on FNA results and inflammatory cell type. Eventual core liver biopsy may be necessary for further definition depending upon bile acid elevations.







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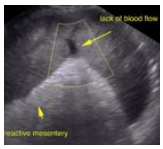
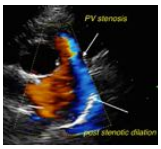
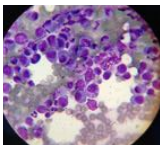
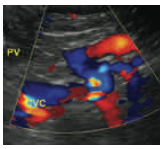

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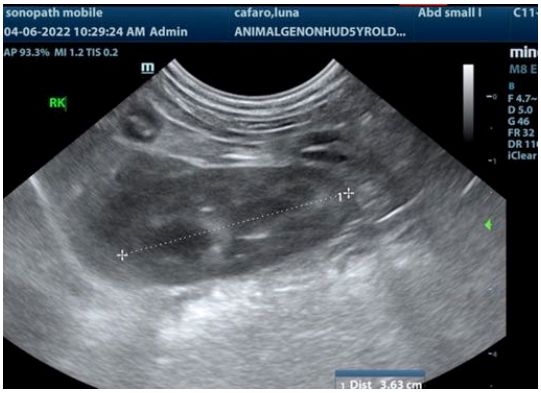

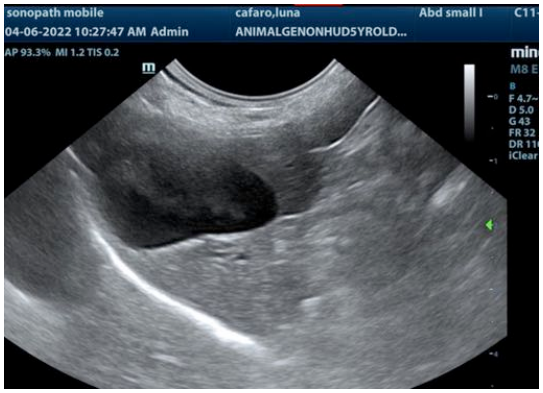

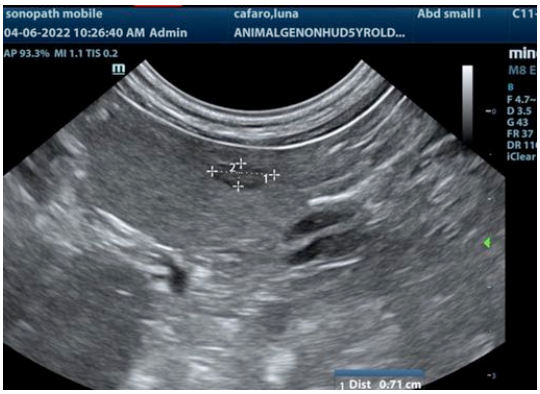

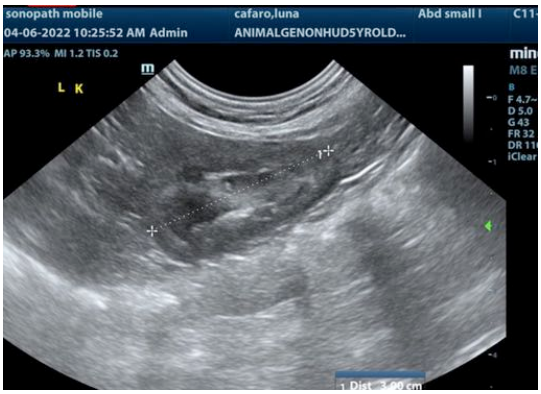

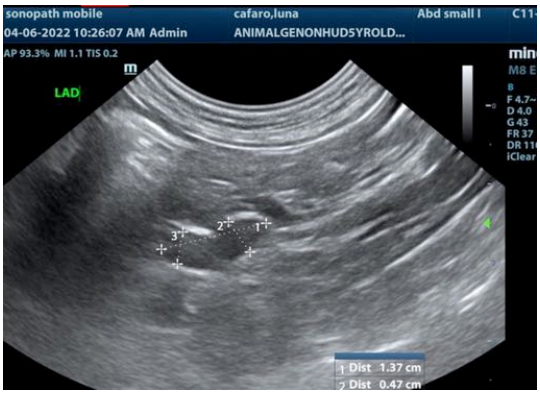

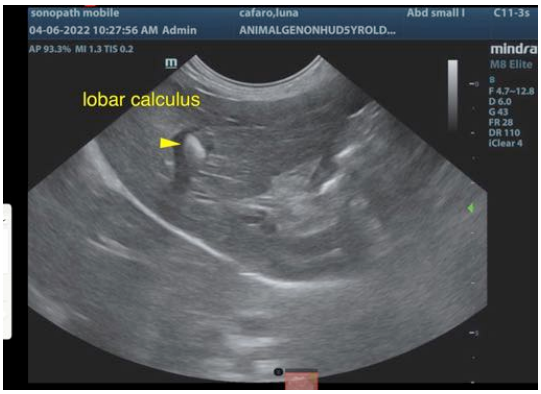

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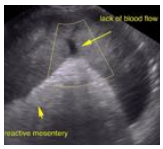

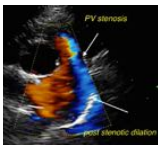

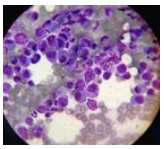
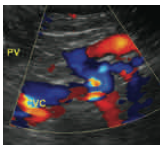

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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